

Neediness and depression in women

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In a 6-month longitudinal design, the authors examined the links between neediness and increases in depressive symptoms in women. Neediness was assessed with the self-report Depressive Experiences Questionnaire (DEQ), supplemented by a projective measure that assessed an important component of dependency, oral dependency, on the Rorschach. Results indicate that neediness correlated significantly with increases in depressive symptoms over the 6 months. Orality interacted with neediness to substantially increase the prediction of increases in depressive symptoms. (Bulletin of the Menninger Clinic, 78[1], 16–33)

Freud in *Mourning and Melancholia* (1917/1980) attempted to integrate two different personality dimensions, orality and a punitive harsh superego, in a unified conceptualization of the etiology and nature of depression (melancholia). Blatt (1974), however, proposed that these two personality dimensions in depression, originally articulated by Freud, should be viewed as two independent sources or types of depression: an oral dependent (“anaclitic”) and a self-critical, superego (“introjective”) type of depression. Extensive theory, research, and clinical evidence (see reviews in Blatt, 2004, 2008) support this distinction. But much of this evidence has primarily elucidated self-critical depression,

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to the relative neglect of the oral dependent type of depression. The study presented in this article explores the relationship of dependency, particularly its more maladaptive component, neediness, and orality to depression in women. Several studies (e.g., Chevron, Quinlan, & Blatt, 1978; Dunkley, Blankstein, & Flett, 1997; Zuroff, Quinlan, & Blatt, 1990) indicate that dependency/neediness is predominant in women as compared to men.

Major differences have been found between these individuals with these two types of depression, both in regard to their preoccupations and in their modes of functioning (see reviews in Blatt, 2004, Blatt & Zuroff, 1992). Individuals with dependent depression are preoccupied with interpersonal issues such as feelings of loneliness, neglect, and abandonment. In self-critical depression, individuals are preoccupied with issues of self-definition such as self-worth, failure, responsibility, and guilt. This differentiation between excessive preoccupation with issues of interpersonal relatedness or with issues of self-definition in depression has stimulated a great deal of research (e.g., Besser, Luyten, & Blatt, 2011; Besser & Priel, 2003a, 2003b, 2005a, 2005b, 2010, 2011; Besser, Vliegen, Luyten, & Blatt, 2008; Blatt, 2004; Blatt & Luyten, 2009; Blatt & Zuroff, 1992; Luyten, Blatt, Van Houdenhove, & Corveleyn, 2006; Zuroff, Mongrain, & Santor, 2004). Investigators from different theoretical orientations (e.g., Arieti & Bemporad, 1980; Beck, 1983; Blatt, 1974) have investigated the two independent dimensions in depression—an interpersonal dimension reflecting high levels of dependency or a self-definitional dimension involving high levels of self-criticism.

Extensive empirical research has identified differences in the current and early life experiences of individuals with these two types of depression (Blatt & Homann, 1992; Soenens, Vansteenkiste, & Luyten, 2010) as well as major differences in their basic personality (Blatt & Luyten, 2009), relational and attachment styles (Luyten & Blatt, 2011; Luyten, Corveleyn, & Blatt, 2005), clinical expressions (e.g., Blatt, 1974, 2004; Blatt, Quinlan, Chevron, McDonald, & Zuroff, 1982; Luyten, et al., 2006) and treatment response (e.g., Blatt, Zuroff, Hawley, & Auerbach, 2010). Studies also indicate that high levels of dependency and self-criticism are found in postpartum depression (Besser et al., 2008). These findings suggest that treatment of depression should

be directed primarily at these intense feelings of dependency and self-criticism.

As noted, many of the research findings have focused on self-critical depression, possibly because self-criticism appears to be a relatively homogeneous variable that is related to extensive research on perfectionism (e.g., Blatt, 1995; Flett & Hewitt, 2002)—so much so, that investigators (e.g., Dunkley, Masheb, & Grilo, 2010) now discuss this dimension as self-critical perfectionism. In contrast, research on the dependency dimension of depression has not been as productive. It is unclear whether this lack of research findings is because dependency is less important in depression than self-criticism or whether it is the result of complexities with the conceptualization and measurement of this personality dimension. Research (e.g., Blatt, Zohar, Quinlan, Zuroff, & Mongrain, 1995; Rude & Burnham, 1995), for example, indicates that the Dependency factor of the Depressive Experiences Questionnaire (DEQ; Blatt, D’Affliti, & Quinlan, 1976) has both maladaptive and adaptive dimensions, labeled respectively neediness and connectedness. Some research indicates that the maladaptive aspects of dependency (i.e., neediness) are related to depression (e.g., Besser et al., 2011; Besser et al., 2008; Campos, Besser, & Blatt, 2010; Campos, Besser, Ferreira, & Blatt, 2012). Additional findings (e.g., Aube & Whiffen, 1996; Campos, 2009; Chevron et al., 1978; Dunkley et al., 1997; Overholser, 1991; Zuroff, 1994; Zuroff et al., 1990) indicate that the dependency dimension is an issue predominantly for women, while self-criticism is relevant for both men and women.

