

THE EFFECT OF SEX AND GENDER ROLE ORIENTATION ON ATTITUDES TOWARDS INDIVIDUALS
WITH DEPENDENT PERSONALITY DISORDER

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ABSTRACT

Research suggests that Dependent Personality Disorder (DPD) is associated with a feminine gender role and the female sex. However, little is known about how men who demonstrate DPD are perceived. Research also suggests that attitudes might be affected by the sex and gender role of the participant, with men and individuals who identify with traditional gender roles making harsher judgments of individuals who exhibit behaviors that are not consistent with traditional gender roles. As the categorical diagnosis of personality disorders has been widely criticized and may soon be replaced, the DSM-5 draft describes the symptoms of DPD using three dimensions (i.e., submissiveness, anxiousness, separation insecurity) in hopes of reducing co-morbidity among diagnoses. The purpose of the present study is to examine attitudes towards men and women with DPD, the moderating effects of participant sex and gender role attitudes, and possible differences between the DSM-IV-TR and DSM-5 draft conceptualizations of DPD.

A sample of 240 undergraduates (99 M, 141 F) from Indiana State University completed the study online. The participants read one of four DPD vignettes (developed following the method adopted by Rienzi et al., 1994), that portrayed a man or woman with DPD as characterized by the DSM-IV-TR or the DSM-5 draft criteria. Participants rated the perceived dysfunction, distress, psychopathology, and impairment of the person in the vignette (using items adopted from Functowicz & Widiger, 1999). They also rated the descriptiveness of the three dimensions of DPD in the DSM-5 for the person in the vignette (using the DSM-5 draft rating

scale, APA, 2010) and rated general attitudes towards the person using items from the Rubin (1974) Liking Scale. Finally, participants completed the Social Roles Questionnaire (SRQ; Baber & Tucker, 2006) to examine participants' attitudes toward gender roles.

One-way ANOVAs indicated that female participants were significantly less traditional, less sex-linked, and more gender transcendent than male participants. Multivariate results indicated a significant effect of the covariate (participant's gender role attitudes), but there were no significant effects of participant sex, sex of the person in the vignette, DSM version, or any significant interactions. The univariate analyses indicated significant differences in all dependent variables except for level of psychopathology as a function of a participant's gender role orientation. Participants who had less traditional gender role attitudes rated the individual in the vignette more negatively (i.e., more impairment and distress; higher in dependency and the three traits representing DPD in the DSM-5 draft; lower agreement with the statements from the Liking Scale). Additionally, a significant interaction was found for sex of the person in the vignette and participant sex for ratings of distress and one item from the Liking Scale. Specifically, female participants gave significantly higher ratings of personal distress when the vignette described a man than when it described a woman, whereas men assigned similar ratings to both versions of the DPD case. Similarly, compared to men, women indicated less agreement with the statement that most people would react favorably to the person, and the ratings were lower for the male version than the female version of the vignette, whereas men assigned similar ratings to male and female versions of the case. Finally, the person in the vignette was perceived as heterosexual by most of the participants, regardless of which vignette the participants received.

Overall, the hypotheses were generally not supported. However, the study provided some support for the importance of attitudes toward gender roles in attitudes towards individuals with DPD, although it does not appear that men with DPD are viewed differently than women with the disorder. Methodological limitations, implications of the findings, and directions for future research are discussed.

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TABLE OF CONTENTS

ABSTRACT	iii
ACKNOWLEDGMENTS	vi
TABLE OF CONTENTS.....	vii
LIST OF TABLES	xi
LIST OF FIGURES	xii
OVERVIEW	1
LITERATURE REVIEW	4
Brief History of Dependent Personality Disorder	4
Sex Bias in the Diagnosis of Personality Disorders	5
Sex Bias and Gender Issues Associated With DPD Diagnosis	7
Validity of DPD Construct.....	12
Gender Differences in Dependency	14
Application of Social Constructivist Theory.....	16
The Creation of Masculinity.....	18

The relational paradox	19
Deviance from sex-linked norms/sex role strain	20
Changes in Gender Roles	22
Measurement of Masculinity and Femininity	25
Current Study	27
Hypotheses	29
METHODS	31
Design of the Study	31
Participants	31
Power Analysis	34
Vignettes	35
Measures	35
Perceptions of individuals with DPD scale (PDP)	35
Social Roles Questionnaire (SRQ)	36
Demographic questionnaire.....	37
Piloting	38
Procedure	38
RESULTS	40
Descriptive Analyses	40

Primary Analyses.....	41
Multivariate analyses	41
Bivariate analysis.....	47
DISCUSSION	49
Sex of the Individual in the Vignette.....	49
Sex of the Participant.....	51
Gender Role Attitudes of the Participant.....	52
Perceived Sexual Orientation of the Individual in the Vignette.....	54
DSM-IV-TR versus DSM-5 Draft.....	54
Strengths.....	56
Limitations	58
Implications.....	59
REFERENCES.....	62
APPENDIX A: DSM-IV-TR AND DSM-5 DRAFT DPD CRITERIA	
..... (APA, 2000; APA, 2010)	71
APPENDIX B: VIGNETTES	73
APPENDIX C: PERCEPTIONS OF INDIVIDUALS WITH DPD SCALE	75
APPENDIX D: SOCIAL ROLES QUESTIONNAIRE	
..... (SRQ; Baber & Tucker, 2006)	78
APPENDIX E: DEMOGRAPHIC QUESTIONNAIRE	82

APPENDIX F: INFORMED CONSENT	84
APPENDIX G: ONLINE DEBRIEFING	86
APPENDIX H: DESCRIPTIVES STATISTICS FOR VIGNETTE PILOTING	87

LIST OF TABLES

Table 1. <i>Participant Demographic Characteristics</i>	33
Table 2. <i>Descriptive Statistics for the SRQ and its Subscales by Participant Sex and for the Total Sample</i>	34
Table 3. <i>Descriptive Statistics for Dependent Variables by Subscale of DPD scale</i>	42
Table 4. <i>Perceived Characteristics of the Individual in the Vignette</i>	43
Table 5. <i>Multivariate Analysis of Covariance for Ratings of Dysfunction, Distress, Psychopathology, Dependency Traits, and Likability</i>	43
Table 6. <i>Effect of Participant Gender Role (total SRQ score) on Ratings of Individual Items on the DPD scale</i>	44
Table 7. <i>Other Significant Effects on Ratings of Individual Items</i>	47
Table 8. <i>Perceived Sexual Orientation of the Person in the Vignette by Frequency</i>	48

LIST OF FIGURES

Figure 1. *Effect of Gender Role on Ratings of Individual Items (reverse coded for Liking Items)*.....45

CHAPTER 1

OVERVIEW

Although Dependent Personality Disorder (DPD) is one of the most frequently reported diagnoses in mental health settings (American Psychological Association [APA], 2000), little research has been devoted to DPD relative to other Axis II disorders (Gude, Karterud, Pedersen, & Falkum, 2006). Moreover, there is a lack of current literature regarding sex differences seen in DPD, with the majority of the research being completed prior to the 1990's. As gender roles have changed significantly in the past 20-30 years, the lack of current literature leaves a substantial gap in our understanding of sex and gender roles as they relate to DPD. This seems especially problematic as DPD has been found to be diagnosed significantly more often in women than in men (APA, 2000; Widiger, 1998). The literature has not examined attitudes towards men and women with DPD, and instead, has focused on the internal effects of acting on dependency needs (Kierski & Blazina, 2009; Richman, 1988). However, due to the pressure men feel to separate from others and deny dependency needs (Bohan, 2002; Kagan, 1960), gaining a better understanding about the attitudes individuals might have towards men who act in a dependent manner would provide valuable information about the unique social pressures a man with DPD likely faces. This could inform diagnosis and treatment of male clients and add to the sparse literature on men with DPD who present for treatment. Socially, understanding how deviating

from gender role norms affects general attitudes and liking is important in comprehending the extent of internalized social norms.

In addition to the concerns about limited research and the role of sex and gender roles in the diagnosis and treatment of DPD, the validity of the DPD construct has been questioned (Gude et al., 2006). In fact, the current categorical classification for all personality disorders has been called into question, as considerable research suggests that dimensional approaches more accurately capture clinical presentations of these disorders (Ball, 2001; Widiger, 1992). As a result, the DSM-5 personality disorder Task Force recently proposed that DPD no longer be considered a distinct diagnostic entity, but rather, as being composed of three trait facets (i.e., submissiveness, anxiousness, and separation insecurity). As the DSM-5 draft was released in the spring of 2010, limited, if any research, has compared the categorical DSM-IV-TR criteria with the DSM-5's proposed dimensional traits of DPD. Moreover, as even minor changes to criteria may have significant effects on diagnosis (Blashfield, Blum, & Pfohl, 1992), it would be informative to examine differences in attitudes and perceptions towards individuals described by the current categorical criteria for DPD and by the proposed dimensional model of DPD to observe potential similarities and differences.

This paper will briefly discuss the history of the DPD construct and will review the literature concerning gender differences and sex bias in the diagnosis of personality disorders with a specific focus on DPD. Next, specific issues regarding the DPD construct will be discussed. In an effort to demonstrate the link between social and clinical literatures, this paper will link dependency traits to DPD by discussing theories that personality disorders are extreme variants of normal traits. As such, the development of gender roles will be discussed in terms of social forces shaping notions about dependency as a trait most often associated with femininity, a

pattern that is represented in the current DPD criteria. Issues associated with the measurement of gender roles and personality disorders will be discussed, with focus given to the proposed changes for DPD in the DSM-5 draft. The present study will then be described and justification will be provided for the methodology and measures used. The results will be presented followed by a discussion of the implications of the results for understanding attitudes towards DPD and directions for future research.

Regarding terminology, “sex role” and “gender role” have both been used to refer to the set of beliefs people hold about particular behavior patterns that are differentially expressed by the sexes. “Gender” is the preferred term for the socially constructed concept and “sex” refers to biological differences between men and women. However, a number of researchers have used the terms “sex roles” and their terminology will be followed when describing their work.

CHAPTER 2

LITERATURE REVIEW

Brief History of Dependent Personality Disorder

A Dependent Personality category has been included in all previous versions of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM). When the first edition of the DSM was published (American Psychological Association [APA], 1952), the dependent personality diagnosis was categorized as a subtype of Passive Aggressive Personality Disorder (Gude et al., 2006). This categorization was revised in the second edition of the DSM (DSM-II, APA, 1968), when it was included as part of the Asthenic Personality Disorder. Not until the DSM-III (1980) did DPD appear as a separate diagnostic entity. Like other personality disorders, DPD is diagnosed on Axis II of the multiaxial diagnostic system, and DPD is part of the Cluster C, “Anxious-Avoidant” Personality Disorders. Although the specific diagnostic criteria have evolved since first proposed in the DSM-III, the essential features have remained the same. According to the DSM-IV-TR (2000), the core features of DPD include a fear of loss of support or approval and of being alone, attempting to replace close relationships that have ended with another relationship, notable difficulty making decisions without reassurance from others, and having others assume responsibility for major decisions. See Appendix A for the DSM-IV-TR diagnostic criteria for DPD.

Sex Bias in the Diagnosis of Personality Disorders

One of the most controversial issues for the diagnosis of personality disorders has been sex bias (Widiger, 1998). It is generally accepted that Dependent, Borderline, and Histrionic personality disorders are diagnosed more often in women than men, and are thus, referred to as female-typed disorders (Widiger, 1998). Kaplan (1983) argued that perhaps one reason that women have higher rates of treatment for mental illness may be that masculine assumptions about healthy and unhealthy behaviors were incorporated into the DSM-III criteria, thereby influencing diagnosis and treatment patterns. However, Williams and Spitzer (1983) responded to Kaplan's assertion that stereotypically feminine traits automatically earn a personality disorder diagnosis by indicating that the DSM-III also includes maladaptive variants of stereotypically masculine traits, as evidenced by the Antisocial and Obsessive Compulsive personality disorder diagnoses. In fact, seven personality disorders in the DSM-IV-TR (i.e., Paranoid, Antisocial, Schizoid, Schizotypal, Narcissistic, Avoidant, and Obsessive-Compulsive) are diagnosed more frequently in men, as opposed to the three diagnoses (Borderline, Histrionic, and Dependent) that are thought to be diagnosed more often in women (APA, 2000). As such, it has been suggested that because there are twice as many male-typed personality disorders as female-typed personality disorders, the current diagnostic system might actually be biased against men (Williams & Spitzer).

One form of sex bias in the diagnosis of personality disorders with sufficient empirical support is the biased application of DSM criteria. It appears as though clinicians tend to diagnose Histrionic Personality Disorder in women and Antisocial Personality Disorder in men, regardless of whether the individual actually meets diagnostic criteria or demonstrates symptoms more consistent with another personality disorder diagnosis (Ford & Widiger, 1989). More

specifically, clinicians in their study either failed to consider all of the diagnostic criteria of Histrionic Personality Disorder when applying the diagnosis, or they failed to apply the Histrionic Personality Disorder diagnosis to men who fit criteria. As such, it seems as though clinicians responded to the sex of the client rather than the client's symptoms, thereby resulting in sex-biased diagnoses. Interestingly, when Ford and Widiger asked clinicians to systematically evaluate the diagnostic criteria for Histrionic Personality Disorder for the client, no bias occurred. These results suggest that differential sex prevalence rates in the diagnoses of personality disorders may be more attributable to clinician bias when assigning diagnoses than to biased diagnostic constructs.

