

AN ABSTRACT OF THE THESIS OF

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The purpose of this study was to explore the relationship between parental childrearing practices and sex role orientation with the development of dependency traits. Participants were 99 volunteer undergraduates (27 men and 72 women) from a mid sized university between the ages of 18 and 24 who were raised in a two-parent household for at least a period of seven years. They completed the Interpersonal Dependency Inventory (IDI), the Bem Sex Role Inventory (BSRI), the Parental Authority Questionnaire (PAQ), and a demographic questionnaire. To test whether participants who report authoritarian parental practices would have higher dependency scores than those who report authoritative or permissive parental practices, eight one-way analyses of variance were calculated, using the participants' PAQ classification scores for each parent to analyze scores on the IDI (IDI total score and each of the three subscales). No support was found to verify the first hypothesis. One-way analyses of variance examining the difference in IDI scores (IDI total score and each of the three subscales) based on sex role orientation were performed. Participants who were classified as feminine had higher IDI scores than participants who were categorized as masculine, androgynous, and undifferentiated. Also, two correlation coefficients were calculated on each parent of the participants PAQ scores to test the hypothesis that authoritarian PAQ scores would be positively correlated with femininity scores of the BSRI. No correlation was found to support the third hypothesis.

Four t tests were calculated using gender and the IDI (the IDI total score and each of the three subscales) to assess possible differences in dependency between men and women. The t test comparison for the subscale scores revealed the men's Assertion of Autonomy mean was significantly higher than the women's. This difference suggests men tend to deny dependency more than women.

PARENTAL CHILDREARING STYLES AND SEX ROLES
OF DEPENDENCY TRAITS

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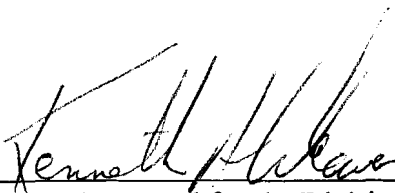
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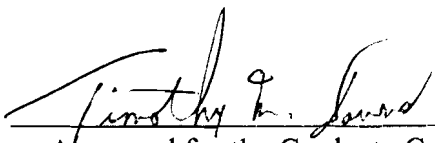
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CHAPTER 1

INTRODUCTION

Every human being is born a creature dependent upon parental nurturance. Karen Horney (1939) believed that during one's life there is a battle between the need to be nurtured and the desire to be independent. This process of seeking a balance between the two needs begins in the family of origin but does not stop there. With each transitional stage or growth period, men and women are faced with the task of redefining themselves. Although both sexes share this universal experience, men and women appear to have distinct pathways to fulfill the need of closeness with others while achieving their independence. According to Erik Erikson (1959/1980), a particularly crucial transition in this battle occurs in young adulthood when an adult must choose between intimacy and isolation.

If the needs for nurturance and independence are equal for both sexes, then what will influence the difference in how they meet these needs? The cultural component of our society may provide the answer. Society has different expectations about the expression of nurturance and independence behavior in regards to gender (Lerner, 1983), which can impact parental practices in regards to sex role orientation. If parental practices reinforce what society prescribes as appropriate gender related behaviors, how are the expression of nurturance and independent striving in the adult affected? Of particular interest for this study is how parental practices affect women in the development of dependency traits (e.g., difficulty making everyday decisions without excessively seeking advice, lacking self-confidence when initiating projects or activities on her own, or urgently seeks another

relationship for support when a close relationship ends). To what level does a parent's adherence to society's sex role expectations of a woman affect her independence behaviors as she breaks away from her family? Do society and family prescribe for women how to structure their lives according to the roles of a daughter, mate, and mother? If so, then perhaps upon leaving the family environment, feelings of anxiety, guilt, and vulnerability may overwhelm a woman as she seeks independence. She may search for support and guidance from a boyfriend or surrogate authority figure in this stressful time. A woman may choose to give up personal freedom for the comfort of being in an intimate relationship to fulfill normal developmental needs and cultural expectations.

Society seems to approve of this type of support seeking as a healthy dependency (Lerner, 1983). Yet, if this support is sought too often, that behavior may be labeled as dependent, and a woman might be asked by her family to seek professional help in finding a healthy balance between the needs for nurturance and independence. As a woman seeks help from the mental health professional, do the existing societal roles follow her into the therapy session? Most likely, yes. Therefore, the therapist must be knowledgeable regarding how cultural expectations specifically affect women and how societal pressure impacts personality development.

Theories about Dependency

Bornstein (1992) identified three influential theories of dependency. Object relations theory (Ainsworth, 1969, 1979, 1989) views formation of dependency as the result of early separation or loss from a parental figure that causes distress and creates a pattern of reliance on another person for emotional support, nurturance and reassurance in

later interpersonal relationships. The ethological theory of attachment (Bowlby, 1982) suggests dependency results from a failure to form a secure bond with the parental figure and leads to the need to cling to others in an attempt to fill this emotional void.

In contrast, social learning theory (Bandura, 1977) states early reinforcement of dependent behaviors by the parental figures teaches the child to respond to others in dependent ways. A study on the measurement of dependency (Hirschfeld et al., 1977) identified the same three theories but views that the ethological theory blends both intrapsychic elements of the psychoanalytical model and behavioral aspects of the social learning theory. Bornstein (1992) and Hirschfeld et al. (1977) recognized all three theories emphasize the importance that parent-child interactions in shaping and communicating dependency needs. These theories also suggest dependency behavior affects the individual from early infancy to adulthood.

Lack of Defining Maladaptive Dependency

The development of dependent behavior has been a focus of the field of psychology, particularly in personality theories, since its beginnings. Freud (1949), who developed an influential view on personality theory, frequently described his female patients as passive and dependent. An unfortunate influence from Freud's observation was that Western culture has associated dependency with the female gender. As the field of psychology grew and expanded, newer models of personality development have acknowledged dependent behavior as a normal part of personality development in both sexes.

