

INTERPERSONAL DEPENDENCY ON PEOPLE WITH MAJOR DEPRESSION SYNDROME IN INDONESIA

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ABSTRACT

From cognitive model approach perspective, a person with major depressive disorder has commonly five depression symptoms i.e. affective, cognitive, motivational, physical and behavioral symptoms. Cognitive model expresses high possible dependency on a person with depression syndrome as one real form of behavioral symptom. High possibility on one person with depressive disorder tends to give him/her high possibility for interpersonal dependency, one dependency one experienced by a person making another person the dependent object.

Used research method is qualitative with interview approach equipped with observation method. The population includes people who have been diagnosed for mayor depression by both psychologists and psychiatrist. Sampling has been made using theory based/operation construct in which the sample is selected by certain criteria, based on theory or operational depression construct included into DSM IV TR.

There are various interpersonal dependencies on some people with depressive disorder classified into four dimensions, cognitive, motivational, affective and behavioral whereas cognitive and affective dimension have more dominant roles. In addition, there is one extrinsic factor on person with mayor depressive disorder which has role in the process of interpersonal dependency emergence. The factor is parenting style.

Key Word : Interpersonal Dependency, Major Depression, Symptom, Cognitive Models

1 Introduction

A recent study of World Health Organization in 2006 indicated that approximately 13.2 million Indonesian people had depression (Berita Indonesia Online, 10 October 2006). Regarding world prevalence, WHO recorded that approximately 121 million people in the world, suffered depression. From that figure, 5.8% from total men in the world had depression and 9.5% from total

women. From the data, there are only 30 percent of depression patients really getting good medication, though many effective technologies for treating depression had been available. Ironically, they with depression are usually in productive ages, 15-45 years of age (in www.gizi.net/berita). From prevalence perspective, according to data of research by Wells (2006),

depression may be experienced by both male and female, however, for its frequency, the depression case prevalence on female amounts twice depression prevalence on male (in Kaplan & Saddock, 2006). Depression itself is described as a condition in which someone feel powerless, hard to concentrate, irritability at any time without any reasons, miserable and desperate in daily life (in www.depression.com). If we look from the cause, depression commonly comes from oneself due to genetic factor in family history, trauma and stress on painful negative experience, chronic disease vulnerable physical condition, and other psychological syndromes which have been had by someone (in www.depression.com). One of the factors that influence depression is the cognitive scheme of someone. Beck (1967, in Beck, Shaw, Rush and Emery, 1983) said that the occurrence of depression was a result of the excessive and global negative attribution carried out by someone towards every events he/she had. Such negative attribution was usually shown by negative experiences beforehand.

Seeing the impact that was also depression symptoms, Beck (1967, in Beck, Shaw, Rush, and Emery, 1983) said that depression tended to interrupt daily functional activities on a person experiencing them. Passive activity like sleep, rest, and relax more gave satisfaction making a person with depression syndrome reluctant to do productive activities. Another impact was the emotionally lost affection on activities relevant with another person. This feeling gradually diminished from intensity of affection and love, and then moved to cold and apathetic where the individual could only give negative

reaction to any positive feelings. Person with depressive disorder had also big problem in his/herself in most basic activities such as eating, drinking, etc.

Related with the data in 2006 above, such depression phenomenon has properly become something that must be intensively paid attention. Depression prevalence mainly on people with productive ages ought to make us worried because depressive disorder generally has significant impact irritating on person's daily functional activities. In the productive ages people are usually prefer to be independent in creating welfare of his life. Nowadays, a person is even usually conditioned to be a living guarantor for another person especially for those who have a family. The situation of a person with the depressive disorder not only may create special problems for himself, but also has a socially significant impact for those who become his/her security.