Thus, the present study attempts to clarify the role of dependency in depression by studying women with a self-report measure of dependency, the Neediness scale of the DEQ, and with a more indirect, projective measure of a major component of dependency, orality, using the Rorschach Oral Dependency Scale (ROD Scale; Masling, Rabie, & Blondheim, 1967).

Psychoanalytic theory has long linked depression with oral pre-occupations (Abraham, 1927; Fenichel, 1945; Freud, 1917/1980; Glover, 1925), but only a few empirical studies have examined the link between oral personality characteristics and depression. Lewis (1993), for example, found that oral pessimism (assumed

to derive from unsatisfactory caring experiences), as assessed by the Oral Pessimism Questionnaire (Kline, 1978), correlated with levels of depression on the Beck Depression Inventory (BDI; Beck, Ward, Mendelson, Mock, & Erbaugh, 1961). Maltby (1997), extending Lewis's findings (1993, 1996), reported a link between orality and depression.

Bornstein, Poyton, and Masling (1985), using the DEQ to assess dependent (anaclitic) and self-critical (introjective) depression in three samples of male college students, found that orality on the Rorschach correlated significantly with both dependency and self-criticism, although these correlations were quite small (ranging from .08 to .17). In a study of psychiatric patients, O'Neill and Bornstein (1990) found that orality on the Rorschach was positively related to the MMPI Depression scale in women, but not in men. In another psychiatric patient sample, O'Neill and Bornstein (1991) found that orality on the Rorschach correlated with two measures of depressive symptoms—the MMPI Depression scale and the BDI, but only for men. Psychiatric diagnosis of depression, however, in men or women, did not correlate significantly with the Rorschach orality score. While O'Neill and Bornstein (1991) viewed these results as only a partial confirmation for the orality-depression hypothesis, their failure to find a relationship of orality with the psychiatric diagnosis of depression may be a function of the limitations of *DSM* diagnosis (see Blatt & Levy, 1998).

In this study, we assess dependent vulnerability to depression (e.g., Besser, Flett, & Davis, 2003; Besser, Priel, Flett, & Wiznitzer, 2007; Campos et al., 2010; Klein, 1989; Ouimette & Klein, 1993; Robins, Hayes, Block, Kramer, & Villena, 1995) with a more direct self-report measure, the Neediness maladaptive (immature) subfactor of the DEQ Dependency factor, which includes items related to a preoccupation with abandonment and separation, feelings of being unloved, and fear of loss (Blatt, Zohar, Quinlan, Luthar, & Hart, 1996; Blatt et al., 1995; Campos et al., 2010; Campos, Besser, & Blatt, 2011; Rude & Burnham, 1995), supplemented by a more indirect measure of dependency—oral responses (orality) on the Rorschach that Cogswell (2008) identified as an important component of dependency.

Aim of the study

The present study is unique in seeking to clarify the relationship between the personality dimension of dependency and depressive symptoms by assessing components of dependency—with a self-report measure of neediness on the DEQ, supplemented by a more indirect measure of dependency, orality on the Rorschach, in a nonclinical sample of women. Depressive symptoms were assessed over a 6-month interval—an interval long enough to allow us to separate the assessment of predictors (dependency) from outcome (depressive symptoms), but short enough to enable us to keep track of participants and minimize attrition.

Method

Participants and procedures

A sample of 101 female students ranging in age from 18 to 49 ($M = 21.5$, $SD = 4.6$) who were enrolled in a psychology course at a Portuguese university volunteered to participate in the study. Initially, at Time 1 (T1), they completed the DEQ, the Center for Epidemiologic Studies of Depression Scale (CES-D), and the Rorschach in a group administration according to the procedures recommended by Bornstein (1996b). Participants were not compensated for participation. Six months later (Time 2 [T2]), participants were retested with the DEQ and the CES-D, presented in random order, as they were at T1.

From the initial sample of 101 students, 16 were excluded because they failed to give at least 20 responses to the Rorschach (see Bornstein et al., 1985) and four because of invalid DEQ or CES-D protocols. Of the remaining 81 (final sample at T1), 67 agreed to participate at T2, 12 failed to give a correct identification to allow a matching to T1 protocol, and three were eliminated due to invalid DEQ or CES-D protocols, resulting in a final sample, at T2, of 52 participants. The 45 excluded participants (49 minus the four initially excluded because of invalid DEQ or CES-D protocols) did not significantly differ from the final sample of 52 in age or in their T1 Neediness, Connectedness, Self-Criticism, and Orality scores.

Measures

The Rorschach Oral Dependency Scale (ROD Scale). The ROD Scale (Masling et al., 1967) is a projective measure of oral personality, is based on responses that are either oral precepts (foods, food organs, food providers, activities of the mouth, food implements, etc.) or dependent precepts (maternal or nurturing figures, supplicants, gifts, pregnancy, etc.). The ROD scale has been obtained from Rorschach protocols administered individually or in groups in which only the free association phase is used. The literature indicates that the ROD scale has good interrater reliability, as well as strong convergent and discriminant validity (Bornstein, 1996b). In the present study, all Rorschach protocols were scored by the first author and interrater reliability was assessed by having the first and second authors score 33% of randomly selected protocols, yielding a Pearson correlation coefficient of .90.

Scores for the ROD Scale ranged between 0 and 7 ($M = 1.60$, $SD = 1.61$), and the number of Rorschach responses ranged between 20 and 32 ($M = 23.69$; $SD = 1.96$). To control for the total number of responses to the Rorschach (productivity), the ROD score of oral/dependent responses of each participant was divided by the total number of responses they gave to the Rorschach.

The Depressive Experiences Questionnaire (DEQ). The DEQ (Blatt et al., 1976, 1979) is a 66-item questionnaire, yields two factors of depressive experience (Blatt & Zuroff, 1992), Dependency and Self-Criticism, that are consistent with the two depressive dimensions originally proposed by Blatt (1974) based on clinical experiences. The Dependency factor includes items about feelings of abandonment, helplessness, and loneliness, as well as the need for close, dependent interpersonal relationships. The Self-Criticism factor includes items reflecting preoccupation with issues of failure and guilt, ambivalent feelings about the self and others, and an intense self-critical attitude (Blatt et al., 1976). In addition, the factor analysis of the DEQ revealed a third factor, labeled Efficacy. The three factors were identified in the original standardization sample of American college students (Blatt et al., 1976) and have been replicated in many other studies in a number of different cultures with a wide range of subjects (see summary in Blatt, 2004). According

to Blatt et al. (1976), the scores of each of the 66 DEQ items are multiplied by the factor weight coefficients for that item on each of the three factors that were obtained in the standardization sample.

Subsequent research (Blatt et al., 1995; Rude & Burnham, 1995) identified two subscales within the DEQ Dependency factor, Neediness and Connectedness. Neediness, a more maladaptive subfactor within Dependency, assesses excessive preoccupations and fears about interpersonal relationships, devastating feelings of helplessness, fears about separation and rejection, and intense concerns about the loss of support, but without a connection to a particular individual or a specific relationship. Connectedness, in contrast, assesses concerns about experiences of loss and loneliness in the context of a disruption of a significant relationship with a specific person, but without feeling devastated by the possible loss. Scoring for the Neediness and Connectedness subscales was obtained following the second-order factor analysis conducted by Rude and Burnham (1995).

Campos (2009) found that the Portuguese version of the DEQ has adequate psychometric properties—estimates of internal consistency and a factorial structure very similar to those obtained by Blatt (Blatt et al., 1976; Zuroff et al., 1990) in the original standardization sample. In the present sample, Cronbach values of internal consistency were .80 for Neediness and .76 for Self-Criticism.

The Center for Epidemiologic Studies of Depression Scale (CES-D). The CES-D (Radloff, 1977) is a 20-item inventory, assesses depressive symptoms. It was adapted for the Portuguese population by Gonçalves and Fagulha (2004). Scores range from 0 to 60, with higher scores indicating more severe depression. The CES-D has acceptable levels of internal consistency and convergent validity. The Portuguese version (Gonçalves & Fagulha, 2004) has adequate psychometric characteristics, including Cronbach values that ranged between .87 and .92 in different samples. In the present sample, Cronbach values were .81 at T1 and .92 at T2. At T1, 16% of the participants scored equal or above 25, a value regarded as a clinical cutoff for depression in the Portuguese version (Gonçalves & Fagulha, 2004). At T2, 17% of the participants scored equal or above the cutoff point of 25.