Although theories of personality development recognize dependency as a global stage of maturing, there is no agreed upon definition of the behaviors under what conditions constitute maladaptive dependency. The use of the medical model and trait theory of personality development have been used to describe the variables in adaptive and maladaptive behaviors. One means to help distinguish between normal and abnormal personality traits are to combine the dimensional classification mental disorders of the Diagnostic Systems Manual IV (1994) and the categorical classification personality traits of the Five-factor model of personality (Costa & McCrea 1992). When these two classification systems are used in conjunction, dependency traits are strongly associated with high levels of neuroticism (worrying, overly expressing emotions, feeling of insecurity and inadequacy), agreeableness (altruism, compliance and modesty, being soft-hearted, and good-natured), and an average extraversion (sociable, active, talkative, person-oriented) (as cited in Oltmanns & Emery, 1995). Each factor describes the dependent personality with both positive and negative attributes. What constitutes these behavior patterns as maladaptive for individuals who display them is their pervasive and excessive use as coping skills which limits their abilities in daily functioning. Critics of the medical model and trait theory feel that dependency behavior is limited to a predetermined, internally based aspect of personality development and fails to recognize one's cultural setting in personality development.

Dependency and Socialization

Dependency behaviors need to be reviewed in the social context in which the behavior is developed, including both social learning and attribution theories. The social

learning model (Bandura, 1977) suggests that dependent behavior is rewarded. When passive-dependent behavior is reinforced over time, the child perceives that by being dependent one's needs are met. The child's cognitive reaction can then produce an attribution style (Weiner, 1986) of seeing oneself as helpless in asserting control over daily stressors.

What many psychologists have come to realize is that these theories are not mutually exclusive. The trait-situation interaction is becoming a more common means to describe and explain how humans form behaviors. Through the years, psychologists have found that personality traits have a strong influence on behavior. The expression of a trait depends upon how the person perceives the immediate setting and the cultural context. Therefore, a mental health professional should understand the roles that traits and societal influences play in the development of dependent behaviors when developing a treatment plan. For future therapists, identifying the delicate balance of traits and social context is the key to defining and understanding the dependent behaviors expressed by the client. Identifying dependency tendencies (e.g., excessively insecure and seeks emotional reassurance) early in therapy may keep a therapist from viewing dependent behaviors (e.g., feelings of insecurity and conforming) in a negative, stereotypical manner and allow a more objective perception of such clients.

To clarify some of the variables involved in the development of dependency traits, this study compared the scores on a retrospective parental childrearing inventory and a sex-role inventory of young adults with their scores on a dependency inventory. This investigation provided information on both mother and father parental practices and

feminine, masculine, androgynous and undifferentiated sex-role orientation and these variables' relationship to emotional dependency.

Diagnosing Dependency

Research (Robins & Regier, 1990) based on the Epidemiologic Catchment Area (ECA) studies has estimated that 15% or more of the United States' population suffers from a mental illness at any given time (as cited in Santrock, 1994). A prediction of the ECA studies is that the number of people to be diagnosed with a mental illness is expected to continue to increase, and more cost-effective treatments are needed. Within the past 10 years, third party payers have begun to set strict guidelines to limit the amount of coverage for health care services. With limited funding and restrictions on the length of time in treatment, therapists do not have the necessary allotted time with patients to efficiently diagnose and treat them.

One of the most frequently diagnosed personality disorders for women is the Dependent Personality Disorder which is often associated with numerous other disorders such as anxiety, depression, substance abuse, and eating disorders. The linking of a pervasive personality disorder with other disorders, such as depression, can make diagnosis and treatment of the client difficult. Because of the financial restraints from third party payers to expedite the diagnostic and treatment process, the mental health professional needs to gather pertinent information on when and how the presenting treatment problem became a dysfunctional behavior for the client.

Most psychiatric admission processes require the client to complete self-report questionnaires (the Minnesota Multiphasic Personality Inventory) and provide background

information about the presenting problem. Many of the items on self-report questionnaires of personality traits and personal attributes are relevant in identifying dependency characteristics (shy, self-doubt, indecisive). The information gathered from these sources can be helpful in identifying the difference between significant characterological problems and symptoms that are situation-bound. The use of self-report personality traits instruments, therapists can more quickly identify some of the psychosocial variables involved in dependency-type problems. Also, this information can provide the mental health professional and health insurance providers a means to identify both the client's problems and the treatment.

Dependency and Its Correlates

Over the past 40 years, numerous factors have been studied that have been considered antecedents, concomitants, and consequences of dependency. Theorists believe dependent individuals are at risk for a wide range of psychopathologies and have associated several factors with the "dependency-psychopathology link" (Bornstein & Johnson, p. 417, 1990). The majority of research has focused on depression (Pincus & Gurtman, 1995). Numerous studies relate depression with high levels of dependency (Birtchnell & Kennard, 1983; Hirschfeld et al., 1977; Hirschfeld et al., 1983; Hirschfeld et al., 1989; Klein, 1989; Klein, Harding, Taylor, & Dickstein, 1988; Overholser, 1990; Pilowski & Katsikitis, 1983; Reich, Noyes, Hirschfeld, Coryell, & O'Gorman, 1987; Richman & Flaherty, 1987). Stein and Sanfilipo (1985) found that "males who struggle with issues of dependency may be more vulnerable to depressive symptoms than females who perceive themselves as dependent" (p. 8). Robins and Block's (1988) study

concluded dependency may be a general vulnerability factor for depressive reactions that surface after experiencing negative life events.

Pincus and Gurtman (1995) agree with other researchers that individuals with high submissive dependency needs may experience depressive reactions, view themselves as incompetent when a negative life event involves the relationship with a “valued mentor or guide” (p. 755). Also, individual with high dependency needs consistently evoke dominant behaviors from others who continue to take control in the relationship. Stein and Sanfilipo (1985) found that “males who struggle with issues of dependency may be more vulnerable to depressive symptoms than females who perceive themselves as dependent” (p. 8). The relationships among dependency, depression, and locus of control have been examined by researchers regarding issues of alcohol treatment response, self-esteem, loneliness, achievement, utilization of medical and mental health care, and negative life events (Bartlestone & Trull, 1995; Bornstein, Krukonis, Manning, Mastrasimone, & Rossner, 1993a; Hirschfeld, Klerman, Chodoff, Korchin, & Barrett, 1976; Mahon, 1982; Nacev, 1980; Nietzel & Monica, 1990; Overholser, 1990; Robins & Block, 1988). A general conclusion that can be drawn from these studies, regardless of gender, is that excessive dependency behaviors are associated with distress over a real or perceived loss and a lack of personal competence that can render one into a depressed mood and perpetuate more pervasive difficulties in living.