Some researchers have suggested that the preponderance of women with female-typed personality disorder diagnoses can be attributed to the reality that more women than men seek treatment for mental health issues, thus creating a biased sample. However, Maier, Lichtermann, Klinger, Heun, and Hallmeyer (1992) found sex ratios for DPD, Borderline Personality Disorder, and Histrionic Personality Disorder in both community and clinical samples that were in agreement with DSM-III and DSM-III-R estimates for the disorders. As such, research does not support the biased sampling hypothesis as a viable explanation for differential sex prevalence rates among personality disorders.

Corbitt and Widiger (1995) suggested that differential sex prevalence rates might be better understood by viewing them as extreme, maladaptive versions of normal personality traits that typically occur in one sex more than another. Therefore, as women score higher on measures of altruism, depression, compliance, vulnerability, anxiousness, and modesty (Feingold, 1994), and DPD is thought to be an extreme variant of these traits, it would be expected to see higher numbers of women than men diagnosed with DPD. However, regardless of whether or not

differential sex prevalence rates among personality disorders reflect normative differences between the sexes, bias still might occur if clinicians use different thresholds for male versus female-typed personality disorders. Although some research suggests that it may be easier to obtain a male-typed diagnosis than a female-typed diagnosis (Functowicz & Widiger, 1995), limitations of the research, such as the use of self-report questionnaires, make determining whether different thresholds do exist, difficult to discern.

Widiger (1998) suggested that there are a number of reasons for the differential sex prevalence rates among personality disorders, including the biased diagnostic constructs, as suggested earlier by Kaplan. Several studies concluded that both past and present DSM criteria for personality disorders include gender-related traits, with Dependent and Histrionic being associated with feminine traits (Rienzi, Forquera, & Hitchcock, 1994; Sprock, Blashfield, & Smith, 1990). Widiger (1998) maintained that the purpose of the DSM is to accurately classify psychopathology, not to diagnose as many men as women with a personality disorder. He added that although gender-weighting of personality disorders is prevalent, this weighting may not be inappropriate, as differential prevalence rates may actually exist. As it stands, there is no clear answer about whether differential sex prevalence rates are a result of actual sex differences, social learning, or biased instruments or clinicians. The goal of the present study is to gain insight into the role of gender role attitudes in the evaluation of those with DPD.

Sex Bias and Gender Issues Associated With DPD Diagnosis

Both in the view of the general public and in the professional community, symptoms associated with DPD have long been linked with femininity rather than masculinity (Sprock et al., 1990). Spence and Helmreich (1978) defined masculinity as being characterized by

independence, self-reliance, and possessing instrumental skills. In fact, the submissiveness, indecisiveness, and lack of autonomy described by the current core features of DPD appears a direct contrast to this common conceptualization of traditional masculinity. In line with the notion that dependence is the inverse of masculinity, Welkowitz et al. (1985) found a significant positive correlation between dependence and femininity scores in men. Moreover, masculinity scores in both men and women were negatively correlated with dependency. These results suggest that for both men and women, the departure from traditional sex role expectations influences the expression of overt dependent behaviors.

Several studies have examined preconceived ideas about and potential gender stereotypes of certain personality disorders. In a study by Rienzi et al. (1994), 82 undergraduate students who were untrained in diagnosis were asked to predict the sex, age, and ethnicity of an individual described in a vignette that met all diagnostic criteria for a given personality disorder. As was expected, researchers found that participants associated the DSM-III-R criteria for DPD with being female significantly more often than with being male. Additionally, participants were asked if they knew anyone who reminded them of the individual in the vignette and to indicate the gender of that person. Participants reported knowing a woman (84%) who reminded them of the person in the vignette significantly more often than knowing a man (16%) who reminded them of the person in the vignette. Finally, participants were asked if they had seen someone in the media who matched the individual described in the vignette and indicated the sex of the person. Again, participants identified a woman (87%) in the media significantly more often than a man (13%). The researchers concluded that the diagnostic criteria for DPD elicit gender-specific responses that are consistent with gender stereotyping. Moreover, results suggest that

gender stereotypes develop from personal experience, are shaped by socialization practices, and are normalized by media portrayals.

Sprock (1996) conducted a study which examined the effect of sex on the perceived abnormality of DSM-III-R personality disorder symptoms. She expected to find a sex role inconsistency effect where symptoms from a male-typed personality disorder would be rated as more abnormal for women and symptoms from a female-typed personality disorder would be rated as more abnormal for men. Undergraduate student participants were randomly assigned to one of three conditions (male instruction, female instruction, gender neutral instruction) and were asked to rate the abnormality of personality disorder symptoms on a seven point scale. Those in the male instruction condition rated the abnormality of the symptoms for men and those in the female instruction condition rated their abnormality for women. The gender neutral instruction condition was designed to collect baseline abnormality ratings. Sprock found a significant effect of instruction condition such that higher abnormality ratings were found in the female instruction condition than in the male instruction condition, primarily for male-typed disorders (i.e., Antisocial and Sadistic). Only two symptoms (one Dependent and one Schizoid) were rated as more abnormal in the male instruction condition than in the female instruction condition. The sex of the participant had no effect on symptom ratings. These results suggest that symptoms that are inconsistent with sex role are rated as more abnormal than those that are consistent, primarily for women. However, the term “abnormal” was not defined, and may have been too vague and open to interpretation.

In order to improve upon the limitations of the 1996 study, Sprock, Crosby, and Nielsen (2001) conducted a similar study that again examined the role of sex on perception of DSM-III-R personality disorder symptoms. However, rather than asking participants to rate how abnormal

symptoms were, 161 undergraduate students enrolled in psychology classes were randomly assigned to the male, female, or neutral conditions, and asked to rate the symptoms' maladaptiveness. Participants also completed the Bem Sex Role Inventory (BSRI) and were categorized as having either a traditional (high masculine men, high feminine women) or nontraditional sex role in order to examine its effect on perceptions of the symptoms. Contrary to the hypotheses, results revealed no main effects of participant sex or sex role orientation on the ratings of personality disorder criteria. However, DPD and Depressive PD symptoms were seen as more maladaptive for women and Obsessive-Compulsive PD was seen as more maladaptive for men, thereby providing support for the Kaplan (1983) argument that symptoms consistent with sex roles would be rated as more maladaptive. Moreover, a statistically significant interaction was found between participant sex and instruction condition, such that women gave lower ratings overall, with less differentiation between the male and female instruction conditions. Unexpectedly, nontraditional men and traditional women responded similarly and gave higher maladaptiveness ratings to the dependent symptom, "Has difficulty making everyday decisions without advice and reassurance." Although it appears as though some support was found for the hypothesis that at least some personality disorder symptoms are seen as differentially maladaptive for men and women, given that only eight significant effects were found out of a possible 105, it was concluded that the results should be viewed with caution, as Type I errors may have occurred. The researchers also suggested that using a dimensional measure of sex role, as opposed to a categorical approach, might better explicate the influence of sex role orientation on the appraisal of personality disorder symptoms in men and women.

Functowicz and Widiger (1999) also examined gender stereotypes of certain personality disorders but used a clinician sample and compared ratings of impairment and distress for male-

typed versus female-typed disorders. Their intent was to determine whether the threshold for meeting criteria for male-typed or female-typed disorders was lower, such that it was easier to meet criteria for certain disorders, which would suggest a sex bias in the diagnostic criteria. Researchers obtained ratings of social dysfunction, occupational dysfunction, and personal distress for each of the 47 DSM-IV personality disorder criteria from 134 Division 12 (clinical) members of the American Psychological Association. Clinicians rated the criteria on a 7-point scale where 1=none, 3=mild, 5=moderate, and 7=severe. An average rating of social dysfunction, occupational dysfunction, and personal distress was obtained for each diagnostic criterion. From the averaged sub-scores, an average overall impairment score was also obtained for each diagnosis. Male-typed (Antisocial, Obsessive-Compulsive, Narcissistic) and female-typed (Borderline, Dependent, Histrionic) personality disorders received comparable overall impairment ratings. However, significant differences between male and female-typed personality disorders were observed when specific types of impairment were examined. The researchers found that clinicians gave higher ratings to social and occupational dysfunction for the diagnosis of male-typed personality disorders, whereas personal distress was rated higher for the female-typed disorders.

As previously mentioned, traits associated with DPD are often linked with femininity and the female sex. As clinicians diagnose DPD primarily in women (Loranger, 1996), many researchers have argued that the diagnostic criteria may be unfairly biased against women. However, the Bornstein (1996) meta-analysis of studies comparing differential sex prevalence rates of DPD found that regardless of whether clinicians used unstructured, semi-structured, or structured clinical interviews, more women than men met diagnostic criteria for DPD. In fact, Sprock (1996) suggested the possibility that DPD may actually be under-diagnosed in women

because the diagnostic criteria for DPD are considered more normal in women than in men. Bornstein added that there may be equal numbers of men as women with DPD, but as the current diagnostic criteria emphasize the overt expression of dependency needs, the disorder may be under-diagnosed in men.

Validity of DPD Construct

In addition to concerns about gender bias, researchers have raised concerns about the validity of DPD. Gude et al. (2006) examined the reliability and validity of DPD, and performed factor analyses on the DPD construct using a sample of 1078 patients in a Norwegian day hospital. Axis I and Axis II diagnoses were examined within two weeks of admission to the hospital and again two weeks after discharge. Diagnostic co-occurrence of DPD with other personality disorders was examined as was the reliability of the DPD construct. Results suggested that DPD was significantly linked with Avoidant, Paranoid, and Borderline Personality Disorders. In fact, DPD criterion three, “Has difficulty expressing disagreement with others because of fear of loss of support or approval,” (see Appendix A for all criteria) was more highly correlated with Avoidant Personality Disorder than it was with DPD. Examination of the convergent and divergent validity of DPD criteria also showed that the last three DPD criteria (see Appendix A) were not distinguished from Borderline Personality Disorder. The researchers concluded that the DPD criteria generally have low construct validity, as they appear to rely too heavily on two constructs (perceived incompetence and dysfunctional attachment) that overlap heavily with several other personality disorders. Gude et al. asserted that there is no evidence for a core DPD construct, and that if DPD is retained as a distinct entity, criterion three and five should be omitted. These results, in combination with extensive reviews of the research

suggesting that personality pathology is best conceptualized dimensionally (Widiger, 1992; Verheul, 2005), has resulted in major changes planned for the DSM-5.

The goal of each revision of the DSM is to increase clinical utility or the ease of use for clinicians. Although the current categorical model is useful because the DSM categories are familiar to clinicians, thereby providing a vernacular that facilitates conversation between mental health professionals (Verheul, 2005), numerous scholars have criticized the limitations of the model. Deficiencies in personality disorder diagnoses in particular have been the focus of a substantial amount of literature due to significant co-morbidity, poor discriminant and convergent validity, artificial diagnostic cutoffs, and questionable reliability (Ball, 2001; Westen & Shedler, 2000; Widiger, 1992; Widiger & Trull, 2007). The personality disorder categories may have limited clinical utility as few clients clearly conform to the existing categories (Widiger, 1992; Verheul, 2005). Dimensions eliminate the problems of high co-morbidity between categories and excessive use of PD-NOS diagnoses, as well as within-diagnosis heterogeneity. Dimensions also result in increased diagnostic stability and improve convergent and divergent validity (Verheul, 2005).

Due to concerns about the validity of many of the personality disorder categories, including DPD, the DSM-5 personality disorder Task Force suggested that DPD no longer be included as a distinct diagnostic entity (APA, 2010). In fact only five personality disorders were retained (i.e., Schizotypal, Borderline, Antisocial, Avoidant, and Obsessive-Compulsive), although Narcissistic personality disorder was subsequently added in the 2011 draft. Initially, rather than providing diagnostic criteria, prototype descriptions were provided for a prototype matching approach (i.e., rating how well the client fits the prototype; Westen & Shedler, 2000). However, this has since been replaced with revised diagnostic criteria based on the general

definition of a personality disorder. The other personality disorders are now described by a series of dimensions and facets (i.e., lower level traits). The dimensions and facets were selected based on the overlap of constructs proposed by the various dimensional models. There is a so-called crosswalk in which what has been classified as a specific personality disorder category in the DSM-IV-TR is now described by a specific constellation of facets. DPD is represented by three trait facets: submissiveness, anxiousness, and separation insecurity. As the DSM-5 draft was just released for public commentary in the spring of 2010, very little research has examined the clinical utility of the new dimensional approach to personality disorder diagnosis. Moreover, no research has been conducted using the trait facets of DPD to study the role of gender on perceptions of impairment and dysfunction. Given that even minor changes may have significant effects on diagnosis (Blashfield et al., 1992), it would be interesting to examine participant ratings of impairment and dysfunction for men versus women meeting the DSM-IV-TR categorical DPD criteria and the DSM-5 draft dimensional model of DPD. A dimensional model of classification of personality disorders might minimize the concern that the category is associated with a female gender role. However, the primary trait facet of DPD in the proposed DSM-5 draft, submissiveness, is a trait commonly associated with traditional femininity (i.e., Spence & Helmreich, 1978), so that findings might be similar for both versions of the DSM. Comparing gender effects between the DSM-IV-TR and DSM-5 draft would also add significantly to the DPD literature.