In addition, as Beck (1967) stated that another depression impact was the increased dependent trend with the person who had it. Beck (1979) classified dependency into two kinds, constructive and regressive. A person with constructive dependency, said Beck (1979), tended to need someone's assistance in facing every problem of his/her life, furthermore if confronted with real problem, he/she was able to address independently. This regressive dependency construct was in line with interpersonal dependency construct stated by Robert Bornstein (1993), Pincus and Gurtman (1995). *Interpersonal Dependency was defined by Bornstein (1993), Pincus and Gurtman (1995) as someone's personality style intent to look for others' direction, assistance, and support, although in a situation where a*

person had capacity to autonomously function in facing challenges or problems he/she deal with. The over authoritarian and permissive care patterns, prolonged sick, and childhood violence, Bornstein (2005) said, triggered interpersonal dependency.

The interpersonal dependency prevalence, according to the Bornstein's research (2005), generally was highly correlated with someone's psychological syndrome. The psychological syndrome in Axis II highly correlated with interpersonal dependency was the dependent personality disorder, while from Axis I viewpoint in DSM IV, the interpersonal dependency prevalence often fell on a person with major depressive disorder (in Bornstein, 2005). It was in line with findings of the Bornstein's research (1992) indicating that a person with depressive disorder usually had high interpersonal dependency score. In other research, Mazure, Bruce, Maciejewski and Jacobs (2000) found that a person's interpersonal dependency characteristics were things increasing someone's risk at depression.

2.Problem Formulation

The main problem in this study is: "How is description of interpersonal dependency on a person with major depression disorder?"

From this main problem, sub questions proposed specifically include:

1. What is the form of participant' subjective experiences perceived from the interpersonal dependency criteria?
2. How is the process of the interpersonal dependency occurrence on participants?

Associated with high major depression prevalence on the productive age community, this issue is quite ironic phenomenon, since a person in the productive age necessarily regarded as other person's guarantor is possible to depend his/her life on others as a result of a person with depressive disorder. *In* Indonesia, both research and reference of interpersonal dependency are still rare and even not available. While, on the other hand, the emergence of interpersonal dependency as a result of depression on Indonesian people is possible, considering tough kinship bond, mutual assistance and collectivity culture followed by Indonesians. This may increase possibility of interpersonal dependency occurrence in the community as Bhogle and Jonson's research (1983, in Bornstein 2005) showed that a person growing in a culture emphasizing on togetherness and kinship will tend to get high dependency value in SRD (self report dependency) compared with people growing in individualistic culture.

Major Depressive Disorder, according to DSM IV (APA, 1994) is marked with by the emergence of at least 5 symptoms below in at least 2 weeks and at least one of symptoms may be (1) depressive mood, or (2) interest or joy loss, occurring in daily live of the sufferer. These symptoms are:

1. All day, almost every-day depressive mood as told by the relevant person or from someone's observation
2. The clearly interest or joy loss for all or almost daily activities

3. Significant weight loss when not dieting or weight gain (change more than 5% of weight in 1 month)
4. Insomnia or hypersomnia almost every day
5. Psychomotor agitation or retardation almost every day
6. Fatigue or lost energy almost every day
7. Invaluable, over-guilty, or inappropriate feeling almost every day
8. Reduced ability to think or to concentrate, or be indecision almost every day
9. Think about death repeatedly, have idea of suicide without specific plan, or a suicidal tendencies.

Beck (1967) categorized depressive symptoms into five symptom groups, including: emotional, physical, cognitive, motivational, and behavioral symptoms. The detail by Beck follows:

a. Emotional symptoms

It is feeling change on behavior as a result of direct effects from emotional situation. In his research, Beck (1967) mentioned it as emotional manifestation including mood drop, negative view about self, unsatisfied, crying, lost pleasing response. Mood drop is the most common characteristics from emotional symptom. Mood drops appears when someone felt sad, grey, or dysphoria. Negative feelings about self, like: I am worthless, weak and powerless.

Lost satisfaction results from fewer activities as depression increases and even from activities relevant to biological needs, such as foods, drinks, and sex.