The second most common psychopathology that dependency has been linked with is anxiety and panic reactions. Several studies (Hirschfeld et al., 1977; Reich et al., 1987; Steward, Knize, & Pihl, 1992) found anxiety scores correlated significantly with

dependency scores ($r = .40$ and $.60$, respectively). One study (Reich et al., 1987) suggested the dependency-anxiety link may be the result of the individual repeatedly experiencing panic over time as a reaction to negative life situations. A similar relationship exists between anxiety-dependency link as it does with the depression-dependency link; therefore, dependency may be a general vulnerability factor for emotional reactions that surface after experiencing negative life situations.

Gender is another variable that has been the subject of dependency research. On objective dependency measurements of the Interpersonal Dependency Inventory (Hirschfeld et al., 1977) and the Depressive Experiences Questionnaire (Blatt, D'Afflitti, & Quinlan, 1976) women score higher than men; whereas, on projective dependency measurements such as the Rorschach Oral Dependency scale (Masling, Rabie, and Blondheim, 1967), there are no significant differences between dependency scores of men and women (Birtchnell & Kennard, 1983; Blatt, D'Afflitti, & Quinlan, 1976; Bornstein, Manning, Krukonis, Rossner, & Mastrasimone, 1993b). According to Bornstein et al. (1993b), this sex difference in dependency remains true for women and men as clinical and non-clinical adult participants. What might be a reason women score higher on some measures of dependency? Bornstein et al. (1993b) suggest that

If men and women obtain similar scores on projective dependency measures, but women obtain significantly higher scores than men on self-report dependency scales, this would suggest that men and women have comparable underlying dependency needs, but that women are more willing than men to acknowledge these dependency needs on self-report scales. (p. 171)

Perhaps the reason for a sex difference in dependency scores is not simply the type of measurement being used but the differences in the genders' willingness to admit to such needs. Bornstein (1992) hypothesized that for these gender differences in dependency stems from traditional sex role socialization practices. Basically, boys are discouraged from openly expressing dependency needs, whereas, girls are not and are encouraged or reinforced for passive, dependent behavior that is stereotyped as feminine. A longitudinal study (Kagan & Moss, 1960) on dependency in children found gender differences in the expression of passive and dependent behaviors when these children were faced with situations which were frustrating or demanding of problem solving activity and increased with age. Also, this study found that the childhood dependency scores of girls were better predictors of dependency scores in adulthood than for boys. One can conclude that traditional sex role socialization promotes dependency traits in women. Nevertheless, the reverse effect of how dependency traits help to determine sex role orientation could also be true (Bornstein, Bowers, & Bonner, 1996).

Numerous studies have investigated the dependency sex role orientation relationship and have found a similar relationship between dependency and femininity scores (Birtchnell & Kennard, 1983; Chevron, Quinlan, & Blatt, 1978; Welkowitz, Lish, & Bond, 1985). Perhaps, because women are more likely to admit to dependency needs if they conform to traditional sex role orientation, they tend to show higher scores on objective dependency measures than men.

Sex Role Orientation and Dependency

Although sex role stereotyping in a culture originates from the society at large, sex role stereotyping is modeled and reinforced in the individual's family environment. The degree of parental sex-typed modeling, warmth, control, cognitive involvement, and encouragement from both parents impact a child's sex role orientation preference. The three parental childrearing factors of warmth, control, and cognitive involvement produced androgynous sex role orientation, low incidence of college cheating, internal locus of control, and development of academic potential (Kelly & Worell, 1977, 1978). Kelly and Worell (1978) found that androgynous participants also rated their parents as affectionate and encouraging of cognitive curiosity. Head, Baker, and Williamson (1991) noted childrearing practices that are highly controlling, overprotective, discouraging of the expression of actions, and feelings, and intellectual/cultural pursuits appear to be "associated with a greater degree of general psychopathology" (p. 261). They also found those family environments that are low in expressiveness and high in control are more specifically related to the development of dependency traits.

The influence of sex-typing on sex role orientation has also been associated with an individual's overall personal adjustment. Bem's (1974, 1975, 1976) studies on sex role orientation suggested individuals who strongly conform to a sex-typed role may be seriously limited in the expression of behaviors needed in dealing with different interpersonal situations. Also, these studies suggested highly feminine women are at risk for being affected by high anxiety, poor social adjustment, and sex-typing behaviors that may restrict their ability to be flexible in using coping skills. Also, several studies (Brems

& Johnson, 1989; Kelly, O'Brien, & Hosford, 1981; Sumru, 1983) showed women with high feminine sex roles scores are more likely to have difficulties in problem-solving tasks related to low appraisal of and confidence about their problem-solving abilities. These women displayed lower performance skills or avoidance of problem-solving situations. The women who ascribed to the sex-typing of a highly feminine orientation, which adheres to American society's definition of feminine attributes, endorsed items that described their behaviors as yielding and emotionally expressive. Furthermore, highly feminine role orientation simultaneously rejects the masculine role orientation that is associated with the ability to apply the behaviors of being ambitious, assertive, self-reliant, and independent (Bem, 1974). Therefore, women who adhere to strong sex-typed behaviors tend to limit their daily coping skills.

Parental Authority Styles and Dependency

Baumrind (1968, 1971) described three types of parental authority styles that affect the development of an individual's autonomy and socialization skills: authoritarian, authoritative, and permissive. Baumrind (1966, 1967) reported children who were raised by authoritarian parental practices that used highly restrictive control accompanied by parental hostility or overprotectiveness tended to demonstrate passive and dependent behavior. Several studies concluded parental childrearing practices are a major factor in the development of dependency traits and maladaptive interpersonal functioning (McCranie & Bass, 1984; McCranie & Simpson, 1986; Richman & Flaherty, 1987).

The search for the etiology, correlates, and consequences of dependency traits suggests these traits are a complex combination of universal developmental needs, parental practices, and sociocultural influences. Also, research suggests the need for continued investigations that support current findings or detect additional facts on the interaction of personality traits and situational variables on dependency traits.