Gender Differences in Dependency

Understanding sex differences in willingness to display dependent traits can be useful in gaining more insight into the extreme version of dependency, DPD. This might be better

understood by utilizing social perspectives of dependency and gender roles. Gender differences in dependent traits suggest that early socialization experiences, parenting style, and sex role orientation play an important role in the development of dependent traits (Bornstein, 1992). Longitudinal studies provide interesting insight into the evolution of dependency. Several studies suggest that although dependent behaviors, if expressed during childhood, are fairly consistent over time in women, dependent behaviors expressed during childhood in men decrease with age (Bornstein, 1992; Kagan, 1960). Results of a study by Bornstein, Manning, Krukonis, Rossner, and Mastrosimone (1993) support the notion that men and women have comparable dependency needs but show notable differences in their willingness to express those needs in an overt manner. Although their study discusses dependency traits rather than DPD, their findings are relevant as personality disorders have been conceptualized as extreme variants of normal traits (Widiger, 1998).

Bornstein et al. (1993) also found evidence to suggest that the overt expression of dependency is affected by socialization influences. Researchers examined dependency levels of men and women on two measures of personality: one self-report and the other projective. A significant difference between men and women's endorsement of dependent behaviors was found on the high face-validity, self-report measure. However, on the low-face validity, projective measure, no sex differences were found in dependency. These results strengthen the assertion that men and women have similar dependency needs but over time, come to endorse those needs differently. The authors posited that their results indicate a self-presentation bias in which men conceal dependency needs or behaviors in order to avoid the distress experienced by engaging in behaviors typically considered feminine. This interpretation is consistent with the assertion of Spence and Helmreich (1978) that when characteristics more typical of women

present in men, they will be denied. Substantial empirical support exists for the finding that men who openly express dependent behaviors experience significant distress and anxiety, whereas women do not (Kagan, 1960; Richman, 1988). Kagan and Bornstein concluded that sex differences in dependency over time support the assertion that the acquisition of adult responses to certain behaviors occurs early in the socialization process. Reinforcement, or at the very least, acceptance of dependency in girls and punishment of dependency in boys work to shape adult behavior and the endorsement of certain characteristics, likely reinforcing gender stereotyping.

Although the distress experienced by many individuals when deviating from sex-linked dependency norms is well documented (Bornstein, 1992; Kagan, 1960; Levant & Pollack, 1995; Richman, 1988), comparatively little is known regarding the perception of this deviation by others. Gaining insight in this area would increase our understanding of the way in which society overall and the professional community respond to those who do not conform to traditional gender norms. Moreover, this understanding might also inform clinical treatments of extreme levels of dependency, as manifested by DPD, particularly for men who likely face added pressures due to their non-conformance to gender role norms. As such, this is an area that deserves greater attention in the DPD literature.

Application of Social Constructivist Theory

Social constructivist theory, which asserts that gender is socially constructed, is still a fairly new perspective that arose in the 1980's (Levant & Pollack, 1995). Bohan (2002), in reviewing this area, elaborated on this concept further by explaining that conceptualizations of gender differences that are agreed upon to be fact, are in actuality a construction of the social context in which they were created. Prior to the postmodern era of psychology, when social

constructivism was first introduced, early American psychology was dominated by the “maximalist” view of sex differences. This perspective differentiated masculine and feminine characteristics and behavioral patterns and assigned clearly defined roles for each sex based on these assumed differences. The maximalist view was firmly rooted in the presumed biological basis of sex differences which have long been maintained in societal custom and religious beliefs. Biology and eventually psychology were called upon to speak to presumed sex differences. Some of the earliest works of American psychologists such as E.L. Thorndike and J. Catell focused on the inherent passive and nurturing nature of women and the intellectual prowess of men. The societal internalization of such differences served to strengthen the division of labor seen in the early 20th century as women, who scholars agreed did not have the same ability to reason as men, were confined to the private sphere, whereas men exerted their independence and intellect by leaving the home, pursuing an education, and earning a living (Bohan, 2002; Spence & Helmreich, 1978). These beliefs persisted for nearly half a century due a number of social influences. Parents have been shown to play an integral role in shaping sex-linked behavior. Children as young as two-years old possess a substantial knowledge of the characteristics of gender roles in both children and adults (Kuhn, Nash, & Brucken, 1978). Moreover, these young children were found to evaluate their own behavior in terms of their working models of gender roles. Sex and home environment were also found to impact sex roles of children, as boys and girls who came from “traditional” families demonstrated an unequivocal commitment to the sex role and were more likely to engage in sex-typed play. Other studies have found a strong relationship between children’s reports of their own masculine and feminine characteristics and their perceptions of their parents’ masculine and feminine characteristics and

behaviors, thereby suggesting that the sex roles of parents are learned and adopted by their children (Spence & Helmreich, 1978).

Hargreaves (1987) argued that sex-role stereotypes, the set of beliefs people hold about particular behavior patterns that are differentially expressed by the sexes, are a fundamental aspect of the socialization process. Individuals internalize the idea that masculinity and femininity are inextricably linked with their personal identity and this association becomes a shared, global concept between all people (Spence & Helmreich, 1978). As such, this shared understanding of masculinity and femininity delineated certain characteristics and behaviors as being traditionally associated with one sex over another. Femininity is associated with submissiveness, nurturance, and emotional expression (Feingold, 1994; Spence & Helmreich, 1978). Traditional masculinity is associated with independence, self-reliance, and having instrumental skills (Spence & Helmreich, 1978; Prentice & Carranza, 2002). Of particular relevance to the current study are issues related to masculinity norms. These will be addressed in the next sections.

The Creation of Masculinity

Levant and Pollack (1995) suggested that although biological maleness may be predetermined, masculinity is a culturally constructed concept. They added that masculinity is a state that must be continually proven, giving the impression that masculinity is not only difficult to achieve, but is also easily lost. In order to achieve masculinity, strict cultural scripts regarding appropriate behavior are learned and internalized (Levant & Pollack, 1995). David and Brannon (1976) described four stereotyped male ideals through which boys are socialized into manhood. Men should be stoic and unemotional. They should avoid expressing any strong urges of dependency or warm feelings that could be perceived as feminine at all cost. Men should also be

fearless and aggressive. Finally, men must achieve power and status in their environments.

Overall, these ideals emphasize personal success and what the boy does rather than who the boy is with others. Emphasizing individuality rather than interpersonal relationships lays a foundation for relational differences between men and women and may provide insight into gender differences seen in dependency and how deviation from stereotyped ideals may be received by others. Moreover, insight obtained about normal variations of dependency may also expand knowledge about how individuals with DPD are seen by others.

The relational paradox. A considerable amount of psychodynamic literature has been devoted to addressing sex differences in relational modes (Bohan, 2002; Levant & Pollack, 1995; Spence & Helmreich, 1978). This approach posits that although many men can intellectually accept the necessity of their dependency needs, these needs are often met with significant anxiety and contempt when they manifest (Levant & Pollack, 1995). In contrast, although girls may more easily develop their sense of identity through their mother, and thus by their connection with others, a boy must separate from his mother in order to develop a masculine identity. Therefore, his identity development is necessitated by separation and independence (Bohan, 2002). Social pressure (from peers and father) to disconnect from the mother in order to achieve masculinity is predicated on avoiding and in turn, devaluing the relational mode characteristic of the mother and femininity (Levant & Pollack, 1995). However, research suggests that men and women have similar dependency needs but endorse those needs differentially (Bornstein et al., 1993). The result is that men might be faced with a relational paradox of feeling pressure to disconnect in order to attend to self-achievement and conform to traditional masculinity norms, but still desiring connection with others (Levant & Pollack, 1995).

Deviance from sex-linked norms/sex role strain. The proposed relational paradox experienced by men strengthens the Levant and Pollack (1995) claim that masculinity is a test that must continually be passed, as men are constantly faced with the decision to separate and focus on the self or to connect with others. If and when a man acts in a manner that does not coincide with rigid societal definitions of masculinity, he may experience feelings of inadequacy and dependency (Levant & Pollack, 1995). Levant and Pollack suggested that relying heavily on the aversive influence of shame to mold acceptable male attitudes and behaviors is typical of the male socialization process. A well-supported claim in the literature is that when a man experiences shame for his un-masculine behavior, his distress results in a self-censorship process that reinstates acceptable male behavior (Bornstein, 1992; Kagan, 1960; Richman, 1988; Spence & Helmreich, 1978).

Richman (1988) conducted a study examining this self-censorship process in a medical school, a traditionally male-oriented setting. In medical school, the need to rely on others for support due to the rigorous demands placed on students and the isolation of affect are thought to be adaptive traits. However, the isolation of affect might result in sex-role strain among women, who are thought to be more emotionally expressive (Feingold, 1994; Spence & Helmreich, 1978). In contrast, the need for support from others was hypothesized to present a problem for men, who are thought to value independence and self-reliance (Levant & Pollack, 1995; Spence & Helmreich, 1978). Richman hypothesized that when social norms regarding emotional expression are violated, the violator will experience distress in a manner consistent with social norms. Therefore, Richman hypothesized that self-censorship in line with gender norms for men would manifest as alcohol-related problems, whereas women would evidence distress with depressive symptomatology. Results suggested that the isolation of affect among women and the

expression of interpersonal dependency needs among men were associated with distress.

However, Richman found that distress that results from deviating from masculinity norms was not only associated with male types of coping (i.e., alcohol-related problems) but also with female coping mechanisms (i.e., depressive symptomatology), thereby emphasizing the extent of the distress shown by men who overtly express their interpersonal dependency needs.

However, this self-censorship process can manifest in men even when dependency needs are not overtly expressed. For men who lack a sufficient number of stereotypically masculine traits, one way in which the distress elicited by the deviation from gender norms can be avoided is to deny the presence of feminine traits (Spence & Helmreich, 1978). As masculinity and femininity are believed to be inherent parts of an individual's identity, denying the presence of feminine traits is especially important for men, as potential feminine characteristics threaten a central aspect of self-concept (Spence & Helmreich, 1978). The denial of dependency needs in an attempt to "save face" and preserve self-worth has significant empirical support (Bornstein, 1992; Bornstein et al., 1993; Kagan, 1960). Self-censorship might also manifest as selective expression of dependency needs. Spence and Helmreich asserted that men with both masculine and feminine traits may consciously select in which environments they express traits traditionally associated with femininity, or reduce cognitive dissonance by integrating expressive traits into their self-concept as a way to meet their need to act on their surroundings.

The literature regarding other's views of deviation from sex-linked norms is smaller. Owen Blakemore (2003) found that children respond negatively to those who behave in ways that are more characteristic of the opposite sex. Similarly, McCreary (1994) found that boys and men who deviate from traditional gender norms are dealt with more harshly than girls and women. Moss-Racusin, Phelan, and Rudman (2010) found that men who violate gender

stereotypes risk both economic and social penalties. Specifically, men who violated gender norms were seen as less hireable and likable in comparison to identically behaving members of the opposite sex. The study by Sprock (1996) cited earlier provided interesting insight into how others perceive an individual's deviation from sex-linked norms as they related to personality disorders. Using the DSM-III-R criteria for the personality disorders, undergraduates rated patient symptoms that were sex-role inconsistent as more pathological and therefore, as more severe. Although there were not significant effects of sex on the ratings for the DPD symptoms, the finding that the same symptoms were perceived as more or less pathological depending on the individual's sex has relevance for the present study. The overt expression of typically feminine characteristics, such as emotionality or dependency, may be viewed by others as more pathological in men than if those characteristics were expressed by women.

Changes in Gender Roles

Sex roles have changed significantly over the years (Bohan, 2002; Spence & Helmreich, 1978). Significant conceptual changes marked the postmodernist era of psychology. As previously mentioned, the biological determinism that had dominated views of sex differences at the turn of the 20th century had decreased by the 1950's and 1960's when women began attending college and entering the work force in greater numbers. Researchers found evidence of increased sex role permissiveness for young girls from modern families in that they did not engage exclusively in sex-typed play (Minuchin, 1965). Similarly, Spence, Helmreich, and Stapp (1974) found that women were more likely than men to display the socially desirable characteristics of either parent without regard to their stereotypic appropriateness. Prentice and Carrenza (2002) assert that for women, increased involvement in the workplace necessitated the

acquisition of non-traditional characteristics alongside traditionally feminine characteristics so that competing role demands could be met.