Conversely, passive activities such as sleep, rest, and relax give more

satisfaction. Lost affection emotion is related to activities involving others. This emotion has gradation from diminished intensity of affection and love to half-hearted and apathetic where the individual could only give negative reaction to any positive feelings. In some cases, the stimuli not effecting the emotional side (eg. Crying). In a serious level, the individual could no longer cry, although he/she wants to. Pleasing response loss in the context of lost capacity to capture information containing humor. Joke is no longer source of satisfaction, but he/she may feel resentful.

b. Cognitive symptoms

Negative expectations include hope for the worst things and deny possibility of improvement, change to better conditions. This negative perception is common frustrating source for friends, family, and physicians and psychologist treating him/her. Depressive patient occasionally perceives that inadequate conditions, physical, social and financial, will only be worst in the future. Idea of this conditions, no self-recovery or his/her problems would be basic decision to commit suicide as one reasonable way. Self-blaming and criticizing are associated with assumption that less advantageous things and misfortune result from some of his/her drawbacks and blaming on self for those.

c. Motivational symptoms

Prominent stimuli and impulses in depression have regression especially for activities requiring responsibility or initiatives as well as high energy. Paralysis of will is found in 65% to 86% of depressive patients (in Beck, Rush, Shaw, & Emery, 1978). The patients

have big problems in mobilizing themselves to run their most primary activities such as eating, drinking, etc. Though they know what they should do, they have no will to do it. Another motivational symptom is a will to deviate daily life systems. In addition to this, patient tends to postpone immediate satisfying activities, to day dream more than doing something. Worse motivational symptom is suicide and increased dependency.

d. Physical symptoms

These symptoms include: lost appetite, sleepless, easily exhausted and lost libido. This easily exhausted has high correlation with pessimistic viewpoint and less satisfaction. Specific symptoms from it includes: drooped legs and hands, spiritless, and felt weak to move.

e. Behavioral symptoms

According to Beck, Rush, Shaw and Emery (1970), the symptoms include: *Passivity* (one's trend to do passive activities), avoiding behavior, *Inertia* (trend to lazy do anything), even trend to have social skills deficit, meaning one dysfunction of someone in his/her social life as a result of high extremely avoiding behavior to anybody else. And this behavioral symptom has high correlation with motivational symptoms experienced by a person with major depressive disorder.

According to Beck (1979) stated that dependency is one of depressive symptoms occurring in motivational area. Beck (1979) classified dependency into two kinds, constructive and regressive. Constructive dependency, as Beck stated (1979), was defined as: "Seeking to learn ways to cope with depression to others; the patient has a

problem he is unable to solve without assistance and thus seeks expert help (page 294)".

In constructive dependency, behavior to find one's direction and instruction appears when a depressive patient is confronted with problem difficulty to solve without one's assistance. Whereas regressive dependency was defined by Beck (1979) as: "Seeking help for something that he is capable of handling himself (page 296)".

As Beck (1979) stated, regressive dependency is one behavior finding one's direction and instruction, though the problem a depressive patient confronts with may virtually be addressed without any help. Regressive dependency is parallel with interpersonal dependency construct proposed by Bornstein (1992, 1993)

Definition of interpersonal dependency

Interpersonal dependency was defined by Bornstein (1992, 1993) as:

"Personality style wherein individuals are predisposed to seek guidance, help, and support from others, even in situations where they are capable of functioning autonomously and meeting challenges on their own (Page 732)".

As definition above, interpersonal dependency behavior is indicated as a person's behavior predisposed to find direction and instruction, help even support from others, even in situations where they are capable of functioning autonomously and meeting challenges on their own. In another reference, Bornstein (1999) associated interpersonal dependency with desire to

get advice, conformity with surrounding environment, and willingness to meet others' requests. Moreover, interpersonal dependency was also associated by Devito & Kubis (1993) with someone's difficulty in doing his/her interpersonal activities with others, sexual jealousy (Buunk, 1982) and insecure appearance in making friendship and relation with opposite gender (Colins & Read, 1990).