Summary

With the percentage of people seeking help for mental illness on the rise, the mental health profession will be faced with increased demands for effective and efficient services. These future clients may include women who experience problems with dependency issues in their lives. To understand the dependency issues a client is experiencing, the therapist must know how these traits develop and the situational contexts which increase the expression of dependency behaviors so that treatment planning can be more precisely directed.

The theories of object relations, attachment, and social learning emphasize the importance of parent-child interaction in the development of dependency behaviors that can endure throughout a life span. Parental childrearing practices and gender differences are variables that can influence the development and expression of dependency traits. More specifically, the degree to which parents adhere to traditional gender sex role typing practices encourage the expression of passive and dependent behavior in their children. And do family environments in which parents use an authoritarian parental style promote the development of dependency traits in their offspring.

In conclusion, the purpose of this study was to detect whether parental childrearing styles and sex-role orientation are predictive of dependency traits. This study's hypotheses were:

1. Participants who reported authoritarian parental style will have higher dependency scores than participants who reported authoritative or permissive parental practices.
2. Participants who were classified as having a feminine sex role orientation will have higher dependency scores than participants categorized as masculine, androgynous, or undifferentiated.
3. There will be a positive correlation between authoritarian parental style and femininity scores.

CHAPTER 2

METHOD

Participants

Ninety-nine volunteers (27 men and 72 women) between the ages of 18 and 24 who were raised in a two-parent household (i.e., by a biological parent and a stepparent or foster family) for at least a period of seven years participated in this research. The average participant was 19 years of age ($M = 19.27$, $SD = 1.92$), 77% were single, 72% were female, 70% were freshman level in college, 57.6% lived in a dormitory, and 81% were raised by one or both biological parent for a minimum of 16 years ($M = 16.00$, $SD = 5.54$). The participants were gathered from an undergraduate research participant pool and received extra credit for volunteering.

Design

This study used a causal-comparison design to compare the effects of sex role orientation and parental styles have on the development of dependency traits. The dependent variable for this study was the participants' dependency score. The independent variables were the participants' parental styles (authoritarian, authoritative, or permissive) and sex roles (feminine, masculine, androgynous, or undifferentiated). One-way analyses of variance were calculated to examine the difference in the participants' parental styles and sex role classification scores on their dependency scores. Two correlation coefficients were calculated on the participants' parental styles score with the feminine sex role scores. Also, t tests were calculated using gender and dependency scores to assess possible differences in dependency between men and women.

Measures

Interpersonal Dependency Inventory (IDI). The IDI (Hirschfeld, et al., 1977), a questionnaire specifically designed to measure interpersonal dependence, was used to rate a participant's level of dependency. The normative data for the IDI is based upon adult psychiatric patients and college students of both sexes, and the results suggested psychiatric patients were more dependent than non-patients based upon the author's definition of interpersonal dependency. This 48-item test measures feelings of inadequacy and lack of self-confidence resulting in three subscales: (a) Emotional Reliance on Others, 18 items; (b) Lack of Social Self-Confidence, 16 items; and (c) Assertion of Autonomy, 14 items. The first two scales are measurements of dependency, and the third scale is intended to be a measure of independence. According to the IDI's authors (Hirschfeld et al., 1977), items on the subscale Emotional Reliance on Others reflect a general need for the attention and approval of others. Endorsement of items on the second subscale Lack of Social Self-Confidence reveal a desire for help in decision making, in social situations, and in taking initiative. The items of the third subscale Assertion of Autonomy tend to assert a desire for being alone and for independent behavior. This test asks the participant to rate each items (e.g., When I have a decision to make, I always ask for advice.) on a four-point scale ranging from 1 (very characteristic of me) to 4 (not characteristic of me). The IDI questionnaire format can be used with adolescents and adults who have a 10th grade education and is suitable for group use. It is generally completed in ten minutes.

Bornstein's (1994) and Birtchnell's (1991) review on the IDI reported the subscales for this instrument have been assessed by its authors as having split-half

reliabilities of .87 (Emotional Reliance), .78 (Lack of Confidence), and .72 (Assessment of Autonomy). Richman and Flaherty (1987) also found similar results indicating the IDI subscales show adequate levels of internal consistency. The intercorrelations between the subscales have been assessed by Hirschfeld et al. (1977) as .42 (ER/LC), -.23 (ER/AA), and -.08 (LC/AA). Frank, Kupfer, Jacob, and Jarrett (1987) found retest reliability for a 17 week intertest period of .77, .85, and .61 across genders for the IDI subscales. In another study Bornstein, Rossner, and Hill (1994) found test-retest stability over a 16 week intertest period of .69, .62, and .50 across genders for the IDI subscales.

To calculate the two IDI subscale scores of dependency with a subscale that measures independence into a total scale score, the current IDI publisher Harrison G. Gough, Ph.D. has suggested a total scale formula of Scale 1 (ER) + Scale 2 (LS) - Scale 3 (AA). Bornstein (1994) agreed with Gough's suggested formula as a means to include the AA subscale and to treat it as an index of independence. Based on these recommendations, Gough's suggested total scale formula was used in this study to score the IDI data. A total score is derived by adding the scores of the first and second scales the subtracting the third scale score from that number (e.g., Scale 1 score of 52 plus Scale 2 score of 32 minus Scale 3 score of 24 = total scale score of 60). Hirschfeld et al. (1977) reported the differences in mean scale scores between the sexes on the three scales as minimal, except for Assertion of Autonomy, where men scored higher than women. In addition, total score means were higher for college students than for non-college adults. The lowest score possible is a total scale score of -22, and the highest score total scale

score is 122. The higher the score, the greater the likelihood of undue interpersonal dependency.

Dependency traits and behaviors are generally considered socially undesirable and a participant's willingness to admit them may affect the detection of true differences. Several studies (Bornstein et al., 1994, Hirschfeld et al., 1986, Hirschfeld et al., 1977, 1983, 1989) reported those scores of the IDI subscales were unrelated to age, years of education, marital status, or social desirability in adult subjects. Also, these studies reported IDI scores are positively correlated with scores on other dependency questionnaires. Furthermore, IDI scores have been predictably related to scores on measures of depression and anxiety (Hirschfeld et al., 1977, 1986, Reich et al., 1987). Bornstein (1994) cautioned the user of the test because of its strong correlation with other psychopathology variables, "the specificity of the IDI as a measure of interpersonal dependency is called into question" (p. 73). However, he also stated that IDI construct validity is "reasonably well supported ... and the potential utility of the IDI as a measure of dependency in laboratory and clinical settings—such investigations are clearly warranted" (p. 73).

