



Adaptive and maladaptive dependency in bereavement: Distinguishing prolonged and resolved grief trajectories

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ABSTRACT

Interpersonal dependency is typically viewed as a risk factor for prolonged grief among conjugally bereaved adults. However, emerging empirical evidence and theoretical advances suggest that one manifestation of interpersonal dependency – adaptive dependency – may serve as a protective factor in coping with loss. This study compared adaptive and maladaptive dependency across three matched groups: prolonged grievers, asymptotically bereaved adults, and a married comparison group. Results suggest a link between adaptive dependency and asymptomatic bereavement, and between maladaptive dependency and prolonged grief.

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1. Introduction

Of the many risk and resilience factors predicting individual response to loss of a loved one, studies have focused on qualities of the conjugal relationship to better understand the behavioral, affective, and cognitive correlates that determine resilient outcomes (Mancini & Bonanno, 2009; Stroebe, Schut, & Stroebe, 2007). In particular, interpersonal dependency (the tendency to look to others for nurturance, guidance and support, even in situations where autonomous functioning is warranted) is frequently examined. Though dependency has traditionally been identified as a risk factor for prolonged grief, empirical findings have been mixed: While some studies identify interpersonal dependency as a risk factor (Bonanno et al., 2002; Prigerson, Maciejewski, & Rosenheck, 2000; Stroebe, Stroebe, & Domittner, 1988), others suggest that interpersonal dependency may be a protective factor, associated with a more adaptive grief trajectory (Blake-Mortimer, Koopman, Spiegel, Field, & Horowitz, 2003). Given the complexity of coping with loss and the multidimensional nature of dependency, it may be that the construct of interpersonal dependency encompasses both risk and resilience factors in the context of bereavement.

1.1. Theoretical background

Emerging consensus around dependency's multifaceted qualities suggests that it plays a role in both adaptation and dysfunction (Morgan & Clark, 2010). Clinical descriptions of dependency focus on a helpless self-schema, which causes individuals to exhibit needy, clingy behavior even in situations where autonomous functioning is warranted (Bornstein, 1992; Millon & Davis, 1996). For example, maladaptive dependency is linked with increased risk for depression (Blatt & Zuroff, 1992), eating disorders (Pritchard & Yalch, 2009), and anxiety disorders (Ng & Bornstein, 2005). However, clinicians and researchers increasingly agree that the dependency related motivation to obtain and maintain nurturing and supportive relationships is neither positive nor negative, but may enhance functioning in certain contexts while undermining it in others (Bornstein, 1992; Pincus & Wilson, 2001). Supporting this reconceptualization of dependency, empirical evidence suggests that although it leads to impairment in certain situations, interpersonal dependency also captures an array of adaptive traits and behaviors, including the ability to utilize social support (Mongrain, 1998), conscientious compliance with medical treatment (Bornstein, 1988), and experiencing a high number of positive life events (Shahar & Priel, 2003).

Moving beyond the traditional trait view of dependency, Bornstein's (1992, 2005, 2011) cognitive/interactionist (C/I) model suggests that dependency is best understood as a personality orientation wherein cognitive, motivational, and affective tendencies

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interact to determine behavior across varying contexts (see also Bornstein, Riggs, Hill, & Calabrese, 1996). This model provides a framework for conceptualizing the shifting behavior associated with the dependent person's perceptions of the social environment (Bornstein, 1992; Morf & Horvath, 2007), and is consistent with Mischel's (1979) and Morf's (2006) view that personality-driven responding is best understood as proactive and directed by underlying beliefs and expectancies. Consistent with tenets of the C/I model, evidence suggests that the behavior of individuals with high dependency shifts from passive submission to active assertion when they are in the presence of someone whom they perceive to be in a position to provide assistance toward a desired goal (Bornstein, 2006; Shilkret & Masling, 1981).

More specifically, the C/I model conceptualizes dependency in terms of four interrelated components (motivational, cognitive, affective, and behavioral) that capture both adaptive and maladaptive qualities. According to this model, the core motivation of the dependent person is to obtain and maintain supportive relationships. Cognitive schemas of the self as helpless and ineffective are formed early in life in the context of parenting experiences, gender role socialization, and cultural attitudes regarding achievement and relatedness (Cross, Bacon, & Morris, 2000). In turn, the helpless self-schema impels affective responses (anxiety and worry in the absence of support from others) and dependency related behaviors (tendency to seek help, affiliation, and reassurance from others) (Bornstein, Ng, Gallagher, Kloss, & Regier, 2005).