Although sex role permissiveness increased for women, masculine sex roles remained fairly consistent and rigid, given the very similar roles men were expected to fill both inside and outside of the home/workplace. Men were found to be more responsive to the socially desirable traits of their fathers than to the characteristics of their mothers (Spence et al., 1974). Moreover, it seems as though boys perceive their parents as being more concerned with male sex-role enforcement than female sex-role enforcement. This finding echoed results from a previous study which gathered information about sex-role enforcement from parents (Spence et al., 1974). Research on the masculine sex role has continued in the postmodernist era of psychology, and researchers are now exploring a construct referred to as the “fear of the feminine” (FOF) as a potential explanation for the distress experienced in response to sex-role deviance and the resulting censorship process (Kierski & Blazina, 2009). Kierski and Blazina defined the FOF as the avoidance of all behaviors or feelings not traditionally sanctioned as masculine. Kierski and Blazina added to the empirical support of the FOF as they found evidence to suggest that the FOF acts both as a buffer from the discomfort experienced when masculine norms are violated, and as a censor that engages psychological defense mechanisms such as projection and repression when norms are called into question.

Masculine gender roles have also remained rigid due to the sex role inversion theory that suggests that men who do not behave in a traditionally masculine manner are seen as feminine. This theory then posits that a man who is seen as more feminine than masculine is assumed to be sexually attracted to men, and thus, is labeled as a homosexual (McCreary, 1994; Miller, Forest, & Jurik, 2003). Thus, the fear of being labeled as feminine, and in turn, homosexual is reinforced

by the more negative attitudes men hold about gay men than lesbians (Whitley & Kite, 1995). First beginning with Freud, the proposed correlation between sex role orientation and sexual orientation has been examined extensively in the psychological literature, yielding mixed results. Although Storms (1980) found evidence that supported the claim that homosexual men score higher on measures of femininity than heterosexual men, overall results were weak as significance was only found when individual comparisons between heterosexual and homosexual men were made. As such, conclusions about the sex role inversion theory based on the Storms findings should be made with caution.

Despite the lack of empirical support for the sex role inversion theory, the belief that homosexuals identify with the gender role of the opposite sex is common (Blashill & Powlishta, 2009). Therefore, it would be interesting to assess undergraduate perceptions of the relationship between gender role orientation and sexual orientation when presented with a man who meets criteria for DPD. Allowing participants to project their adherence to or rejection of the sex role inversion hypothesis could be achieved by using an approach similar to Rienzi et al. (1994), where participants read a vignette and provided their beliefs about the likely demographic characteristics of the individual described in the vignette. To examine sex role inversion theory, a vignette could be used to describe a man who does not conform to traditional masculinity norms (i.e., overtly expressing dependent behavior) and participants could be asked to indicate the likely sexual orientation of the individual in the vignette. If the sex role inversion theory has been internalized, then the man described in the vignette might be presumed to be non-heterosexual.

Measurement of Masculinity and Femininity

Masculinity and femininity had long been thought to be the opposing ends of a bipolar scale, where moving towards femininity means moving away from masculinity. Individuals with masculine traits were expected to be relatively deficient in feminine traits, and vice versa (Spence & Helmreich, 1978). In essence, within this conceptual framework, the presence of one set of characteristics necessarily precludes the presence of traits associated with the opposite anchor. This bipolar scale served as a foundation and guided psychological research for years. As such, a significant majority of the psychological measurements created to measure masculinity and femininity were based on this single scale comprised of opposing masculinity-femininity poles. However, researchers eventually began to question whether the sharp distinctions previously made between masculinity and femininity would be better captured by allowing for the possibility that an individual's gender role may not clearly be all feminine or all masculine, but may uniquely lay somewhere in between the two poles.

The introduction of psychological androgyny on the Bem Sex Role Inventory (BSRI) (Bem, 1974), significantly changed the definition of psychological health in regard to gender identity. Whereas rigid, narrowly masculine or feminine self-concepts, as reflected in the previously mentioned bipolar scale, were once thought to indicate appropriate adjustment to adulthood, androgyny, or a mixed self-concept that would allow an individual to freely express both masculine and feminine behaviors was suggested to indicate more psychological health. The inclusion of psychological androgyny expanded the measurement of gender roles by allowing for the possibility that some individuals may have equal numbers of masculine and feminine traits, and thus, may fall in the middle of the continuum from masculinity and femininity.

Eventually, researchers began using scales such as the Sex-Role Egalitarianism Scale (SRES) (King & King, 1985) in order to measure attitudes toward gender role behaviors for both sexes that were nontraditional. Although scales like the SRES and AWS (Attitudes Towards Women Scale, Spence & Helmreich, 1978) are widely used, they contain dated items and are based on the bipolar approach of masculinity and femininity that has been discredited (Baber & Tucker, 2006; Bem, 1974; King & King, 1985; Spence & Helmreich, 1978). Utilizing these scales to measure these variables now would limit the opportunity to observe more nuanced beliefs about sex roles and might not provide an accurate assessment of sex role orientation in the 21st century. Based on the limitations of previous studies, Baber and Tucker suggested moving away from measuring sex role orientation based on a bipolar distribution of masculinity and femininity by calling upon the constructivist view that has been associated with postmodern thought. They suggested that the Western notion of the self may not be as core and enduring as previously assumed, but rather, may perpetually change as a result of social transactions in different environments (Bohan, 2002). These social transactions produce gender differences and inequities (Baber & Tucker, 2006). Therefore, according to a postmodern interpretation, different selves manifest in differing circumstances (Bohan, 2002). In turn, this notion directly challenges the previously accepted view of gender, which has long been thought to be an inherent and enduring part of the self (Spence & Helmreich, 1978). Challenging previously held assumptions about gender and its relation to societal influences, and transcending, or moving beyond traditional gender categories might result in more productive study of sex differences.

Based on the limitations of other sex role orientation scales, Baber and Tucker (2006) created the Social Roles Questionnaire (SRQ) to assess an individual's adherence to traditional gender role values or transcendence of acting in the stereotyped manner associated with an

individual's sex. The measure includes items with a contemporary focus that reference gender role behaviors of both men and women. A major advantage of the SRQ is in its ability to capture non-dichotomous thinking. In order to measure gender transcendence, researchers created items such as, "Tasks around the house should not be determined by sex," that suggested that social roles should not be considered inherently sex-linked. Participants respond to 13-items indicating their agreement by circling a percentage range (0%-100%, increasing by increments of 10%). In order to test the reliability and validity of the SRQ, Baber and Tucker administered the scale to 121 undergraduate students who completed the measure on two separate occasions so that test-retest reliability could be determined. Cronbach's α for the general items was .91 and for the gender transcendent items was .66. Test-retest reliability was also high: .87 for the general items and .76 for the gender transcendent subscale. The SRQ was found to have good convergent and discriminant validity. Overall, researchers found that men expressed more sex-linked and less gender-transcendent attitudes than women, thereby confirming results of prior studies which found more sex role consistent behaviors and attitudes among men.

Current Study

As little is known about attitudes towards men with DPD, the present research examined whether men with DPD are viewed differently (in terms of attitudes towards them and perceptions of dysfunction) than women with DPD. In addition, the current study examined the effects of participant sex and gender role attitudes on perceptions of men and women with DPD. Finally, the categorical diagnosis of personality disorders has been widely criticized, and the DSM-5 draft describes the symptoms of DPD using three dimensions (i.e., submissiveness, anxiousness, separation insecurity). The current study investigated differences in perceptions of

individuals with DPD as described by the DSM-IV-TR versus the DSM-5 draft dimensions. As vignettes have been shown to be useful in the personality disorder literature (e.g., Rienzi et al., 1994), the current study utilized a case vignette methodology to examine attitudes towards individuals with DPD. Two case vignettes were developed based on the DSM-IV-TR and DSM-5 draft criteria for DPD, respectively. The case vignettes were intended to portray a hypothetical individual with DPD. Identical male and female versions of each case were constructed, differing only in the individual's sex and the pronouns. Furthermore, as undergraduates have been found to yield reliable results in the research on DPD (Bornstein, 1992; Bornstein et al., 1993; Kagan, 1960), undergraduate participants at a mid-sized Midwestern university comprised the sample.

Participants were asked to rate the individual described in the vignette based on questions modeled after Funtowicz and Widiger (1999). Specifically, participants provided a rating of the individual's level of dysfunction in two domains (social and occupational), the individual's level of distress, and overall level of psychopathology. Participants also provided a rating of the degree to which the individual exhibits dependency and the three trait facets suggested to comprise dependency in the DSM-5 draft. Additionally, participants indicated their attitudes towards the individual in the vignette using items drawn from Rubin's (1974) Liking Scale, which has been shown to be internally consistent, reliable, and valid. Items such as, "I have great confidence in _____'s good judgment" were adapted to, "I have great confidence in this person's good judgment," to allow participants to respond to the items for a hypothetical rather than a known person. Participants then indicated what they believe to be the individual's age, marital status, and sexual orientation following the methodology of Rienzi et al. (1994). Finally, they completed the Social Roles Questionnaire (SRQ) to determine their gender role and a demographic questionnaire.

Hypotheses

Based on the existing social and clinical literatures on dependency traits and DPD, the following hypotheses were proposed:

1. There will be a main effect of sex of the individual in the vignette. The male version of the DPD vignette will be rated more negatively (i.e., higher ratings of dysfunction, distress, psychopathology, dependency, and the trait facets; lower ratings of liking) than the female version of the DPD vignette.
2. There will be a significant interaction between sex of the individual in the vignette and participant sex. Female participants will rate the male DPD vignette less negatively than will male participants, whereas there will be no differences in ratings of male and female participants towards the female version of the DPD vignette.
3. There will be a significant interaction between sex of the individual in the vignette and participant's attitudes toward gender roles. Participants with non-traditional gender role attitudes will view the male version of the DPD vignette less negatively than participants with traditional gender role attitudes, whereas there will be no significant effect of gender role attitudes for the female version of the DPD vignette.
4. There will be a significant three-way interaction between participant sex and gender role attitudes, and sex of the individual in the vignette. Men with a more nontraditional gender role attitudes will rate the male version of the DPD vignette less negatively than will men with a traditional gender role attitudes, whereas gender role attitudes will not have a significant effect on women's ratings or ratings for the female vignette.

5. The sexual orientation of the man portrayed in the DPD vignette will be perceived as non-heterosexual (i.e., more endorsements as homosexual or bisexual), whereas the sexual orientation of the woman portrayed in the DPD vignette will not be perceived as non-heterosexual.
6. As the DSM-5 draft changes are new, there is no basis for hypotheses about potential differences between the DSM-IV-TR and DSM-5 draft vignettes. However, it is likely that no significant differences will be found between the two conceptualizations of DPD because the primary facet of DPD in the DSM-5 draft (submissiveness) is a trait associated with femininity. Therefore, it is expected that hypotheses 1-5 will pertain to both the DSM-IV-TR and DSM-5 draft vignettes.

CHAPTER 3

METHODS

Design of the Study

This study utilized vignettes to investigate the influence of participant sex and gender role attitudes on perceptions of men and women with DPD. The current study used a quasi-experimental design. The independent variables were sex of the individual in the vignette (male or female), DSM version of the DPD vignette (DSM-IV-TR or DSM-5 draft), and sex of the participant. Participants were randomly assigned to one of four vignettes. The dependent variables were ratings of dysfunction, distress, psychopathology, and overall impairment of the individual described in the vignette, and attitudes towards the individual. The moderator variables were the sex of the participant and participant gender role attitudes.

Participants

Participants were undergraduate students recruited from psychology courses at Indiana State University (ISU). International students were excluded due to potential cultural differences in sex roles and related attitudes. The final sample size was 240 participants (men: $n = 99$, 41%; women: $n = 141$, 59%). However, some of the participants were not included in the MANCOVA due to missing responses on the SRQ but were included in the final sample and all

other analyses because they were not missing excessive data. Ages ranged from 18 to 41 years and the average age in the sample was 19.84 years ($SD = 3.28$). Individuals who were under 18 years of age were excluded so that parental consent would not be necessary. Non-traditional students who were outliers because of age were not excluded. The majority of the participants were Caucasian, heterosexual, and first year students. See Table 1 for demographic information related to participant race/ethnicity, sexual orientation, year in school, and relationship status.

Differences in demographic characteristics were examined for those who received the male versus female version of the vignettes, and the DSM-IV versus DSM-5 draft vignettes, using chi-square analyses and analyses of variance (ANOVAs). Chi-square tests comparing male/female and DSM-IV-TR/DSM-5 draft versions of the vignettes revealed no significant differences between the groups in participant sex, race, relationship status, sexual orientation, year in school, or major. An ANOVA indicated there was not a significant difference in age between the groups.

Participants' gender role attitudes as determined by their scores on the SRQ and its two subscales (Gender Transcendent and Gender Linked) can be found in Table 2. Overall, participants were less traditional in gender role beliefs. However, one-way ANOVAs indicated that female participants were significantly less traditional, $F(1, 224) = 37.93, p < .001, \eta^2 = .032$, less sex-linked, $F(1, 230) = 34.72, p < .001, \eta^2 = .131$, and more gender transcendent, $F(1, 231) = 7.69, p = .01, \eta^2 = .145$, than male participants. Differences in participants' gender roles based on vignette assignment were also examined using one-way ANOVAs. There were no significant differences in gender role orientation, based on total score or the two subscales of the SRQ, between participants who received the DSM-IV versus the DSM-5 draft vignette, or the male or female versions of the cases.