Another come-up trend in interpersonal dependency behavior is someone's sensitivity in making interpersonal relationship. Masling, O'Neill & Katkin (1982) stated that one's behavior less injurious to a person with interpersonal dependency will be interpreted as self-harming behavior as a consequence of one's high sensitivity to interpersonal dependency in responding to evaluation from others. In addition, reduced tolerance level in postponing initiative to get help from others is another indicator from interpersonal dependency.

Based on many definitions and indicators of interpersonal dependency above, the author defines interpersonal dependency as: "someone's tendency to find direction from others even in possible conditions to be autonomy accompanied with difficulties in interpersonal activities, insecure feeling in making a relationship with others and reduced tolerance in postponing to get help from others in order to problems encountered." any factors with contributions resulting in interpersonal dependency commonly do not appear immediately, but they have been grown since childhood. These factors, as Bornstein (2005) stated, are:

a. Authorithorian Parenting Style

From the research by Baker, Capron & Azorloisa (1996, in Bornstein, 2005),

protective and authoritarian parenting style, both one of them and the combination, contribute to prevent children from learning how to achieve goal and from getting experiences to be successful.

b. Gender role in social context

Relevant with gender context, in young women, traditional gender role culture transforms social scheme affirming certain assumption they should naturally play their roles to follow their husbands (in Baumrind, 1980; Bornstein, Bowers & Bonner, 1996).

c. culture regarding interpersonal relationship system and capacity,

In cultural context, social culture emphasizing on over-interdependent situations between one's achievement and relationship with others creates mass scheme to people in their social community for their powerless condition in achieving objectives if without by others (Cross, Bacon, & Morris, 2000; Gabriel & Gardner, 1999, in Bornstein, 2005). Bornstein (1992, 1993) described a model indicating comprehensively interpersonal dependency known as C/I Model (Cognitive/Interactionist model of Interpersonal dependency). Main principle of C/I Model is that interpersonal dependency has high correlation with motivation, behavior, and emotional response resulting from Helpless Self-Schema. Therefore, manipulation facilitating the form of Helpless Self-Schema will increase interpersonal dependency as a result of motivational, behavioral and emotional responses. C/I Model then assumes that Helpless Self-Schema activation in a wide area may motivating relationship-facilitating behaviors, one behavior built by relevant signs and affected by embedded belief in dependent one, where behavior to respect significant

others is regarded as the most effective strategy in maintaining social bonds previously made between dependent one and significant one. Helpless self schema was conceptualized by Bornstein (1993) as: "Attribute and schema setting-ups on self as weak, powerless, and needing support from others". When chronically accessible helpless self schema is accessed, a person tends to create behavior patterns to reinforce social bond with others (in Bornstein, 1996; Pincus & Wilson, 2001). Stimulus in affective area (like fear to be neglected) or relevant cognitive signal emergence (like potential caregiver) may activate further helpless self schema. One could say that C/I Model conceptualize interpersonal dependency behavior as one product of two processes, i.e.: (1) distinction of self-schema and its accessibility, and (2) cues related to stimuli object triggering helpless self schema. Distinction of self schema content by cognition both discrimination and generalization towards stimulus makes chronically accessibility to self schema which is weak and powerless keep emerging in cognition, while the emergence of cues relevant to stimuli object of interpersonal dependency, such as emerged caregiver and anxiety when making decision autonomously reinforces built helpless self schema in cognition. Bornstein (1992) conceptualized interpersonal dependency into four central features of interpersonal dependency. They are cognitive, motivational, affective, and behavioral. Variance of activation level of helpless self schema affects motivation, behavior and emotional response from dependent person in predicting. Activation of helpless self-schema, as Bornstein (2005) stated, intensified someone's motivation to find support and protection

from others. In addition, a person with high motivation to find support from others may use various self-appearance strategies to maximize potential in getting support which is expected to give spirit to live. Finally, activation of helpless self-schema has important affective consequences (as well as killing fear to be neglected and to have negative evaluation).