Parental Authority Questionnaire (PAQ). The PAQ (Buri, Louiselle, Misukanis, & Mueller, 1988), a scale that measures the permissive, authoritarian, and authoritative parental practices from the perspective of the participant, was used to identify the style of parental practice most applied by the parent of participants. The test items are derived from Baumrind's (1971) parental authority prototypes. The participants were asked to rate on a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree) two sets

of 30 items on whether a characteristic matches the type of authority used by the participant's mother and father. The PAQ is suitable for group use, has separate formats that can be used with adolescents, adults, and parents, and takes about 10 minutes to complete. The PAQ provides six subscales for each participant: mother's permissiveness, mother's authoritarianism, mother's authoritativeness, father's permissiveness, father's authoritarianism, and father's authoritativeness. The participant's scores on each of these scales can range from 10 to 50, the subscale with the highest score classifies the type of parental authority exercised by the participant's parents. Buri (1991) reported the mean scores from the college norming sample ranged from ($\underline{M} = 37.34$, $\underline{SD} = 5.60$) for the mother's authoritativeness scale to ($\underline{M} = 25.12$, $\underline{SD} = 5.39$) for the father's permissiveness scale. If a participant rated a parent's score the same in two of the three categories, then the category in which the parental style was above the normed median (Buri, 1991) was considered reflective of the parental style. One participant's data was eliminated because fathers' PAQ scores were the same in all categories.

The test-retest reliabilities reported by Buri (1991) ranged from .77 for the father's permissiveness scale to .92 for the father's authoritativeness scale. This report also published the Cronbach coefficient alphas from .74 to .87 indicating the PAQ subscales are internally consistent. Buri also cited support for the discriminant-related validity of the three PAQ scales. Two studies (Buri, 1991, Buri et al., 1988) confirmed the criterion-related validity of the PAQ. Buri (1991) reported "the PAQ does not appear to be vulnerable to social desirability response biases" (p. 117).

Bem Sex Role Inventory (BSRI). The BSRI (Bem, 1978,1981) measure of

masculinity and femininity was designed to research psychological androgyny in which an individual might be possessing the attributes of both genders. The BSRI is available in two forms, the original form containing 60 personality characteristics or the 30-item short form. The short form was used in this study. Both forms contain statements that are stereotypically feminine, masculine, or neutral. The BSRI asks the participant to indicate on a 7-point scale how well each characteristic describes herself or himself. Scores for the BSRI indicate whether a person rates oneself as high on both feminine and masculine traits (androgynous), low on both traits (undifferentiated), or high on one gender trait (either feminine or masculine).

To score the BSRI on the short form, the raw scores for each scale are added up according to the respondent's responses then divided by 10. Next the raw scores of both scales are transformed into standard scores. Then the difference between these two standard scores is found by subtracting the masculinity score from the feminine score to determine the T -score ($M = 50$, $SD = 10$). After the T -score is obtained, the raw scores are classified as feminine, masculine, androgynous, or undifferentiated on the basis of a median split.

Based on the normative sample of Stanford student, the median split for the short form BSRI femininity raw scores is 5.50 and for the masculinity raw scores 4.80. For example, if a participant's score falls above the feminine score median and below the masculine median, then the person is classified as belonging to the feminine group. In this study, if a participant's score fell above the feminine score median and the masculine score was the same as the median split or if the feminine score was the same as the median split

and the masculine score was above the median split, then the score higher than the median split was considered reflective of the participant's sex-role category. This scoring problem did not occur in this study. The BSRI can be used with adults in a group setting and can be completed in 10 to 15 minutes.

According to Lippa (1985), numerous validity studies on the BSRI scales have shown this inventory to be positively correlated with gender-related behaviors such as conformity, nurturance, and styles of social interaction. Lippa (1985) has reported the BSRI has "good internal consistency and reliability" (p. 177) with coefficient alphas of .75 for women and .78 for men. The BSRI manual publishes the test-retest reliabilities for both the original and the short BSRI ranged from .76 to .94.

Payne (1985) questioned the content validity of the original BSRI as a true measure of global expressive-femininity and instrumental-masculinity as the author proclaims, with the femininity scale containing both socially desirable and socially undesirable traits. Bem later developed the short BSRI which appears to be free of a socially desirable response set. Payne (1985) reported this short form of the BSRI as a purer measure of femininity tendencies and masculinity disposition, as well as a "psychometrically superior" (p. 179). Payne (1985) concluded the short BSRI "has generally good test-retest and internal consistency reliability, and, although the validity data are meager, enough research has been done by Bem and others to indicate that it has promise as a research device" (p. 179). The short form of the BSRI was used in this study to measure femininity and masculinity traits.

Demographic Questionnaire

A demographic questionnaire (see Appendix A) was completed by the participants

to identify whether they met the requirement of being raised by two parental figures for at least seven years of their life. The following descriptive data was also obtained: age, gender, educational level, marital status, current living environment (live alone, with parents, or live with others) and years spent in a two-parent household.

Procedure

Prior to gathering data for this research, all participants were verbally screened as they entered the room to identify whether they met the requirements of being raised in a two parent household for at least seven years. All volunteers were able to be participants in this study. The participants were asked by the experimenter, a 43 year old Caucasian woman, to complete and sign an informed consent document describing the study, their confidentiality, and rights to withdraw at any time. Then the experimenter verbally instructed the participants not to put their names on any of the questionnaires to assure the protection of the confidential data. Next the participants were given the numbered demographic questionnaires and upon returning the demographic questionnaire, each participant was given a questionnaire packet with a corresponding number to their demographic questionnaire. Each packet contained the IDI, the PAQ, and the BSRI. The questionnaires were arranged in a random order sequence. The volunteers were thanked by the experimenter for their participation and given their confirmation of participation form upon completing the questionnaire packets. The testing time averaged around 20 minutes. After obtaining the data from a testing session, all the questionnaires were screened before scoring to eliminate any incomplete test or data.