Table 1

Participant Demographic Characteristics

Demographic Characteristic	<i>n</i>	%
Race/Ethnicity		
Caucasian	167	70
African American	52	22
Latino	6	3
Other (e.g., Asian & Native Americans and others)	15	5
Sexual Orientation		
Heterosexual	217	90
Homosexual	13	5
Bisexual	10	4
Year in School		
First year	153	64
Second year	55	23
Junior	17	7
Senior	15	6
Relationship Status		
Single	119	50
Partnered (e.g. dating someone but not married)	99	41
Cohabiting (e.g., living together but not married)	14	6
Married	7	3
Divorced	1	< 1

Table 2

Descriptive Statistics for the SRQ and its Subscales by Participant Sex and for the Total Sample

Scale	Male Participants (<i>n</i> = 99)		Female Participants (<i>n</i> = 141)		Total (<i>n</i> = 240)	
	<i>n</i>	<i>M</i> (<i>SD</i>)	<i>n</i>	<i>M</i> (<i>SD</i>)	<i>n</i>	<i>M</i> (<i>SD</i>)
SRQ	92	50.23 (18.42)	134	35.57 (16.99)	226	41.54 (18.97)
GT	95	11.97 (8.96)	138	8.95 (7.58)	233	10.18 (8.29)
GL	96	38.10 (15.28)	136	27.15 (12.91)	232	31.69 (14.92)

Note. ¹ SRQ= Social Roles Questionnaire; scores range from 0 to 130 on the SRQ. ² GT= Gender Transcendent; scores range from 0 to 50 on the GT subscale. ³ GL= Gender Linked subscale; scores range from 0 to 80 on the GL subscale. For each scale, lower scores indicate less traditional gender role beliefs. Several male and female participants omitted responses on the SRQ so that subscales or a total score could not be calculated. These participants were not included in the MANCOVA but were included in the final sample and all other analyses.

Power Analysis

There are no data documenting the specific relationship between attitudes towards men and women with DPD, and the influence of sex and gender role attitudes at this time. Despite a lack of relevant research on the appropriate effect size for this type of research, it is generally accepted that a medium effect size is an appropriate target. Consistent with suggestions for determining sample size in a factorial ANOVA design with four groups, it was determined that a sample of approximately 45 participants was needed for each group to make it possible to find a medium effect for the variables (i.e., sex of the participant, sex of the individual with DPD, participant gender role orientation, and DSM version), with an α of 0.05 and β of .80 (Cohen, 1992).

Vignettes

The current study utilized two case vignettes, one based on the DSM-IV-TR criteria for DPD (Vignette 1) and one based on the DSM-5 draft proposed dimensions of DPD (Vignette 2). Using the method adopted from Rienzi et al. (1994), the diagnostic criteria from the DSM-IV-TR and the DSM-5 draft were used verbatim to create the two vignettes. The case vignettes were intended to portray a hypothetical individual who meets criteria for DPD. Identical male and female versions of each case were constructed, differing only in the individual's sex and pronouns, thereby creating four cases. Both vignettes were designed to be similar in length, with Vignette 1 consisting of 135 words and Vignette 2 consisting of 114 words. A pilot study was conducted to be sure the vignettes are understandable and at an appropriate reading level for undergraduate students. See Appendix B for the vignettes.

Measures

Perceptions of individuals with DPD scale (PDP)

The 16-item attitudes scale used in the current research was created by the researcher to measure perceived occupational dysfunction, social dysfunction, personal distress, and level of psychopathology of the individual portrayed in the vignette. A 7-point Likert scale (i.e., 1 = none, 3 = mild, 5 = moderate, and 7 = severe) adopted from Funtowicz and Widiger (1999) was used to measure dysfunction, distress, and psychopathology. A definition of dysfunction and psychopathology was provided in parentheses based on results of the pilot study. Next, participants were asked to rate the descriptiveness of dependency and the DSM-5 draft trait facets of dependency (submissiveness, anxiousness, separation insecurity) for the individual described in the vignette using the four-point scale in the DSM-5 draft (i.e., 1 = very little or not

at all descriptive, 2 = mildly descriptive, 3 = moderately descriptive, and 4 = extremely descriptive). Definitions of “dependency,” and “separation insecurity” were provided based on the results of the pilot study (see below). The next four items (9-12) were adopted from Rubin’s (1974) Liking Scale but were reworded to pertain to a hypothetical person. An example of an original item is, “Most people would react favorably to _____ after a brief acquaintance.” An example of a reworded item is, “Most people would react favorably to this person after a brief acquaintance.” Participants were asked to rate the individual described in the vignette on a 7-point Likert scale (i.e., 1 = Strongly Disagree, 3 = Disagree, 4 = Neutral, 5 = Agree, and 7 = Strongly Agree). For the purposes of the analyses and to make the direction consistent with the other items on the DPD scale (i.e., higher ratings indicated more negative ratings), the responses were reverse coded. The final set of items was drawn from Rienzi et al. (1994); participants were asked to attribute socio-demographic characteristics including the likely age, marital status, and sexual orientation of the individual described in the vignette (see Appendix C for the PDP scale).

Social Roles Questionnaire (SRQ)

The Social Roles Questionnaire (SRQ; Baber & Tucker, 2006) is a 13-item self-report questionnaire designed to measure an individual’s adherence to traditional gender role values or transcendence of acting in the stereotyped manner associated with an individual’s sex. The scale is divided into two subscales: the Gender-Transcendent (GT) subscale and the Gender-Linked (GL) subscale. There is also a total score (SRQ). Participants responded to 13 items indicating their agreement with statements such as, “The freedom that children are given should be determined by their age and maturity level and not by their sex” (Gender-Transcendent item) and “A father’s major responsibility is to provide financially for his children” (Gender-Linked item).

Participants circle a percentage range that spans strong disagreement (0%) to strong agreement (100%) with incremental increases by 10%. Responses are coded by dropping the 0 from each percentage response (i.e., a response of 0% = 0, 10% = 1, 20% = 2, 30% = 3, etc. to a maximum score of 10). Items 1, 4, 8, 10, and 13 are reverse coded, such that a response of 0% on one of these items would earn a score of 10. Scores range from 0 to 130 on the SRQ. Scores range from 0 to 50 on the GT subscale and 0 to 80 on the GL subscale. Lower scores indicate less traditional gender role beliefs on the subscales and total SRQ. According to Baker and Tucker (2006), Cronbach's α for the gender-linked items was .91 and for the gender transcendent items was .66. Test-retest reliability was also high, .87 for the gender-linked and .76 for the gender transcendent subscale. The SRQ was found to have good convergent, discriminant, and content validity, all $p < .01$ (see Appendix D). Cronbach's α was also calculated for the SRQ and for its subscales in the present study and revealed good internal consistency (SRQ: $\alpha = .774$; GT: $\alpha = .679$; GL: $\alpha = .775$).

Demographic questionnaire

Participants were asked to provide information concerning their age, sex, ethnicity, sexual orientation, relationship status, major, and year in school. Regarding sexual orientation, participants indicated whether they are heterosexual, homosexual, bisexual. With reference to marital status, participants indicated whether they were single, partnered (i.e., dating someone but not married), co-habiting (i.e., living together but not married), married, divorced, or widowed (see Appendix E).

Piloting

The vignettes and questionnaires were completed by 21 undergraduate students (9 men, 11 women, 1 person did not indicate sex) at ISU online to assess the readability of the vignettes and questionnaires. The researcher attempted to recruit approximately equal numbers of men and women. An equal number of men and women were randomly assigned to each vignette to achieve equal balance of men and women for each of the four vignette conditions. After reading the vignette, participants were asked to rate ease of understanding of the case vignettes and completing the measures, and to list any additional questions or concerns. Overall, participants rated all four vignettes as readable, understandable, and believable (see Appendix H for results of the pilot study). Based on the responses of participants, several terms were clarified in order to reduce confusion. Specifically, after the terms social and occupational dysfunction, “impaired function” was added because some participants did not know the meaning of “dysfunction.” Psychopathology was further defined as, “the degree to which one has a mental disorder.” Submissiveness was clarified with, “changing one’s behavior to the interests and desires of others.” Finally, separation insecurity was defined as, “unsure when separated from others.” These definitions were abstracted from the dictionary.

Procedure

Participants were recruited from psychology courses at ISU using the online experiment recruitment tracking system (i.e., SONA systems) throughout the academic year until the desired number of participants was obtained. Participants were randomly assigned to receive one of the four cases. The researcher attempted to recruit approximately equal numbers of men and women by continuing collection of data for men after there were an adequate number of women

participants. Participants were randomly assigned by sex to each vignette to achieve an equal balance of men and women for each of the four vignette conditions. All participants received a description of the study before making the decision to participate or not. Individual computer-based administration was completed online over the internet using a Qualtrics survey and took approximately 15 minutes. Participation was voluntary and informed consent was obtained from all participants (see Appendix F). Although it was not likely that participants would react negatively to the measures, they were provided with information about where they could seek psychological services if needed.

After reading their assigned vignette, the participants were asked to complete the questionnaires in the same order: the Perceptions of Individuals with DPD Scale, the Social Roles Questionnaire, and the Demographic Questionnaire. After the questionnaires were completed, a page came up on the computer screen that thanked the participant and then displayed a debriefing statement (see Appendix G).

CHAPTER 4

RESULTS

Descriptive Analyses

Initially, steps were taken to establish the integrity of the data set. The data were automatically collected by the Qualtrics on-line survey and saved in a database to which the researcher had access. Data from participants who had missing information regarding sex and/or gender role attitudes were discarded as were those with excessive missing data. A total of 124 participants were eliminated from the final dataset due to failure to indicate sex, complete the items regarding gender role attitudes, or excessive missing data (generally beginning the survey and exiting before completion). The final data set consisted of the 240 participants described above. A total of 14 participants did not provide responses to select items on the SRQ and were not included in the MANCOVA. However, as they were not missing excessive data, these participants were retained for the final sample and were included in all other analyses.

The first stage of data analysis included calculating descriptive statistics for each of the dependent variables. Table 3 presents the mean and standard deviation of scores for each of the dependent variables. In addition, the internal consistency (i.e., Cronbach's α) was calculated for the PDP. For the purpose of these analyses, the four ratings of impairment were combined into an Overall Impairment subscale, the four dimensional trait ratings were combined into a Trait

Facet subscale, and the four items from the Liking subscale were considered as a scale. This was done because of differences in nature and source of the items in the PDP scale. Coefficient alpha was calculated for each of the overall scales and revealed good internal consistency (Overall Impairment: $\alpha = .799$; Trait Facet: $\alpha = .821$; Liking: $\alpha = .786$).

The final set of items on the PDP scale asked for attributions about the person in the vignette's age, relationship status, and sexual orientation (i.e., "what is the likely age/relationship status/sexual orientation of this person?"). See Table 4.

Primary Analyses

Multivariate analyses

The primary hypotheses were tested using a 2 (sex of vignette) x 2 (participant sex) x 2 (DSM version) multivariate analysis of covariance (participant gender role orientation). Prior to completing analyses examining main effects and interactions of variables of interest, correlations were run on all dependent variables to assess for redundancy (i.e., variables that correlate above $r = .70$). There was no evidence of redundancy and all of the variables were included in the final analyses. For these analyses, the total SRQ score was used as the measure of gender role attitudes. Multivariate results indicated a significant effect of the covariate (participant gender role attitudes), but there were no significant effects of participant sex, sex of the person in the vignette, DSM version, or any significant interactions between any of the variables. Results of the MANCOVA are presented in Table 5.

Table 3

Descriptive Statistics for Dependent Variables by Subscale of DPD scale

Scale	<i>M (SD)</i>	Range
Overall Impairment ¹		
What is this person's level of social dysfunction? (i.e., impaired function)	2.87 (.875)	1-4
What is this person's level of occupational dysfunction? (i.e., impaired function)	2.62 (.844)	1-4
What is this person's level of personal distress?	3.23 (.864)	1-4
What is this person's level of psychopathology (i.e., degree to which one has a mental disorder)?	2.53 (.887)	1-4
Trait Facets ²		
Dependency	3.23 (.983)	1-4
Submissiveness (i.e., Changing one's behavior to the interests and desires of others)	3.26 (.848)	1-4
Anxiousness	2.99 (.872)	1-4
Separation Insecurity (i.e., unsure when separated from others)	3.32 (.868)	1-4
Liking ³		
It seems to me that it is very easy for this person to gain admiration	4.64 (1.52)	1-7
I have great confidence in this person's good judgment	5.33 (1.42)	1-7
Most people would react favorably to this person after a brief acquaintance	4.61 (1.48)	1-7
I would recommend this person for a responsible job	5.40 (1.49)	1-7

Note. ¹Overall Impairment scores range from 1 to 7, with higher scores indicating more impairment and distress. ² Trait Facet scores range from 1 to 4, with higher scores indicating a higher degree of descriptiveness of the person in the vignette. ³ Liking scores range from 1 to 7, with higher scores indicating more dislike of the person in the vignette.

