Whatever you Say: A Multimethod Investigation of Sex, Romantic Relationships, and
Interpersonal Dependency

Adam P. Natoli, M.S., M.A.¹, Sara Schapiro-Halberstam, M.A., LMHC¹, & Angelina Kolobukhova¹

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Correspondence regarding this manuscript should be sent to Adam P. Natoli, Derner School of Psychology, Adelphi University, 1 South Avenue, Garden City, NY 11530 (*Email* adamnatoli@mail.adelphi.edu, *Voice* 516-200-4667)

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Abstract

An individual's level of interpersonal dependency influences the way he or she engages with others, and researchers have achieved a comprehensive understanding of the interplay between dependency and interpersonal relationships across an array of social situations. This knowledge has improved the efficacy of medical and psychotherapeutic work with dependent clients and has informed approaches taken to reduce the societal costs of dependent personality disorder (e.g., increased risk for suicide and self-harm, perpetration of child abuse, perpetration of domestic violence, victimization by a partner, and physical illness). Relatively little research, however, has explored dependency's links to sexual activity and sexual functioning, the findings of which stand to offer a similar wealth of knowledge valuable to sex counseling, couples therapy, sexual health, and our overall understanding of sexuality. The current study utilized a multimethod research design to explore dependency as it relates to sexual and romantic relationships and sexual activity. Multiple associations emerged between dependency, both interpersonal dependency and a healthy variant of dependency, and sexual activity. Based upon these findings, an initial discussion of sexual activity and sexual functioning through the lens of dependency is offered, as well as a brief discussion of some of the therapeutic implications of this knowledge and suggestions for working with dependent clients.

Keywords: Sexual Functioning; Personality; Sex Therapy; Couples Therapy

Whatever you Say: A Multimethod Investigation of Sex, Romantic Relationships, and Interpersonal Dependency

In a broad sense, *interpersonal dependency* can be defined as a personality style characterized by a tendency to look to others for advice, support, and reassurance, behave in a compliant and cooperative manner, and be passive and acquiescent in relationships. Growing out of an amalgamation of the extant research, the cognitive / interactionist (C/I) model of interpersonal dependency (Bornstein, 1992, 1993) proposes an interplay of cognitive, motivational, behavioral, and affective components. The cognitive component of interpersonal dependency, entailing a perception of oneself as powerless and a certainty that others are comparatively competent and confident, fosters a helpless self-concept. This sense of self provokes expectations of need and a persistent motivation to obtain and maintain nurturing, supportive relationships with prospective protectors and caregivers. These dependency-related motivations encourage passive and active behavioral patterns (i.e., relationship-facilitating strategies meant to develop and strengthen one's association with others) while simultaneously stimulating affective responding (e.g., anxiety in the absence of relationships, fear of abandonment, fear of negative evaluation, performance anxiety), which heightens the individual's helpless self-concept and continues the cycle.

Whereas research and discussions of dependency typically attend to maladaptive dependency-oriented behaviors and the different components of the C/I model, Bornstein (1998) advocated that dependency should not be considered a one-dimensional, negative characteristic defined by weakness and immaturity. Rather, a healthy variant of dependency can foster better personal relationships and psychological functioning. *Healthy dependency* refers to one's ability to adaptively reach to others for help and to rely on them without becoming problematically

dependent (Bornstein & Languirand, 2003). Healthy dependency is in many ways similar to secure attachment, but research has determined that these two constructs are conceptually distinct, with healthy dependency being more closely related to motivations for seeking help without suffering from negative feelings about oneself (Bornstein, Geiselman, Eisenhart, & Languirand, 2002). Essentially, healthy dependency is the ability to seek help without feeling helpless and doing so in ways that improve social ties instead of weakening them (Bornstein, Porcerelli, Huprich & Markova, 2009).

A central effort of dependency research has been to understand the interplay between social relationships and both interpersonal dependency and healthy dependency. Studies in both laboratory and field settings have demonstrated connections between interpersonal dependency and a broad array of interpersonal variables, which can be thematically organized into three categories: (a) correlates that tend to satisfy the dependent individual's motivation to please and accommodate others (e.g., passivity, suggestibility, cooperativeness, compliance, and interpersonal yielding), (b) correlates that tend to facilitate the acquisition and maintenance of guidance, support, and protection from others (e.g., help-seeking behaviors, affiliative tendencies, interpersonal sensitivity, and domestic violence), and (c) correlates, such as performance anxiety, that reflect affective responses to demands to function autonomously (see Bornstein, 1993, for an extensive review). Although less attention has been given to understanding healthy dependency, high levels of healthy dependency have been found to be associated with less conflict and disruptions in relationships, more effective communication, and lower levels of stress (Bornstein & Languirand, 2003). Healthy dependency has also been found to negatively correlate with anxiety and to be positively associated with greater life satisfaction, more genuine intimate relationships, higher self-awareness, and fewer concerns about possible

conflict or abandonment by someone close to oneself (Bornstein, Geiselman, Eisenhart, & Languirand, 2002).