CHAPTER 3

RESULTS

Ninety-nine undergraduate participants completed a measure of dependency (the IDI; Hirschfeld et al., 1977), a self-report measure of sex-role orientation (the BSRI; Bem, 1978, 1981), a perception of parental style questionnaire (the PAQ; Buri et al., 1988), and a demographic questionnaire. The IDI total scale mean was approximately five points higher than the college student mean defined by IDI co-author and publisher, H. Gough (Hirschfeld et al., 1977).

Primary Analyses

The dependent variable for this study was the participants' dependency score on the IDI. The independent variables were parental styles and sex role. To test the first hypothesis that participants who report authoritarian parental practices will have higher dependency scores than those who report authoritative or permissive parental practices, one-way analyses of variance (ANOVA) were run on the dependency score and each of the three subscales. Results for the mothers' PAQ scores were not significant. For the fathers, the Lack of Social Self-Confidence subscale was significant for the fathers' $F(2, 96) = 4.93, p < .05$. Results for the Tukey post hoc analyses revealed that dependency scores were higher on this subscale when the father was categorized as permissive ($M = 38.80, SD = 4.60$) rather than authoritarian ($M = 29.61, SD = 6.12$). Therefore, no support was found for the first hypothesis.

Table 1

Means and Standard Deviation of Dependency, Emotional Reliance on Others, Lack of Social Self-Confidence, and Assertion of Autonomy by Parental Style Scores for Mothers and Father

Variables		Dependency	ER	LS	AA
<u>Mother</u>					
Authoritarian	<u>M</u>	45.50	45.16	30.44	30.11
	<u>SD</u>	13.45	6.44	5.62	7.96
Authoritative	<u>M</u>	47.83	28.55	32.20	28.55
	<u>SD</u>	14.90	6.61	6.57	6.61
Permissive	<u>M</u>	47.00	50.00	24.50	27.50
	<u>SD</u>	8.50	4.24	7.80	4.94
Total	<u>M</u>	47.40	28.81	31.72	28.81
	<u>SD</u>	14.50	6.81	6.48	6.81
<u>Father</u>					
Authoritarian	<u>M</u>	44.35	44.67	29.60	29.03
	<u>SD</u>	15.31	7.11	6.12	6.62
Authoritative	<u>M</u>	47.42	44.36	32.09	28.81
	<u>SD</u>	13.76	6.39	6.37	6.62
Permissive	<u>M</u>	60.00	50.40	38.80	27.60
	<u>SD</u>	14.00	8.29	4.60	10.67

Table 1 continued

Total	<u>M</u>	47.39	44.75	31.72	28.81
	<u>SD</u>	14.46	6.75	6.48	6.81

Note. ER = Emotional Reliance on Others

LS = Lack of Social Self-Confidence

AA = Assertion of Autonomy

Table 2

Analysis of Variance Results of Parental Style on Dependency, Emotional Reliance on Others, Lack of Social Self-Confidence, and Assertion of Autonomy Scores for Mothers

<u>Variables</u>	<u>SS</u>	<u>df</u>	<u>MS</u>	<u>F</u>
<u>Dependency</u>				
Between groups	80.28	2	40.14	.83
Within groups	20421.36	96	212.73	
Total	20501.64	98		
<u>Emotional Reliance on Others</u>				
Between groups	62.01	2	31.01	.68
Within groups	4408.18	96	45.92	
Total	4470.18	98		
<u>Lack of Social Self-Confidence</u>				
Between groups	151.93	2	75.97	1.83
Within groups	3973.70	96	41.39	
Total	4125.64	98		
<u>Assertion of Autonomy</u>				
Between groups	38.96	2	19.48	.41
Within groups	4515.77	96	47.04	
Total	4554.73	98		

Table 3

Analysis of Variance Results of Parental Style on Dependency, Emotional Reliance on Others, Lack of Social Self-Confidence, and Assertion of Autonomy Scores for Fathers

<u>Variables</u>	<u>SS</u>	<u>df</u>	<u>MS</u>	<u>F</u>
<u>Dependency</u>				
Between groups	1060.12	2	530.06	2.62
Within groups	19441.52	96	202.52	
Total	20501.64	98		
<u>Emotional Reliance on Others</u>				
Between groups	169.60	2	84.80	1.89
Within groups	4300.58	96	44.80	
Total	4470.18	98		
<u>Lack of Social Self-Confidence</u>				
Between groups	384.70	2	192.35	4.93*
Within groups	4300.58	96	38.97	
Total	4125.64	98		
<u>Assertion of Autonomy</u>				
Between groups	8.75	2	4.37	.09
Within groups	545.99	96	47.35	
Total	554.72	98		

* $p < .05$

The means and standard deviations for Dependency, Emotional Reliance on Others, Lack of Social Self- Confidence, and Assertion of Autonomy by sex role orientation scores are presented in Table 4. One way analyses of variance with sex roles as the independent variable were run to compare the BSRI classifications (feminine, masculine, androgynous, or undifferentiated) with scores of the IDI (the Dependency, Emotional Reliance on Others, Lack of Social Self- Confidence, and Assertion of Autonomy) as the dependent variables to test the second hypothesis that feminine participants would have higher dependency scores than masculine, androgynous, or undifferentiated participants. As hypothesized, higher dependency scores were obtained by individuals classified as having a feminine sex role orientation. Dependency scores, Lack of Social Self-Confidence (LS) subscale scores and Assertion of Autonomy (AA) subscale scores, $F(3,95) = 5.52, p < .01$; $F(3, 95) = 7.01, p < .001$; $F(3, 95) = 3.30, p < .05$, respectively, were significantly different between categories of the BSRI, as presented in Table 5. Tukey comparisons found feminine participants had higher Dependency scores ($M = 54.24, SD = 7.99$) than masculine ($M = 40.60, SD = 16.47, p = .003$) and androgynous ($M = 43.89, SD = 15.98, p = .002$) participants. Feminine participants had higher LS subscale scores ($M = 35.03, SD = 4.91$) than masculine ($M = 28.85, SD = 5.51, p = .002$) and androgynous ($M = 29.61, SD = 6.42, p = .002$) participants. Finally, masculine participants had higher AA subscale scores ($M = 31.50, SD = 6.55$) than feminine ($M = 26.06, SD = 4.53, p = .023$) participants.