Based on findings regarding the underlying motivational, cognitive, affective and behavioral correlates of dependency, Bornstein, Geiselman, Eisenhart, and Languirand (2002), Bornstein et al. (2003) distinguished three related constructs: healthy dependency, destructive overdependence, and dysfunctional detachment. Healthy dependency (HD) is characterized by flexible, mindful help and support seeking that strengthens interpersonal ties rather than undermining them. Destructive overdependence (DO) is characterized by non-reciprocal, indiscriminate dependence that leads to difficulties in various relationships. Finally, dysfunctional detachment (DD) is characterized by an inability to sustain social connections, rely on others for help, or utilize feedback effectively (see also Birtchnell, 1987; Kantor, 1993). Bornstein et al. (2002, 2003) developed a scale to measure these three constructs, and it has shown acceptable psychometric properties in various populations, including college students and low income urban women seeking medical services (Bornstein, Porcerelli, Huprich, & Markova, 2009).

1.2. Dependency and bereavement

Varying patterns of dependency are linked to individual differences in adjustment to loss (Bonanno, 2009; Bonanno et al., 2002; Stroebe et al., 2007; Prigerson et al., 2000). Initial studies using a case study approach suggested that interpersonal dependency was a risk factor for prolonged grief (Parkes & Weiss, 1983; Rando, 1988; Raphael, 1983). Later empirical work employing a prospective design demonstrated that dependency on the spouse, assessed using the Emotional Reliance subscale of Hirschfeld et al.'s (1977) Interpersonal Dependency Inventory (IDI), did predict a trajectory of prolonged grief (Bonanno et al., 2002); by eliminating retrospective bias and using a standardized dependency scale, Bonanno et al. (2002) provided compelling evidence that maladaptive dependency on the spouse was indeed a risk factor for prolonged grief.

In contrast to these findings, other studies exploring the link between overdependence and social loss found no strong or consistent relationship beyond the baseline maladaptive functioning associated with high levels of pathological dependency (Overholser, 1990, 1992). Moreover, in one of the few studies to examine the protective aspects of dependency among husbands anticipating the loss of their wife to breast cancer, Blake-Mortimer et al. (2003) found

that husbands' dependency was associated with an increased tendency for wives to evaluate their family relations more positively. The authors suggested that those individuals who had their dependency needs met in the marital relationship tended to view the relationship more positively, and concluded that a certain amount of dependency on a loved one is adaptive when facing bereavement.

The varying findings regarding the link between dependency and adjustment to conjugal bereavement suggest that individual differences in dependency have complex effects in the aftermath of loss. By taking a perspective consistent with the C/I model, this study extends the literature on dependency and prolonged grief by investigating both adaptive and maladaptive aspects of dependency in adjustment to loss.

1.3. Hypotheses

We examined maladaptive and adaptive dependency in a cross-sectional sample of middle aged adults who lost a spouse 1.5 to 3 years prior to taking part in this study, comparing RPT assessed DO, DD and HD scores bereaved adults from three groups: Adults suffering from prolonged grief, bereaved adults free of clinical symptoms, and a married comparison group unexposed to spousal bereavement. Given the established differences between prolonged and resolved grievers (Bonanno et al., 2002; Prigerson et al., 1999), we expected to find differences in DO, DD and HD between the prolonged grief and resolved grief group. The married comparison group allowed us to establish that observed differences applied specifically to conjugal loss and were not more broadly related to other qualities of the conjugal context.

This is the first study to compare adaptive and maladaptive dependency associated with adjustment to loss using an established, psychometrically sound measure of overdependence, healthy dependency, and detachment. Previous findings suggest that healthy dependency (HD) is characterized by flexible, reciprocal situation specific help seeking. For example, studies demonstrate that adaptively dependent college students direct help seeking behaviors toward different persons, adjusting their responses depending on the consequences of earlier help seeking efforts (Bornstein, 1988; Bornstein et al., 1996). Findings also suggest that adaptive help seeking, secure attachment, and supportive social ties may be protective factors following loss (Boerner, Schulz, & Horowitz, 2004; Bonanno, Westphal, & Mancini, 2011; Stroebe et al., 2007). Therefore, we hypothesized that HD would be associated with asymptomatic bereavement. Destructive overdependence (DO), on the other hand, is linked with submissive and clinging behavior, fears of separation, and difficulty functioning autonomously (Bornstein, 2005). Although there is conflicting evidence regarding the consequences of social loss among overly dependent individuals (Bonanno et al., 2002; Overholser, 1990), we hypothesized that our findings would be consistent with those in the literature linking dependency on the spouse with subsequent prolonged grief (Bonanno et al., 2002; Prigerson et al., 2000). Finally, dysfunctional detachment (DD) is associated with social isolation and withdrawal (Birtchnell, 1987) poor health outcomes (Huprich et al., 2010) and difficulties in social and occupational functioning (Kantor, 1993). Because studies suggest that social isolation may compound grief reactions (Dyregrov, Nordanger, & Dyregrov, 2003) we hypothesized that DD would also be linked with prolonged grief.

2. Method

2.1. Data and participants

Participants were drawn from those enrolled in a larger project examining reactions to loss. Practical and ethical issues in recruiting

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