Clearly, researchers have generated a comprehensive understanding of the interchange between dependency and interpersonal relationships. Relatively little research, however, has explored dependency's link to sexual activity and functioning. Given the value of the research delineated above, the known societal costs of pathological levels of interpersonal dependency (Bornstein, 2012), and the adaptive and maladaptive roles of a client's dependency in psychotherapeutic and medical treatment (Bornstein, Krukonis, Manning, Mastrosimone, & Rossner, 1993), investigations of interpersonal dependency and healthy dependency as they relate to sexual activity and functioning stand to offer a wealth of knowledge valuable to sex counseling, couples therapy, sexual health, and our overall understanding of dependency's involvement in sexuality. With the preceding theory and research as context, the current study took a multimethod approach to explore both interpersonal dependency and healthy dependency as they relate to sexual and romantic relationships and sexual activity. This study's findings serve as the basis for an initial discussion of dependency's plausible adaptive and maladaptive involvement in sexuality.

Method

Participants

This study was approved by the Institutional Review Board of the authors' university. Participants were recruited from a medium-sized, private northeast university through flyer advertisements, and 60 individuals participated in the current study. Each participant received a \$45.00 Amazon.com gift card for their participation. As biological sex has shown to impact

interpersonal dependency test score discontinuity (Natoli & Bornstein, 2017), stratified sampling was used to obtain equal numbers of males and females in the full sample.

Sixty (60) student participants were administered the Rorschach Inkblot Test, a self-report measure of interpersonal and healthy dependency, and completed a semi-structured interview. The age range for this sample was 18-27 years-old, with a mean of 20.45 (2.16). This included 30 self-identified females (50%) and 30 self-identified males (50%). The breakdown of self-reported race was as follows: 40% Caucasian/White, 26.7% Asian/Pacific-Islander, 16.7% African-American/Black, and 16.7% Hispanic/Latinx. Following data collection, participants' interview responses were used to determine each participant's past/current romantic relationship status and past/current sexual activity status. Participants' Rorschach protocols were scored using the *Rorschach Oral Dependency Scale* (ROD; Masling, Rabie, & Blondheim, 1967). The ROD was included as the implicit measure of interpersonal dependency in this study due to the robust empirical support of its validity; Bornstein's (1999) meta-analysis of the criterion-referenced validity of self-report and implicit dependency scores indicated that the validity coefficient associated with ROD scores was comparable to, or larger than, that associated with every self-report index of dependency. A subsample of Rorschach protocols ($n = 20$) were randomly selected from the larger sample and used to perform interrater reliability analyses. An intraclass correlation coefficient (ICC) was calculated using a two-way, random-effects model (ICC [2, 1]) as a measure of interrater reliability among two trained raters; the main interest was in absolute agreement with a single rater, the manner in which the ROD is commonly used in both clinical and research settings. An excellent degree of reliability (i.e., single measure ICC $\geq .75$; Cicchetti, 1994) was found between the two raters; the single measure ICC was .927, 95% CI [.708, .975], $F(19, 19) = 38.93, p < .001$. ROD scores were used to identify dependent and nondependent

individuals following guidelines described by Bornstein and Masling (2005). In accordance with these guidelines, participants with ROD scores of 3 (i.e., those with 12% of responses containing oral dependent content) were removed, nondependent participants were identified as those with ROD scores of 2 or below (i.e., those with $\leq 8\%$ of responses containing oral dependent content) and dependent participants as those with ROD scores of 4 or above (i.e., those with $\geq 16\%$ of responses containing oral dependent content). Ten participants were removed using this procedure, leaving a sample of 50 participants (24 females, 26 males) that was used in the chi-square tests of independence. The full sample of 60 participants was used in all other statistical analyses.

Measures

Relationship Profile Test (RPT; Bornstein & Languirand, 2003). The RPT is a rationally derived 30-item questionnaire that asks participants to rate a series of self-statements using a 5-point Likert scale, ranging between 1 (*not at all true of me*) and 5 (*very much true of me*). These statements were derived from the theoretical and empirical literature on interpersonal dependency, detachment, and healthy dependency; the statements were written to tap the four components of each personality style (i.e., cognitive, emotional, motivational, behavioral) and other core features of dependency, detachment, and healthy dependency. The RPT generates three subscale scores: *Destructive overdependence* (DO), *Dysfunctional detachment* (DD), and *Healthy dependency* (HD). