

Dependent Personality Disorder

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[Dependent personality disorder](#) (DPD) is one of the most frequently diagnosed personality disorders. It occurs equally in men and women, usually becoming apparent in young adulthood or later as important adult relationships form.

What Are the Symptoms of DPD?

People with DPD become emotionally overdependent on other people and spend great effort trying to please others. People with DPD tend to display needy, passive, and clinging behavior, and have a fear of separation. Other

common characteristics of this personality disorder include:

- Inability to make decisions, even everyday decisions like what to wear, without the advice and reassurance of others
- Avoidance of adult responsibilities by acting passive and helpless; dependence on a spouse or friend to make decisions like where to work and live
- Intense fear of abandonment and a sense of devastation or helplessness when [relationships](#) end; a person with DPD often moves right into another relationship when one ends.
- Oversensitivity to criticism
- Pessimism and lack of self-confidence, including a belief that they are unable to care for themselves
- Avoidance of disagreeing with others for fear of losing support or approval
- Inability to start projects or tasks because of a lack of self-confidence
- Difficulty being alone
- Willingness to tolerate mistreatment and abuse from others
- Placing the needs of their caregivers above their own
- Tendency to be naive and to fantasize

What Causes DPD?

Although the exact cause of DPD is not known, it most likely involves a combination of biological, developmental, temperamental, and psychological factors. Some researchers believe an authoritarian or

overprotective [parenting](#) style can lead to the development of dependent personality traits in people who are susceptible to the disorder.

How Is DPD Diagnosed?

A diagnosis of DPD must be distinguished from borderline personality disorder, as the two share common symptoms. In borderline personality disorder, the person responds to fears of abandonment with feelings of rage and emptiness. With DPD, the person responds to the fear with submissiveness and seeks another relationship to maintain their dependency.

If most or all the (above) symptoms of DPD are present, the doctor will begin an evaluation by taking a thorough medical and psychiatric history and possibly a basic [physical exam](#). Although there are no laboratory tests to specifically diagnose personality disorders, the doctor might use various diagnostic tests to rule out physical illness as the cause of the symptoms.

If the doctor finds no physical reason for the symptoms, they might refer the person to a psychiatrist, [psychologist](#), or other health care professional trained to diagnose and treat mental illnesses. Psychiatrists and psychologists use specially designed interview and assessment tools to evaluate a person for a personality disorder.

How Is DPD Treated?

As is the case with many personality disorders, people with DPD generally do not seek treatment for the disorder itself. Rather, they might seek treatment when a problem in their lives -- often resulting from thinking or behavior related to

the disorder -- becomes overwhelming, and they are no longer able to cope. People with DPD are prone to developing [depression](#) or [anxiety](#), symptoms that might prompt the individual to seek help.

[Psychotherapy](#) (a type of counseling) is the main method of treatment for DPD. The goal of therapy is to help the person with DPD become more active and independent, and to learn to form healthy [relationships](#). Short-term therapy with specific goals is preferred when the focus is on managing behaviors that interfere with functioning. It is often useful for the therapist and patient together to pay attention to the role of therapist in order to recognize and address ways in which the patient may form the same kind of passive reliance in the treatment relationship that happens outside of treatment. Specific strategies might include assertiveness training to help the person with DPD develop self-confidence and cognitive-behavioral therapy (CBT) to help someone develop new attitudes and perspectives about themselves relative to other people and experiences. More meaningful change in someone's personality structure usually is pursued through long-term psychoanalytic or psychodynamic psychotherapy, where early developmental experiences are examined as they may shape the formation of defense mechanisms, coping styles, and patterns of attachment and intimacy in close relationships.

[Medication](#) might be used to treat people with DPD who also suffer from related problems such as [depression](#) or [anxiety](#). However, medication therapy in itself does not usually treat the core problems caused by personality disorders. In addition, medications should be

carefully monitored, because people with DPD could use them inappropriately or abuse certain [prescription drugs](#).

What Are the Complications of DPD?

People with DPD are at risk for depression, anxiety disorders, and [phobias](#), as well as substance abuse. They are also at risk for being abused because they may find themselves willing to do virtually anything to maintain the relationship with a dominant partner or person of authority.

What Is the Outlook for People With DPD?

With psychotherapy (counseling), many people with DPD can learn how to make more independent choices in their lives.

Can DPD Be Prevented?

Although prevention of the disorder might not be possible, treatment of DPD can sometimes allow a person who is prone to this disorder to learn more productive ways of dealing with situations.

The development of personality structure is a complex process that begins from an early age. Psychotherapy aimed at modifying personality may be more successful when begun early, when the patient is highly motivated for change, and when there is a strong working relationship between the therapist and patient.

Reference: <https://www.webmd.com/anxiety-panic/guide/dependent-personality-disorder>