Table 4

Perceived Characteristics of the Individual in the Vignette

Perceived Characteristic	<i>n</i>	%
Age		
Under 18	58	24
18-25	138	57
25-31	33	14
31-40	6	2
Over 40	5	3
Sexual Orientation		
Heterosexual	202	84
Homosexual	24	10
Bisexual	14	6
Relationship Status		
Single	152	63
Partnered (e.g., dating someone but not married)	60	25
Cohabiting (e.g., living with someone but not married)	16	7
Married	4	2
Divorced	7	3

Table 5

Multivariate Analysis of Covariance for Ratings of Dysfunction, Distress, Psychopathology, Dependency Traits, and Likability

Independent Variables	Wilks' Lambda	<i>df</i>	<i>F</i>	<i>p</i>	η_p^2
Gender role attitudes	.787	12, 192	4.340	<.001	.213
Sex of person in vignette	.952	12, 192	0.806	.644	.048
Sex of participant	.934	12, 192	1.133	.335	.066
DSM version	.909	12, 192	1.599	.095	.091
Sex of person in vignette x Sex of participant	.934	12, 192	1.126	.341	.066
Sex of person in vignette x DSM version	.964	12, 192	0.595	.845	.036
Sex of participant x DSM version	.910	12, 192	1.575	.102	.090
Sex of person in vignette x Sex of participant x DSM version	.943	12, 192	0.064	.485	.057

Table 6 presents the results for participant gender role attitudes for each of the individual items on the PDP. The univariate analyses indicated significant differences for all dependent variables, except for level of psychopathology, as a function of participant gender role attitudes (see Table 6). To illustrate the effect of gender role attitudes on the ratings, a median split on the SRQ was used to create traditional and nontraditional gender role groups (see Figure 1). Participants who had less traditional gender role attitudes rated the individual in the vignette more negatively (i.e., more impairment and distress; higher in dependency and the three traits representing DPD in the DSM-5 draft; lower agreement with the statements from the Liking Scale) than participants with more traditional gender role attitudes.

Table 6

Effect of Participant Gender Role (total SRQ score) on Ratings of Individual Items on the DPD scale

Items	<i>df</i>	<i>F</i>	<i>p</i>	<i>ηp2</i>
What is this person's level of social dysfunction (i.e., impaired function)	1	14.74	<.001	.068
What is this person's level of occupational dysfunction (i.e., impaired function)	1	6.54	.011	.031
What is this person's level of distress?	1	14.54	<.001	.067
What is this person's level of psychopathology (i.e., degree to which one has a mental disorder)?	1	2.32	.129	.011
Rate the person described in the vignette on the following...				
Dependency	1	26.31	<.001	.115
Submissiveness (i.e., changes behavior to the interests & desires of others)	1	19.36	<.001	.087
Anxiousness	1	18.36	<.001	.083
Separation Insecurity (i.e., unsure when separated from others)	1	26.97	<.001	.117
¹ Rate the person described in the vignette on the following...				
It seems to me that it is very easy for this person to gain admiration	1	5.43	.021	.026
I have great confidence in this person's good judgment	1	22.62	<.001	.100
Most people would react favorably to this person after a brief acquaintance	1	6.93	.009	.033
I would recommend this person for a responsible job	1	10.65	.001	.050

¹*Note.* Responses were reverse coded to make them consistent with the direction of the other items on the PDP scale (i.e., higher ratings indicated more negative ratings).

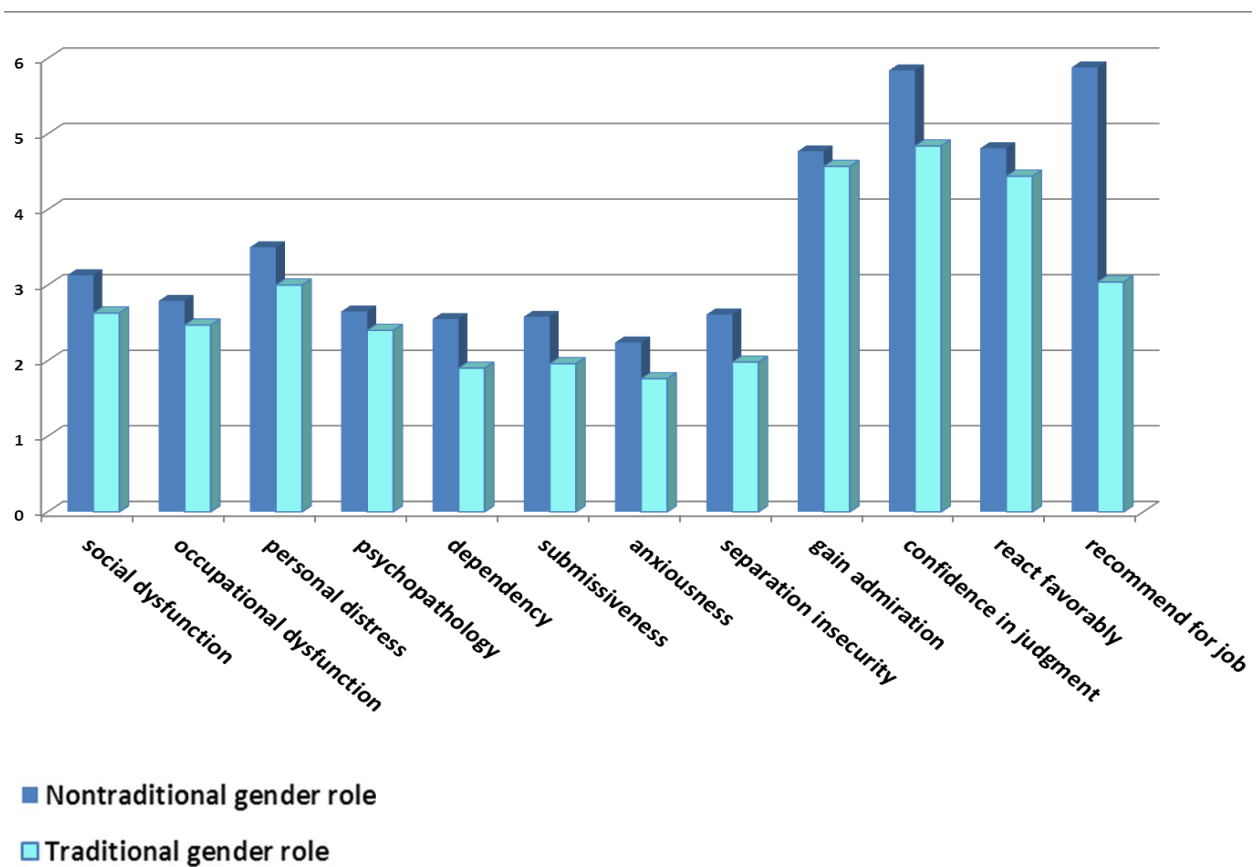


Figure 1. Effect of gender role attitudes on ratings of individual items

Note. Items from the Liking Scale (e.g. “Gain admiration,” “confidence in judgment,” “react favorably,” and “recommend for job”) were reverse coded so that higher scores indicated less agreement with the statement.

Because participant sex showed several significant effects in the follow up analyses, but not the MANCOVA, a MANOVA was performed (without gender role attitudes as a covariate), and there was a significant main effect of participant sex, $F(16, 202) = 2.88, p < .001, \eta_p^2 = .134$. To analyze for possible mediation, zero-order correlations between participant sex, participant

gender role attitudes, and all dependent variables were completed following the procedure outlined by Baron and Kenny (1986). For the purposes of these analyses, the dependent variables were examined using the three summary variables. Correlations between participant sex and the dependent variables (Overall Impairment, $r = .249$; Traits, $r = .315$; Liking, $r = -.169$) were all significant at the $p < .01$ level. Participant sex was also significantly correlated with participant gender role attitudes at the $p < .001$ level, $r = -.381$, Cohen's $d = .84$. There were also significant correlations of gender role orientation and the dependent variables (Overall Impairment, $r = -.301$; Traits, $r = -.469$; Liking, $r = .293$), all $p < .001$. However, as previously mentioned, when participant sex was included in the overall MANCOVA, it no longer had a significant effect on ratings. Therefore, it was found that participant gender role attitudes mediated the effect of participant sex on the ratings of impairment, dependency traits, and liking.

Although participant sex and DSM version were not significant predictors in the MANCOVA overall, significance was found on some dependent variables in the follow up univariate analyses. Specifically, female participants rated the person in the vignette as being more socially impaired, more pathological, and more anxious, and were less likely to agree with the statement that they would recommend the person for a responsible job than were male participants. However, the effects of participant sex were no longer significant when considered with participant gender role attitudes, as the covariate accounted for the majority of the variance in the ratings. Participants who received the vignette created using the DSM-IV-TR criteria gave significantly higher ratings of occupational dysfunction than did those who received the vignette based on the DSM-5 draft. Additionally, a significant interaction was found for sex of the person in the vignette and participant sex for ratings of distress and one item from the Liking Scale. Specifically, female participants gave significantly higher ratings of personal distress when the

vignette described a man than when it described a woman, whereas men assigned similar ratings to male and female versions of the DPD case. Similarly, compared to men, women indicated less agreement with the statement that most people would react favorably to the person, and the ratings were lower for the male version than the female version of the vignette, whereas men assigned similar ratings to male and female versions of the case (see Table 7).

Table 7

Other Significant Effects on Ratings of Individual Items

Independent Variable	<i>df</i>	<i>F</i>	<i>p</i>	<i>ηp2</i>
Sex of participant				
What is this person's level of social dysfunction	1	4.01	.047	.019
What is this person's level of psychopathology	1	7.03	.009	.033
Rate the person described in the vignette on the following...Anxiousness	1	5.01	.026	.024
I would recommend this person for a responsible job	1	3.93	.049	.019
DSM version				
What is this person's level of occupational dysfunction	1	5.86	.016	.028
Sex of person in vignette x Sex of participant				
What is this person's level of personal distress	1	4.43	.037	.021
Most people would react favorably to this person after a brief acquaintance	1	4.75	.03	.002

Note. Items are paraphrased.

Bivariate analysis

The final hypothesis was that the sexual orientation of men with DPD will be perceived as non-heterosexual. A chi-square analysis used to test this hypothesis was not significant. The person in the vignette was perceived as heterosexual by most of the participants, regardless of which vignette the participants received, $\chi^2 = .08$ (see Table 8).

Table 8

Perceived Sexual Orientation of the Person in the Vignette by Frequency

		Sexual Orientation of the Person in the Vignette		
		Heterosexual	Homosexual	Bisexual
Sex of the Person in the Vignette	Male	105	13	3
	Female	97	11	11

CHAPTER 5

DISCUSSION

This study sought to contribute to the limited research on perceptions of men and women with DPD, by examining differences in attitudes and appraisals of dysfunction in vignettes in which the sex of the individual in the case was manipulated. It was expected that male versions of the case would be evaluated more negatively because dependent behaviors are inconsistent with the male gender role. A secondary hypothesis was that the sexual orientation of the man in the vignette would be perceived as non-heterosexual. The study also examined the effects of participant sex and gender role attitudes on perceptions, with the hypothesis that women and participants with nontraditional gender role attitudes would assign less negative ratings to the male version of the case than men and those with traditional gender role attitudes. Finally, this study compared ratings of dysfunction, traits, and liking using the current DSM-IV-TR criteria for DPD and the DSM-5 which describes DPD using three trait dimensions. It was expected that no significant differences would be found between DPD conceptualizations, as both emphasize behaviors associated with a female gender role.

Sex of the Individual in the Vignette

Results of this study failed to find a significant effect of the sex of the person in the vignette. For several individual items, there was preliminary support for the hypothesis that men

with DPD would be viewed more negatively than would their female counterparts. Specifically, women viewed men with DPD as experiencing more personal distress and that people would react less favorably to him than a woman with the same symptoms. However, this finding was an interaction between sex of the person in the vignette and participant sex, and no main effects of sex of the person in the vignette were found. The failure to support the hypothesis may not be entirely surprising as there has been little research examining attitudes towards men and women with DPD. In addition, previous findings have been inconsistent. Sprock (1996) found that symptoms of male-typed personality disorders were rated as more abnormal for women, but few personality disorder symptoms were rated as more abnormal for men, although this included one symptom of DPD. In contrast, DPD symptoms were seen as more maladaptive for women than men in a follow up study (Sprock et al., 2001).

Another possible explanation for the failure to find an effect of sex of the individual in the vignette on perceptions could be due to the use of a vignette methodology. Perhaps the well-documented effects of gender role conflict (Bornstein, 1992; McCreary, 1994; Owen Blakemore, 2003; Richman, 1988) were not truly activated for the male vignettes because the vignettes created a sense of psychological distance by describing hypothetical men and women with DPD, rather than real individuals with the disorder. The fact that some individual items supported the hypotheses that people would react less favorably to men with DPD and that men with DPD would experience more personal distress as a result of his symptoms than women, suggests that with a stronger manipulation of sex (i.e., using real people), significant results might be obtained.

Another possible explanation for the present finding could stem from a possible effect of perceived age, as participants overwhelmingly thought that the person in the vignette was in their age group (18-25) or younger. For most individuals who are in the 18-25 age bracket, there is a

degree of socially accepted dependency on parents to help make important decisions, assume responsibility for major areas of life (i.e., housing, financial support, etc.), and a hesitancy to express disagreement for fear of a loss of support and/or approval. As such, the perceived age of the person in the vignette may have been more salient than the individual's sex, thereby weakening support for this hypothesis.