To test the hypothesis that PAQ authoritarian scores would be positively

correlated with femininity scores of the BSRI, two correlation coefficients were calculated, one for each parent. Neither correlation coefficient was significant (mothers: $r = -.083, p > .05$; fathers: $r = -.060, p > .05$).

Secondary Analyses

Four t -tests were calculated using the IDI (the IDI total score and each of the three subscales) to assess possible differences in dependency between men and women. As presented in Table 6, the mean scores between men and women of the IDI total scores and the first two subscales Emotional Reliance on Another Person and Lack of Social Self-Confidence were not significantly different. The t test comparison for the Assertion of Autonomy subscale revealed men's AA scores were significantly higher than the AA scores for women.

Table 4

Means and Standard Deviations of Dependency, Emotional Reliance on Others, Lack of Social Self-Confidence, and Assertion of Autonomy by Sex Role Orientation Scores

Variables		Dependency	ER	LS	AA
BSRI Categories					
Feminine	<u>M</u>	54.24	45.18	35.03	26.06
	<u>SD</u>	7.99	5.21	4.91	4.53
Masculine	<u>M</u>	40.60	44.70	28.85	31.50
	<u>SD</u>	16.47	9.61	5.51	6.55
Androgynous	<u>M</u>	43.89	44.13	29.61	29.80
	<u>SD</u>	15.98	6.74	6.42	8.51
Undifferentiated	<u>M</u>	51.00	45.70	34.20	29.00
	<u>SD</u>	12.11	4.94	8.06	3.49
Total	<u>M</u>	47.39	44.75	31.72	28.81
	<u>SD</u>	14.46	6.75	6.48	6.81

Note. ER = Emotional Reliance On Others

LS = Lack of Social Self-Confidence

AA = Assertion of Autonomy

Table 5

Analysis of Variance Results of Sex-Role Orientation on Dependency, Emotional Reliance on Others, Lack of Social Self-Confidence, and Assertion of Autonomy Scores

<u>Variables</u>	<u>SS</u>	<u>df</u>	<u>MS</u>	<u>F</u>
<u>Dependency</u>				
Between groups	3.54	3	1.18	5.52**
Within groups	17.37	95	.18	
Total	20.91	98		
<u>Emotional Reliance on Others</u>				
Between groups	28.67	3	9.56	.21
Within groups	4441.52	95	46.75	
Total	4470.19	98		
<u>Lack of Social Self-Confidence</u>				
Between groups	747.96	3	249.32	7.01***
Within groups	3377.68	95	35.56	
Total	4125.64	98		
<u>Assertion of Autonomy</u>				
Between groups	430.21	3	143.40	3.30*
Within group	4124.52	95	43.42	
Total	4554.73	98		

* $p < .05$, ** $p < .01$, *** $p < .001$

Table 6

Results of t test Comparisons of Men and Women's Interpersonal
Dependency Inventory Scores

IDI	df	t
Dependency	97	-.34
Emotional Reliance on Others	95	1.19
Lack of Social Self-Confidence	95	.23
Assertion of Autonomy	95	2.56*

* $p < .05$

CHAPTER 4

DISCUSSION

The first hypothesis of this study investigated the relationship between authoritarian parental practices and dependency and no support for this relationship. Previous research suggested parental childrearing practices are a major factor in the development of dependency traits (McCranie & Bass, 1984; McCranie & Simpson, 1986; Richman & Flaherty, 1987). More specifically, family environments where expressiveness is discouraged and highly restrictive control is used are associated with the development of dependency traits (Baumrind, 1966, 1967; Head et al., 1991). The only relationship found was between fathers' PAQ permissive category and IDI Lack of Social Self-Confidence subscale scores. The results indicated that higher dependency scores as measured by IDI Lack of Social Self-Confidence subscale was related to fathers' permissive score, although this significant difference was not found between fathers' permissive score and the IDI total score.

The items on the IDI Lack of Social Self-Confidence subscale measure the wish for help in decision-making, in social situations, and in taking initiative. Its relationship to fathers' permissive score suggests the offspring of fathers who used permissive practices tend to have dependency issues in these areas. Therefore, this study did not find a significant relationship between authoritarian parenting and the development of dependency traits.

The second hypothesis predicted a relationship between sex-role orientation and dependency. Past studies have investigated the relationship between dependency and sex

role orientation, and have associated dependency with femininity scores (Birtchnell & Kennard, 1983; Chevrans et al., 1978; Welkowitz et al., 1985). Bornstein et al., (1996) concluded high dependency scores positively correlated with femininity scores, and high dependency scores negatively correlated with masculinity scores of the participants. This study's results indicate that participants categorized as feminine had significantly higher dependency scores than participants classified as masculine and androgynous for IDI total scores and Lack of Social Self-Confidence subscale scores. Significant differences were also found between BSRI feminine and masculine on the IDI Assertion of Autonomy subscale scores. The findings support previous studies on feminine sex role orientation practices as a positive factor in influencing the expression of dependency traits. These findings also support Bem's concept of the traditional sex-typed person tends to select behaviors and attributes conforming to cultural definitions of sex-appropriate behaviors.

Applying this concept to the current research, when a participant selected the BSRI items that are sex-typed as either masculine or feminine, then this participant would also select the items on other inventories (i.e., the IDI) reflecting the attributes sex-typed as either masculine or feminine to stay consistent with their sex-typed image. Examples of sex-typed masculine items would reflect the characteristics of assertive, self-reliant, and independent, such as items in the IDI Assertion of Autonomy subscale. The items in the other two subscales would be inconsistent with a masculine sex-typed image and would not be endorsed by these participants. A participant who ascribes to feminine sex-typed behavior would tend to endorse items that describe their behaviors as yielding and emotionally expressive, such as items on the IDI Lack of Social Self-Confidence subscale

while simultaneously rejecting items that are associated with masculine sex-typed behavior, such as the Assertion of Autonomy subscale. These findings suggest, regardless of gender, participants classified as having a masculine sex role orientation tend to deny dependency more than participants with feminine sex-role orientation, and supports previous research on how sex role socialization practices may affect an individual's willingness to admit or deny dependency needs.