Though early built cognitive structure in life had an important role to motivation, behavior and dependent someone's emotional schema, in fact, Bornstein stated that (2005) emotional response had certain important role in creating dynamics of interpersonal dependency. Activation of helpless self schema increases the relation between *interpersonal dependency* and motivation (such as need for support) and makes it seem that dependent behavior may be shown. Then, when interpersonal dependency and emotional response are connected, a feedback loop is transformed, and emotional response has important role as recreating helpless self schema. Moreover, activation of helpless self-schema makes it indicate high correlation between interpersonal dependency and emotional response (in Williams, Matthews, & MacLeod, 1996). Research on person with this Major Depressive Disorder involves qualitative approach, considering one thing that will be explored is one process of entire description about individual. Qualitative information provides rich description and strong reasons to explain behavioral and environmental processes on local setting (Attig, Attig, & Boonchalaksi, 1989). Qualitative study allows the researcher to identify why participants may experience interpersonal dependency, if the experience has impact on them, and

what are their views formed by their experiences, and so on.

This qualitative research type is categorized into case study, where case is present special phenomenon in limited context, though limitations between phenomena and contexts is not really clear (Poerwandari, 2005). Case study approach makes the researcher able to get the whole and integrated comprehension about interrelations of many dimensions and facts of the special case. Case study in this study is classified into intrinsic case study type, where the research is conducted due to interest or care for one special case, in this context, the researcher is interested in how is the description of interpersonal dependency a person with Major Depressive Disorder has. Intrinsic case study is performed to understand the entire case study without intention to produce any concepts or theories, or without efforts to generalize.

According to DSM IV TR, selected participants are those meeting criteria to depressive-diagnose, and to have been depressive-diagnosed by experts and also based on their willing and possible location observation by the researcher. Therefore, participant characteristics in this study include:

1. Depressive diagnosis by psychologist or psychiatrist,
2. Subjective experience of depressive symptoms through rechecking participant experiences by the researcher based on DSM IV TR.

The number of participants are three. The three participants have been diagnosed for major depressive disorder by psychologist and psychiatrist. In detail, they consist of two males and one female. Poerwandari (2005) suggested that the appropriate sampling to this study was theory based/operation

construct sampling, where sample was drawn by some criteria, based on theory or operational construct in line with previous studies or research ends.

Another classification from Poerwandari (2005) allows this research to involve snowball sampling technique, where the sample drawing is performed in sequence by asking information to interviewee or those who have been called, and so on.

Acquired data in this study is collected with methods that will be described following: (1) interview and (2) observation in interview.

3.Problem Solution

Based on analysis of intracase and intercase, two participants tend to have interpersonal dependency. Two participants tend to find direction from others, feel insecure in making a relationship with others, and have low tolerance in postponing find help to others. However, one participant only shows behavior characteristics intent to find others' direction and has low tolerance in postponing find help to others. On the basis of the process of interpersonal dependency occurrence, the three participants have indifferent patterns. The process has beginning from triggering factors of interpersonal dependency in childhood. The first factors include over- authoritarian and protective parenting style and family values doctrine emphasizing on traditional gender system in social context. Effective factor in the third participant is overprotective and authoritarian parenting style, while what happens to the second participant is permissive parenting style not included into the three triggering factors of interpersonal dependency suggested by Bornstein (2005). One of the three

factors finally transforms helpless self schema in present cognition.

After the formation of *helpless self schema* in the three participants, process of occurrence of interpersonal dependency highly depends on activation intensity of helpless self schema. The more it is activated, the faster interpersonal dependency transforms. Bornstein (2005) suggested that activation of this *helpless self schema* sometimes appears via medium of negative experiences in someone's life degrading one self-concept. In the first participant, the emerged negative experience is his/her family perception underestimating him/her to date, while in the second participant is his/her condition failed to make a romantic relationship with any women to date. Negative experience the third participant has is failure to achieve important things in his/her life when his/her beloved has passed away. *Helpless self schema* built in the three participants then promotes motivation to find support from others. Such motivation is conversed into many forms of relationship facilitating behaviors with function to increase and maintain social relationship between the three participants and people they regard as significant. The attitude appearance may be behavior directly performed with a person regarded as significant such as effort to reach subject with any ways and symbolic behaviors the participant considers as able to immortalize social relationship with a significant person. Many appearances of that relationship facilitating behavior have feedback to participant feelings such as happy and no fear of neglected when the relationship facilitating behavior appears. Another affection is negative emotions such as sad and fear to be neglected when the

relationship facilitating behavior try to be not performed.