The stigma associated with obvious pathology may also explain the lack of significant effect of sex of the individual in the vignette. The clinical literature has robust support for the stigma associated with mental disorders (Bromfield, Weisz, & Messer 1986; Link, Cullen, & Mirotznik, 1991). However, in the present study, regardless of whether the person in the case was a man or a woman, participants rated the person fairly low in dysfunction, distress, and psychopathology. It may be that the behaviors associated with DPD were not seen as a mental disorder but as part of the individual's personality, as the criteria do not describe severe symptoms such as depression, anxiety, or psychosis. Moreover, because participants generally viewed the person in the vignette as a young adult, the dependent behaviors may have been seen as even more normative. The most negative ratings were for the liking items, for example, that participant would have little confidence in the person's judgment or it would be unlikely to recommend the person for a responsible job. This pattern suggests that the person in the vignette may have been viewed as immature and irresponsible, but not having a mental disorder, regardless of whether it was portrayed as a man or a woman.

Sex of the Participant

Participant sex had little effect on the ratings and was not significant in the primary analysis (MANCOVA). Follow up analyses indicated that women perceived the person with

DPD more negatively than men (i.e., social dysfunction, level of psychopathology, anxiousness trait dimension, recommending the person for a responsible job), and also rated men with DPD more negatively (i.e., distress, most people would react favorably to this person). Sprock et al. (2001) found that women viewed personality disorder symptoms as less maladaptive overall than did male participants. However, others have failed to find an effect of participant sex on ratings (i.e., Crosby & Sprock, 2004; Sprock, 1996). The direction of these differences was opposite to the hypotheses as it was predicted that because women are more flexible with regard to gender roles (McCreary, 1994; Minuchin, 1965; Spence et al., 1974) they would be more accepting of behaviors that were inconsistent with traditional gender roles and rate the male version of the DPD vignette less negatively than men. Instead, gender role attitudes had a strong effect on perceptions of the person with DPD, and differences in gender role attitudes between male and female participants may explain the failure to support these hypotheses. Considering that gender roles have been found to mediate sex differences in rumination about interpersonal events (Simonson, Mezulis, & Davis, 2011) it is not surprising that a similar mediating effect was found in the present study, given the inherent interpersonal aspects of DPD and personality disorders overall.

Gender Role Attitudes of the Participant

Results indicated that women had more nontraditional gender role attitudes than men, thereby strengthening similar findings by Baber and Tucker (2006). Gender role attitude not only had a significant effect on perceptions of the individual in the vignette, but it mediated rather than moderated, sex differences seen in ratings. However, having less traditional gender role attitudes resulted in more negative appraisals of the person in the vignette, regardless of whether

the person described was a man or a woman, which was opposite to predictions. One explanation for this finding is that as women become more gender transcendent, they regard gender-linked behaviors such as dependency more negatively, regardless of whether they are demonstrated by men or women. In addition, findings with respect to the influence of participant gender role attitudes on perceptions of personality disorder symptoms have been inconsistent (i.e., Crosby & Sprock, 2001; Sprock et al., 2001).

These findings may also speak to the unique characteristics of a college sample and may not generalize to other samples. Bryant (2003) conducted a nationwide survey of 127 colleges that gathered information relevant to gender roles when students first entered college and then reassessed those views four years later. Results suggested that women had more egalitarian views of gender roles when first entering college but that the college experience in general tended to liberalize gender role attitudes of both men and women. In the present study, nontraditional gender role attitudes were associated with more negative attitudes towards dependency for men as well as women.

The examination of sex differences in psychopathology has been a focus of the clinical research for many years (e.g., Corbitt & Widiger, 1995; Kaplan, 1983; Widiger, 1998). However, there is increasing evidence to suggest that personal gender role attitudes may have more influence on individual behavior than biological sex and/or cultural norms. Huselid and Cooper (1994) found evidence to suggest that gender role orientation mediates sex differences in the expression (internal vs. external) of pathology. As such, if gender role orientation mediates how pathology is expressed between the sexes, it is possible that it may also mediate attitudes towards sex differences in the expression of pathology, as was found in the present study.

Perceived Sexual Orientation of the Individual in the Vignette

Contrary to the sex role inversion hypothesis, the person in the vignette was most frequently assumed to be heterosexual, regardless of the person's sex. One possible interpretation of this finding is that perceptions of appropriate male gender roles may not be inherently linked with sexual orientation. Although Miller et al. (2003) proposed that feminine men would be assumed to be homosexual, and Storms (1980) found weak evidence that homosexual men are higher in femininity, support for the sex role inversion hypothesis is limited. However, some support has been found in recent research (Blashill & Powlishta, 2009). The findings in the present study may be unique to the sample, as college students appear to hold more liberal views of gender roles (Bryant, 2003). Another possible explanation could stem from the reality that in our society, unless given specific information otherwise, heterosexuality is assumed, a pattern referred to as heteronormativity (Wickens & Sandlin, 2010).

DSM-IV-TR versus DSM-5 Draft

Only one of the differences between the DSM-IV-TR vignette and the DSM-5 draft vignette was significant, as the DSM-IV-TR case was rated higher on occupational dysfunction. This suggests that the dimensional trait approach proposed in the DSM-5 draft might describe a somewhat less pathological clinical picture, which could have implications for diagnosis. Diagnostic criteria from the DSM-IV-TR such as, "has difficulty initiating projects or doing things on his or her own," and "has difficulty making everyday decisions without an excessive amount of advice and reassurance from others," and "needs others to assume responsibility for most major areas of his/her life" seem as though they would be particularly dysfunctional in a

work setting. This is contrasted with the description of the three trait dimensions that characterize DPD in the DSM-5 draft, “subservience, unassertiveness, advice and reassurance seeking, and lack of confidence in decision-making,” which are less specific and more tied to interpersonal behaviors.

As such, the findings of the present study may provide preliminary evidence to suggest that in the realm of occupational functioning, DSM-IV-TR and DSM-5 draft conceptualizations are not comparable and may speak more generally to the central issue of clinical utility in diagnosis. According to First and Westen (2007), the purpose of each DSM revision is to improve clinical utility, which can be further broken down into several different components. First, the DSM must be useful and must assist clinicians in client conceptualization. The DSM must also be able to assist clinicians in conveying clinical information to others. Finally, the DSM must inform treatment interventions and should be able to help clinicians predict future clinical management needs. Given that results of the current study suggest that occupational functioning may be an area of functioning that may be appraised differently by the proposed DSM-5 draft trait facets, this may hinder the ability of clinicians to reliably diagnose and communicate dysfunction in this area. This difference may impede the ability of clinicians to predict clinical needs that affect occupational performance. As discussed previously, even minor changes in diagnostic criteria can have a significant effect on diagnosis (Blashfield et al., 1992). Given the considerable change in the conceptualization of DPD with the change to a dimensional model, it is imperative that research examine the clinical utility of the proposed definitions of DPD. As such, additional research comparing DSM-IV-TR and DSM-5 conceptualizations of DPD is needed.

It is important to note that the personality disorder section of the DSM-5 draft is not yet finalized and is continually evolving based on critiques and findings from published literature. In June 2011, the DSM-5 Task Force revised their original recommendations to only retain five personality disorders (Avoidant, Antisocial, Borderline, Obsessive Compulsive, and Schizotypal) and included Narcissistic Personality Disorder into the DSM-5 draft. The proposed prototype matching approach was replaced with specific diagnostic criteria that are based on impairments and pathological personality traits in one or more trait domains (negative affectivity, detachment, antagonism, disinhibition versus compulsivity, and psychoticism). The Task Force now recommends that the Personality Disorder Not Otherwise Specified diagnosis be replaced by a diagnosis of Personality Disorder Trait Specified (PDTS), which is defined by impairment in personality functioning and is measured by the Levels of Personality Functioning Scale. The Levels of Personality Functioning Scale consists of ratings of disturbances in “self” (further broken down into “identity” and “self-directedness”) and “interpersonal” (further broken down into “empathy” and “intimacy”) functioning. This proposed revision could have important implications for diagnosis in terms of conveying dysfunction and directing clinical interventions, and may better capture the occupational dysfunction associated with DPD than the original DSM-5 revisions.

Strengths

A major strength of the study’s design is that a vignette methodology is widely used in this type of research (Crosby & Sprock, 2004; Rienzi et al., 1994; Samuel & Widiger, 2009; Woodward, Taft, Gordon, & Meis, 2009). Vignettes allow for the manipulation of the variable of interest, in this case, sex of the individual in the vignette, while keeping the other information

constant so that differences can be clearly attributed to that variable. Another strength of the design is that participants were randomly assigned to one of four versions of the cases and balanced so that an equal number of men and women received each vignette, controlling for participant sex. In addition, this is the first known study of the DSM-5 draft description of DPD and comparison with the current categorical criteria for DPD. Moreover, the questionnaires used in this study were drawn from previously established measures and item formats (i.e., Baber & Tucker, 2006; Functowicz & Widiger, 1999; Rienzi et al., 1994; Rubin, 1974) and the vignettes utilized the exact wording from the diagnostic criteria for DPD from the DSM-IV-TR and the DSM-5 draft (APA, 2000; APA, 2010) following the method used by Rienzi et al. (1994).

Another strength of the study was the ease with which data were collected. Given that a web-based administration program was used, very little time or expense was required for data collection on the part of the researcher. The Qualtrics survey randomly assigned participants to receive one of the four vignettes and data were automatically stored in a database, thereby saving time and eliminating entry errors. The final database was readily imported into the SPSS data analysis program.

Finally, this study builds from the limitations of previous studies examining gender role attitudes by including a more current and continuous measure, the SRQ, rather than a categorical measure. By using a continuous measure of gender role attitudes, the study was able to move away from the false dichotomy that characterized earlier measures of attitudes about gender roles and obtained a more realistic assessment of how people vary along the characteristic. In turn, the results illustrated patterns in much greater detail than would have been possible if distinct categories of gender role attitudes based on arbitrary cut-points had been imposed.

Limitations

Although precautions were taken to reduce potential methodological issues, the present study has several limitations. First, the external validity of the study may be limited as results were based on reactions to hypothetical individuals portrayed in vignettes (Garb, 1997). Hughes (2004) asserted that although researchers can attempt to create realistic vignettes, vignettes cannot fully capture reality. As such, the ratings of dysfunction and liking obtained in the present study may be somewhat different from those obtained had participants rated a real individual with DPD. Moreover, Carlson (1996) found that the decision making processes that take place when providing reactions to vignettes do not necessarily correspond to decision making processes in the real world. Although participants rated the person in the vignette as somewhat dysfunctional and fairly low on items related to liking, these attitudes may not necessarily correspond to their responses had they interacted with a real individual with DPD. In addition, the sex of the person in the vignette may not have been sufficiently salient to trigger gender role stereotypes. Also, responses may differ in other presentations of DPD, as the results were based on only two vignettes.

Additionally, the generalizability of the findings may be limited due to the homogeneity of the sample (i.e., college students in a single university in the Midwest). Utilizing a broader sample with respect to age, education, and ethnicity, such as a community sample, might provide more representative data regarding the perception of DPD symptoms as they relate to sex and gender role attitudes. Moreover, generalizing research using analog methodologies to actual clinical practice has been questioned (Westen, 1997). In particular, generalizing the results of this undergraduate sample to clinicians should be done with significant caution, as studies utilizing a clinician sample to examine the effects of sex and gender roles on perception of

individuals with personality disorders have produced inconsistent results (Crosby & Sprock, 2004). Moreover, the college experience is decidedly liberalizing (Bryant, 2003) but it is unclear how gender roles evolve following college. Finally, social desirability is another limitation of a vignette methodology (Hughes, 2004), as many participants respond in a socially acceptable way when asked to respond from their own perspective. For example, none of the participants assigned a rating above a “4” on the 7-point scale for the items on dysfunction or psychopathology even though the person described in the vignette exhibited all of the criteria for DPD. Including a measure of social desirability would have allowed for social desirability to be statistically controlled.

Implications

This study provides an important link between the existing clinical and social literatures regarding dependency and DPD. It also adds to the limited research on DPD. Moreover, this study serves as one of the first research studies that compares the current categorical classification of DPD with the proposed dimensional model in the DSM-5 draft, and may serve as a starting point for further research concerning DPD classification.

Overall, the results point to the importance of gender role attitudes in the perception of gender-linked behaviors and strengthen findings of previous studies which found that gender role mediates sex differences in various aspects of pathology (Huselid & Cooper, 1994; Simonson et al., 2011). A replication study with a sample from the general population or with a group of clinicians would provide interesting insight as to how gender role orientation impacts attitudes towards traditional gender roles and could clarify whether the results found in the current study

are unique to a college sample or may speak to a generational shift in the way men and women are perceived.

Although this study did not find sufficient evidence to suggest that men and women with DPD are viewed differently as a function of their sex, this study did provide preliminary support for the notion of a social awareness of the sex role strain hypothesis, as female participants believed that others would react less favorably to a man who behaves in a stereotypically feminine way and also thought that men who do not conform to traditional masculinity norms experience more personal distress as a result of their symptoms, thereby strengthening findings of Richman (1988) and Functowicz and Widiger (1999). The finding that participants generally viewed men and women with DPD as equally impaired, but female participants believed that men would experience more internal distress and external criticism as a result of those characteristics, speaks to the cultural belief that dependency is associated with femininity and conflicts with traditional masculinity norms, as found by Rienzi et al. (1994). Moreover, it speaks to the social construction of masculinity, as described by Levant and Pollack (1995), and may lend some support to the assertion that gender roles for men remain more rigid than those for women.