Results

Zero-order correlations between orality and depressive measures

Table 1 presents the zero-order correlations between the CES-D, ROD, and the DEQ factors at T1 and T2. The results indicate that orality, as measured by the ROD, did not correlate with depressive symptoms on the CES-D at either T1 ($r = .09$, *ns*) or T2 ($r = .18$, *ns*). In terms of the DEQ, self-criticism correlated significantly with depressive symptoms (CES-D) at T1 ($r = .51$, $p < .001$) and T2 ($r = .41$, $p < .01$). In terms of the subscales within the DEQ Dependency factor, Neediness correlated significantly with depressive symptoms at T1 ($r = .40$, $p < .001$) and T2 ($r = .40$, $p < .01$), but Connectedness correlated significantly only with depressive symptoms at T1 ($r = .41$, $p < .001$).

Hierarchical multiple regression analysis

Three hierarchical multiple regression analyses tested the contributions of neediness, connectedness, self-criticism, and orality to depressive symptoms on the CES-D at T2, controlling for the initial levels of CES-D depressive symptoms at T1 (introduced in the first step of the analysis). In the second step, orality on the Rorschach (ROD) and each of the DEQ scales were entered, and the third step assessed the interactions, represented by the product terms (see Aiken & West, 1991) of each of the DEQ scales with ROD orality. Variables were centered prior to the computation of the product terms.

Results of these hierarchical multiple regression analyses, summarized in Table 2, indicate that neediness and self-criticism were both significantly associated with depressive symptoms at T2, controlling for depressive symptoms at T1. Finally, the interactions of neediness \times orality, self-criticism \times orality, and connectedness \times orality indicate a significant two-way interaction between neediness and orality in predicting depressive symptoms at T2. Figure 1 illustrates this interaction, indicating that women reporting high neediness scores on the DEQ have a significant increase in depressive symptoms from T1 to T2. As illustrated in Figure 1, levels of neediness were significantly associated with increased depressive symptoms as a function of higher orality on

Table 1. Zero-order correlations among the study variables

Variables	1	2	3	4	5	6	7	8	M	SD
1. ROD Scale	—								.07	.07
2. Self-Criticism – T1 ^a	.00	—							-.77	.91
3. Neediness – T1 ^a	.20	.45***	—						.01	.91
4. Connectedness – T1 ^a	.17	.30**	.46***	—					-.40	.88
5. Depressive symptoms – T1 ^a	.09	.51***	.40***	.41***	—				15.51	9.80
6. Self-Criticism – T2 ^b	.08	.72***	.37**	.19	.37**	—			-.69	.80
7. Neediness – T2 ^b	.22	.46***	.73***	.44**	.36**	.40**	—		.02	.88
8. Connectedness – T2 ^b	.26	.30*	.44**	.63***	.38**	.30*	.58***	—	-.44	.87
9. Depressive symptoms – T2 ^b	.18	.41**	.40**	.27	.28*	.51***	.48***	.42**	14.48	10.17

Note. ^aN = 81, ^bN = 52; * $p < .05$, two-tailed, ** $p < .01$, *** $p < .001$.

Table 2. Multivariate hierarchical multiple regression of depression

Predictors	R ²	ΔR ²	B	SE B	β	t/F	Overall F	df
Step 1	.08					4.39*	4.39*	1, 50
Depression (T1)			.30	.14	.28	2.09*		
Step 2	.20	12%				3.70*	4.08*	3, 48
Neediness			4.18	1.80	.33	2.37*		
Orality			20.61	18.70	.14	1.10		
Step 3	.30	10%				6.55*	5.06**	4, 47
Neediness × Orality			3.28	1.28	.37	2.56*		
Alt. Step 2	.21	13%				3.99*	4.30**	3, 48
Self-criticism			4.19	1.69	.37	2.49*		
Orality			25.70	18.60	.18	1.38		
Alt. Step 3	.21	0%				0.18	3.21*	4, 47
Self-criticism × Orality			8.10	18.70	.06	.43		
Alt. Step 2	.14	6%				1.50	2.49	3, 48
Connectedness			2.04	1.70	.17	1.17		
Orality			21.91	19.6	.15	1.12		
Alt. Step 3	.14	0%				.09	1.86	4, 47
Connectedness × Orality			8.71	28.60	.04	.30		

Note. ΔR² = increase in R²; t = t value associated with β; F = F value associated with the changes in R². *p < .05; **p < .01 (two-tailed).