Next, effects they have will reinforce *helpless self schema* that has been previously built, so interpersonal dependency circles reappear on motivational, affective and behavioral components as done before. From other factors out of self-participant, dominant factors affecting interpersonal dependency in the three participants is parents' parenting style in childhood. In the two participants, the dominance from their parents is authoritarian and overprotective, while another participant had permissive parenting style in childhood. Two types of parenting style every participant had tend to place participants on distance with their parents and it makes them find protection from certain people outside core family they regard as able to understand them.

One of interesting things emerged in the three participants studied is continuous thinking about someone regarded as excellent who makes the participant intensively think about a person he/she obsesses to feel happy and pleased, at a glance this phenomenon is like types of obsessive one.

Davison & Neale suggested that obsessive was disorders and automatic repeated thoughts, impulses, and images in mind that seemed irrational and uncontrollable in a person who has it. Kaplan & Saddock (2006) said that obsessive was some disorder and automatic repeated thoughts, images, and impulses causing the person who had it feel anxious, distress and discomfort. Relevant to obsessive, Kaplan & Saddock (2006) also described distinction between *obsessive* and *compulsive* in a person with obsessive compulsive disorder. Kaplan

& Saddock (2006) described compulsive as repeated behavior by someone to reduce stress and discomfort as a result of stressing thoughts on obsessive. From the fact, interpersonal dependency phenomenon the three participants have is identical to things that a person with obsessive compulsive disorder has. The two participants feel discomfort such as distress and anxiety as a result of activation of helpless self schema in their cognitive schema due to depressive disorder they have. They also reduce discomfort because of the helpless self schema by symbolic repeated behavior. However, interpersonal dependency varies. Interpersonal dependency if referring to interactionist Model of Interpersonal dependency described by Bornstein (1993), clearly involves four interactive components, cognitive, motivational, affective, and behavioral. In Obsessive Compulsive it is not clearly mentioned about motivational and affective component functions in emerging obsessive compulsive. But, what are clearly mentioned are some repeated thoughts, images and impulses on cognitive schema causing distress and anxiety in people experiencing them. Another thing clearly expressed about a person with obsessive compulsive disorder is behavioral component function embodied into certain repeated behavior shown to reduce discomfort and distress as a result of repeated thoughts in obsessive. Seeing fact of many similarities between interpersonal dependency in three participants with apparent syndromes of obsessive compulsive, the findings promote interpersonal dependency research on people with obsessive compulsive disorder, because the similarities make large possible interpersonal dependency on a person with obsessive compulsive,

though many things differ obsessive compulsive and interpersonal dependency regarding clear affective and motivational component functions in obsessive compulsive disorder.

Another quite interesting thing in this study is parenting style function in causing interpersonal dependency. Two participants grown with authoritarian system show interpersonal dependency on people they like since high and junior schools. This system is still effective till they are mature. Papalia, Olds & Fedman (2007) stated that extremely tight authoritarian system was contra-productive one if liable to children in transition between teenage and adult, since in adolescent they have needs for appropriate treatment as adult and tend to deny authoritarian treatment. The feedback, as Papalia, Olds & Fedman (2007) stated, if treated authoritatively is that they will find social support from their peers or counters.

In another participant, parenting style from his parents is permissive one. The Participant shows interpersonal dependency on a person she likes when she was a junior student developed parenting style by her parents is still effective to date even she feels no attention from her parents when she was adult her parents get busier. Papalia, Odds & Fedman (2007) stated that a person grown permissively tended to have weak self-control and self-regulatory. The researcher may draw a relation between the participant with interpersonal dependency and permissive parenting style.

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