Finally, in this study, preliminary comparisons of ratings of impairment, level of psychopathology, and liking based on the DSM-IV-TR categorical and DSM-5 draft dimensional models of classification of DPD indicate general comparability. However, DSM-IV-TR criteria appear to connote a degree of occupational dysfunction that is not communicated by the proposed DSM-5 trait facets. This could have important clinical implications in terms of predicting outcome and addressing all aspects of a client's treatments needs. Directions for future

research include having clinicians rate the utility of categorical and dimensional classifications of DPD.

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APPENDIX A: DSM-IV-TR AND DSM-5 DRAFT DPD CRITERIA (APA, 2000; APA,
2010)

DSM-IV-TR Criteria for 301.6 Dependent Personality Disorder

A pervasive and excessive need to be taken care of that leads to submissive and clinging behavior and fears of separation, beginning by early adulthood and present in a variety of contexts, as indicated by five (or more) of the following:

- (1) Has difficulty making everyday decisions without an excessive amount of advice and reassurance from others
- (2) Needs others to assume responsibility for most major areas of his or her life
- (3) Has difficulty expressing disagreement with others because of fear of loss of support or approval. **Note:** Do not include realistic fears of retribution.
- (4) Has difficulty initiating projects or doing things on his or her own (because of a lack of self-confidence in judgment or abilities rather than a lack of motivation or energy)
- (5) Goes to excessive lengths to obtain nurturance and support from others, to the point of volunteering to do things that are unpleasant
- (6) Feels uncomfortable or helpless when alone because of exaggerated fears of being unable to care for himself or herself
- (7) Urgently seeks another relationship as a source of care and support when a close relationship ends
- (8) Is unrealistically preoccupied with fears of being left to take care of himself or herself

(APA, 2000, p. 721)

DSM-5 Proposed Changes for Dependent Personality Disorder

The Work Group recommends that this disorder be represented and diagnosed by a combination of core impairment in personality functioning and specific pathological personality traits, rather than as a specific type.

Prominent Personality Traits: Submissiveness, Anxiousness, Separation Insecurity

Anxiousness Having frequent, persistent, and intense feelings of nervousness/ tenseness/ being on edge; worry and nervousness about the negative effects of past unpleasant experiences and future negative possibilities; feeling fearful and threatened by uncertainty

Submissiveness Subservience and unassertiveness; advice and reassurance seeking; lack of confidence in decision-making; subordination of one's needs to those of others; adaptation of one's behavior to the interests and desires of others

Separation insecurity Having fears of rejection by, and/or separation from, significant others; feeling distress when significant others are not present or readily available; active avoidance of separation from significant others, even at a cost to other areas of life

Retrieved from <http://www.dsm5.org/Pages/Default.aspx>

APPENDIX B: VIGNETTES

Vignette 1: 11 lines, 135 words, 727 characters

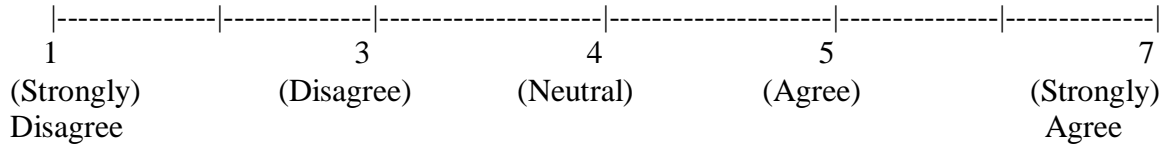
This person has difficulty making everyday decisions without an excessive amount of advice and reassurance from others, and needs others to assume responsibility for most major areas of (his) life. (He) has difficulty expressing disagreement with others because of fear of loss of support or approval. (He) has difficulties initiating projects or doing things on (his) own because of lack of self-confidence. (He) goes to excessive lengths to obtain nurturance and support from others, to the point of volunteering to do things that are unpleasant. (He) feels uncomfortable or helpless when alone because of exaggerated fears of being unable to take care of (him)self. (He) urgently seeks another relationship as a source of care and support when a close relationship ends. (He) is unrealistically preoccupied with fears of being left to take care of (him)self.

Vignette 2: 11 lines, 114 words, 659 characters

This person is subservient, unassertive and seeks advice and reassurance from others. (He) lacks confidence in decision-making. (He) subordinates (his) needs to those of others, and adapts (his) behavior to the interests and desires of others. This person has frequent, persistent and intense feelings of nervousness, tension, or being on edge. (He) has worries and nervousness about the negative effects of past unpleasant experiences and future negative possibilities, and is fearful and threatened by uncertainty. (He) fears rejection by, and/or separation from significant

others, and feels distress when significant others are not present or readily available. (He) actively avoids being separated from significant others, even at a cost to other areas of (his) life.

8) Separation Insecurity (i.e., unsure when separated from others) _____
Using the seven-point scale below, where 1=Strongly Disagree, 3=Disagree, 5=Agree, and 7=Strongly Agree, please indicate your agreement to the following statements based the individual described in the vignette.



- 9) It seems to me that it is very easy for this person to gain admiration _____
- 10) I have great confidence in this person's good judgment _____
- 11) Most people would react favorably to this person after a brief acquaintance _____
- 12) I would recommend this person for a responsible job _____

For the following questions, please circle your response.

- 13) What is the sex of the person in the vignette?
 a. Male
 b. Female
- 14) What is the likely age of this person?
 a. Under 18
 b. 18-25
 c. 25-31
 d. 31-40
 e. 41-50
 f. 51-60
 g. 61-70
 h. 71-80
 i. Over 80
- 15) What is the likely sexual orientation of this person?
 a. Heterosexual
 b. Homosexual
 c. Bisexual

- 16) What is the likely relationship status of this person?
- a. Single
 - b. Partnered (i.e., Dating someone but not married)
 - c. Co-habiting (i.e., Living together but not married)
 - d. Married
 - e. Divorced
 - f. Widowed

APPENDIX D: SOCIAL ROLES QUESTIONNAIRE ((SRQ; Baber & Tucker, 2006)

SOCIAL ROLES QUESTIONNAIRE

Baber & Tucker, 2006

We are interested in the ways that people think about different social roles. The following statements describe attitudes different people have towards roles for men and women. There are no right or wrong answers, only opinions. *Please express your personal opinion about each statement.* Think about your opinions now and indicate how much you agree with each statement with 0% meaning you strongly disagree and 100% indicating you strongly agree with the statement.

1. The freedom that children are given should be determined by their age and maturity level and not by their sex.

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%
strongly disagree strongly agree

2. Some types of work are just not appropriate for women.

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%
strongly disagree strongly agree

3. A father's major responsibility is to provide financially for his children.

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%
strongly disagree strongly agree

4. Tasks around the house should not be assigned by sex.

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%
strongly disagree strongly agree

5. Only some types of work are appropriate for both men and women; for example, it is silly for a woman to do construction and for a man to do sewing.

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%
strongly agree strongly disagree

6. Mothers should make most decisions about how children are brought up.

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%
strongly disagree strongly agree

7. Men are more sexual than women.

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%
strongly disagree strongly agree

8. People can be both aggressive and nurturing regardless of their sex.

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%
strongly disagree strongly agree

9. For many important jobs, it is better to choose men instead of women.

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%
strongly disagree strongly agree

10. People should be treated the same regardless of their sex.

0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
strongly disagree										strongly agree

11. Girls need to be protected and watched over more than boys.

0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
strongly disagree										strongly agree

12. Mothers should work only if necessary.

0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
strongly disagree										strongly agree

13. We should stop thinking about whether people are male or female and focus on other characteristics (e.g., kindness, ability, etc.).

0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
strongly disagree										strongly agree

Highlighted items are reverse coded.

Coding Directions

Response options for each item are as follows:

0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
strongly disagree										strongly agree

The value for each item was determined by dropping the 0, so 0% = 0, 10% = 1, 20% = 2, etc. For reverse coded items (#1, #4, #8, #10, #13), 0% = 10, 10% = 9, 20% = 8, etc.

Scores on each subscale were calculated by summing the item values.

Gender-Transcendent subscale includes items #1, #4, #8, #10, #13.

Gender-linked subscale includes items #2, #3, #5, #6, #7, #9, #11, #12.

Lower scores indicate **less traditional beliefs

APPENDIX E: DEMOGRAPHIC QUESTIONNAIRE

Please indicate your response to the following questions.

1. What is your age? _____ years
2. What is your major? _____
3. What is your sex?
 - a. Male
 - b. Female
4. What is your year in school?
 - a. First year
 - b. Sophomore
 - c. Junior
 - d. Senior
5. What is your sexual orientation?
 - a. Heterosexual
 - b. Homosexual
 - c. Bisexual
6. What is your relationship status?
 - a. Single
 - b. Partnered (i.e., Dating someone but not married)
 - c. Co-habiting (i.e., Living together but not married)
 - d. Married
 - e. Divorced
 - f. Widowed
7. What is your race?
 - a. White/Caucasian
 - b. Black/African American
 - c. Hispanic/Latino(a)
 - d. Native American/American Indian
 - e. Asian/Asian American

f. Other (please specify) _____

APPENDIX F: INFORMED CONSENT

You are being asked to participate in a research study on social attitudes. This research is being conducted by doctoral student, Amanda Slowik and Dr. June Sprock of the Psychology Department at Indiana State University. Your participation in this study is entirely voluntary. Please read the information below and ask questions about anything you do not understand, before deciding whether or not to participate.

If you volunteer to participate in this study, you will be asked to fill out a questionnaire that assesses your attitudes towards others. Also, there will be questions about your social attitudes, race, sex, sexuality, age, and year in school. The total time that is needed to fill out the questionnaires is approximately 15 minutes. You will receive class credit for participation in this study.

Your participation and responses will be strictly anonymous and confidential. You will not be asked to put any identification on the questionnaires so there is no way to identify your answers.

You can choose whether or not to be in this study. If you volunteer to be in this study, you may withdraw at any time without consequences of any kind or loss of extra credit to which you are otherwise entitled. You may also refuse to answer any questions you do not want to answer.

Risks of participation are minimal and are not expected to be greater than what you encounter in everyday activities. Due to examining your own beliefs and remembering personal experiences, you may experience some mild anxiety when completing some of the questions. By participating in this study you will benefit by learning about psychological research and having a chance to evaluate some of your beliefs. In addition, the benefits to society include the contribution to our understanding of attitudes towards individuals.

This project has been reviewed and approved by the Institutional Review Board (IRB) of Indiana State University as adequately safeguarding the participant's privacy, welfare, civil liberties, and rights. If you have any questions about your rights as a research subject, you may contact the Indiana State University Institutional Review Board (IRB) by mail at 114 Erickson Hall, Terre Haute, IN 47809, by phone at (812) 237-8217, or e-mail the IRB at irb@indstate.edu.

If you have any questions or concerns about this research, please contact the project supervisor, June Sprock, in the Department of Psychology at 812-237-2462, or by e-mail at jsprock@indstate.edu. You may also contact the primary researcher, Amanda Slowik in the ISU Psychology Clinic at 812-237-3317, or by email, aslowik@indstate.edu.

I confirm that I am at least 18 years old. I understand the procedures described above. My questions have been answered to my satisfaction, and I agree to participate in this study. I have been given a copy of this form.

APPENDIX G: ONLINE DEBRIEFING

In this study we are interested in college students' perceptions of individuals with Dependent Personality Disorder. Previous research indicates that men who do not conform to traditional masculinity norms by acting in a dependent manner experience significant personal distress whereas women are less likely to feel distressed by dependency. We are interested to see whether the attitudes towards an individual with Dependent Personality Disorder are affected by the sex and sex role orientation of the rater.

Thank you for your participation in this study. If you have any questions or if you are interested in the results of the study please contact June Sprock, Department of Psychology at 812-237-2462. You can also email her at jsprock@indstate.edu.

If you experience any distress as a result of participating in this study, you can access psychological services at the University's Student Counseling Center (812-237-3939) or the Psychology Clinic in Root Hall (812-237-3317).

Also, please do not discuss this study with your friends because they may be participating in it in the future.

APPENDIX H: DESCRIPTIVES STATISTICS FOR VIGNETTE PILOTING

Descriptive Statistics for Vignette Piloting (n = 21)

Vignette	<i>M</i>	<i>SD</i>
<u>DSM-IV-TR, male</u>		
Readability	3.75	2.75
Understandability	3.75	2.36
Believability	4.00	1.83
<u>DSM-IV-TR, female</u>		
Readability	5.00	1.90
Understandability	4.83	1.84
Believability	4.83	2.14
<u>DSM-5 draft, male</u>		
Readability	5.83	1.17
Understandability	6.17	1.17
Believability	5.00	1.27
<u>DSM-5 draft, female</u>		
Readability	5.00	1.23
Understandability	5.20	1.48
Believability	5.20	1.09

Note. Readability, understandability, and believability scores range from 1 to 7, with higher scores indicating higher degrees of readability, understandability, and believability.