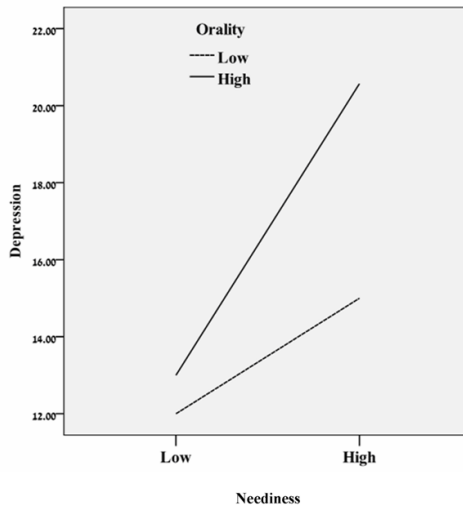


Figure 1. The interaction between neediness and orality in predicting depression: Low levels of orality moderate the effect of neediness on depression.

the Rorschach. Thus, low orality moderated the association between neediness and changes in depressive symptoms over time.

Discussion

The results of the present study support the well-established relationship of self-criticism and dependency to depression and provide further support to the value of differentiating two types of depression: an interpersonally oriented, dependent, anaclitic (e.g., Blatt, 1974) or sociotropic (Beck, 1983) type, and a self-critical, introjective (e.g., Blatt, 1974), or autonomous (Beck, 1983) type.

The results of the present study are also consistent with the extensive research literature indicating the centrality of self-criticism in depression and that this source of depression can be assessed relatively directly via self-report questionnaires like the DEQ. The results of this study are also consistent with prior findings about the importance of a more interpersonally oriented dimension of depression, but indicate that the assessment of this source of depression is more complex and subtle because an interpersonal orientation can have both adaptive and maladaptive features.

Thus, it is important to differentiate the maladaptive Neediness subscale from the more adaptive Connectedness subscale within the Dependency factor of the DEQ. Findings of the present study also indicate that assessing this maladaptive interpersonal dimension of depression with the self-report responses to a questionnaire like the DEQ could be enhanced by supplementing them with responses to a more indirect measure like the Rorschach. So while the Neediness subscale of the DEQ significantly predicted increases in depressive symptoms at T2, these findings were significantly and substantially augmented by a more indirect assessment of a component of dependency like the number of oral responses to the Rorschach as assessed by the ROD Scale.

Our findings clearly indicate that the role of dependency in depression in the prior literature (see Coyne & Whiffen, 1995; Nietzel & Harris, 1990) may have been seriously underestimated because of the failure to differentiate a more adaptive from a more maladaptive dimension of dependency, as well as the reliance on only a more direct self-report of dependency. For example, in a recent investigation of anorexia nervosa (Bers, Besser, Harpez-Rotem, & Blatt, 2013), neediness as assessed on the DEQ significantly interacted with a less explicit measure of the cognitive structural organization of the representation of mother, to differentiate anorexia patients from general psychiatric patients. More dependent individuals are less reflective than self-critical individuals (Blatt & Shichman, 1983) and thus the dimension of dependency may need to be assessed with more subtle, indirect methods like projective techniques. As noted by Bornstein (1998, 2002) and Cogswell (2008), different types of measures may capture different aspects of the construct of dependency. Individuals at more maladaptive levels of dependency may lack social skills and thus have difficulty maintaining supportive relationships and elicit rejection from others, which increases their risk for depression (Bornstein, 1996a).

Limitations

It should be stressed that these findings were obtained in a non-clinical sample of college women over a relatively brief period of time—6 months. Thus, it seems likely that our findings may underestimate the role of dependency in depression that would

occur in samples of clinically depressed women over more extended periods of time. In this regard, it is important to note that our findings are based on a sample of women in which issues of dependency and interpersonal relatedness are likely to be more salient than it is for men. In fact, significant gender differences have systematically been found for dependent vulnerability to depression in a wide range of samples (Blatt, 2004). Thus, future research should also examine the role of dependency in depression in men, especially with more indirect measures. But it is important to note that using these indirect measures, administering and scoring a Rorschach to obtain an orality measure can be more labor intensive than administering a self-report measure such as the DEQ.

The present study is limited because it is based on a relatively small sample of college women. Future research needs to investigate the dependency in depression, specifically neediness, with more indirect measures, in larger samples of nonclinical men and women as well as clinically depressed patients, and over longer periods.

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