The third hypothesis for this study predicted a positive correlation between PAQ authoritarian scores and BSRI femininity scores. Several studies on parent childrearing practices have shown a significant correlation with sex role orientation (Flech, Fuller, Malin, Miller, & Acheson, 1980; Kelly & Worell, 1976; Lamke & Filsinger, 1983; Orlofsky, 1979; Simandl, 1989). No positive correlation was found between PAQ authoritarian scores and BSRI femininity scores.

This study also investigated the question of gender differences between men and women's dependency scores. Past research findings (Birtchnell & Kennard, 1983; Blatt et al., 1976; Bornstein et al., 1993b) have indicated when measuring dependency gender differences occur when the instrument used is an objective dependency measurement. Not only are these sex differences in dependency scores impacted by the type of measurement tool, but also, by the genders' willingness to admit to such needs as related to sex-role socialization practices.

In this study, the objective measurement tool used was the IDI (Hirschfeld et al., 1977). When developing and norming the IDI, the authors found no differences between men and women's dependency score except on the Assertion of Autonomy subscale

scores, and this difference did not affect the IDI total score. This study's t test comparisons on the differences between mean scores of men and women's dependency scores found no differences between the gender's scores on the IDI total scores. The men's Assertion of Autonomy scores were significantly higher than the Assertion of Autonomy scores for women, thus supporting Hirschfeld et al. (1977) study. These findings suggest men deny dependency more than women.

This research was able to add to previous research by confirming a connection between dependency traits and sex-role orientation and addressing reasons why gender differences surface in dependency scores. However, the extent to which parental childrearing practices affect the development of dependency traits remains unclear.

Although this study provides further information regarding the development of dependency traits, generalizing these results must be done with caution when using self-report questionnaires as testing instruments. Also, if a researcher wants to employ classification as a means to measure differences in scores, the researcher needs to be prepared to deal with the problematic cases of participants scores being near the cutoff point in the categorizing process.

The implications of this research provide information about women and men regarding the issues of independence, the need for nurturance, self-confidence, and family dynamics which are often addressed during the therapy process. When a therapist is assessing a woman's needs for a balance between independence and nurturance, it is important to explore the extent to which these needs ascend normal levels of dependency. When a therapist is assessing a man's difficulties in achieving a balance between

independence and nurturance, it is valuable to explore how strong identification with masculine sex-type behaviors and autonomy needs may prevent interpersonal closeness and connectedness with significant others in his life.

This research suggests that for women, the factors of parental practices and feminine sex role orientation may play a role in development of undue interpersonal dependency regarding their skills in decision making, in social situations, and in taking initiative. By exploring the type of parental childrearing practices a woman experienced as a child and the degree her identification with a feminine sex role orientation has affected her expression of dependency needs, she may be able to understand how family dynamic and societal expectations have impacted her life. Not only do these factors affect her life but also, her own parenting skills and their influence on her children's development in their sex role orientation. Identification of these variables may help the therapist in guiding a woman's interpersonal dependency needs to a more healthy and productive level.

Future research needs to replicate and update the norming sample of the IDI. This current study's IDI total score means were five points higher than the mean scores for college students in previous studies and were closer to the IDI means of the psychiatric sample used in the pilot study. Replication of this study using a clinical sample would help to identify differences in the dependency levels between normal and psychiatric populations. Finally, further information may be gained by the use of a factorial design to test the interaction of parental childrearing practices and sex role orientation on the development of dependency traits.

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Appendix A

Demographic Questionnaire

Demographics

Instructions: Please complete the following information.

Participant's number: _____ Age: _____ Sex: _____

Education: _____ Marital status: ___ single; ___ married; ___ divorced; ___

Current living environment: ___ live alone; ___ live with others (please specify, i.e., a dormitory, a sorority, fraternity, parents' home, etc.) _____

Childhood living environment:

Please check the correct response and fill in the number of years.

Raised by both biological parents: _____ Number of years in this home: _____

Raised by one biological parent and a step parent: _____ Number of years in this home: _____

Raised by adoptive parents: _____ Number of years in this home: _____

Raised by foster family: _____ Number of years in this home: _____

If more than one foster family, please choose the home in which you spent the longest length of time and fill in the number of years spent in this home.

Note: To assure your confidentiality, please do not use the names of anyone that you are currently living with or have in the past. Thank You.

Appendix B

Informed Consent Document

The Department/Division of Psychology at Emporia State University supports the **practice** of protection for human subjects participating in research and related activities. The following information is provided so that you can decide whether you wish to **participate** in the present study. Your participation in this study is completely voluntary. **You are free** to withdraw from this study anytime. You are at no risk or discomfort by your participation in this study.

You are invited to participate in a study on the relationship between personal attitudes, sex-role orientation and parental childrearing behavior. As a participant, you **are asked to** complete three questionnaires that take an estimated time of 35 minutes to complete.

Information obtained in this study will be identified only by code number. Your **name will** be used only to indicate that you participated in the study and received extra credit for participating.

To withdraw from this study please leave a message with the instructor of the class from which you will receive extra credit for your participation. Termination of participation **will** have no bearing on your class standing.

If you have any questions about this study, feel free to ask the experimenter. If you **have** additional questions, please contact Kathy Linneman, 343-3044.

Thank you for your participation.

I, _____, have read the above information and have decided
(please print name)
to participate. I understand that my participation is voluntary and that I may withdraw at any time without prejudice after signing this form should I choose to discontinue participation in this study.

(signature of Participant)

(date)

(signature of Researcher)

**THIS PROJECT HAS BEEN REVIEWED BY THE EMPORIA STATE UNIVERSITY
COMMITTEE FOR THE PROTECTION OF HUMAN SUBJECTS**

I, Katherine M. Linneman, hereby submit this thesis/report to Emporia State University as partial fulfillment of the requirements for an advanced degree. I agree that the library of the University may make it available to use in accordance with its regulations governing materials of this type. I further agree that quoting, photocopying, or other reproduction of this document is allowed for private study, scholarship (including teaching) and research purposes of a nonprofit nature. No copying which involves potential financial gain will be allowed without written permission of the author.

Katherine M. Linneman
Signature of Author

12/10/99
Date

Parental Childrearing Styles and Sex Roles
of Dependency Traits

Title of Thesis/Research Project

Debra Cooper
Signature of Graduate Office Staff

December 10, 1999
Date Received

original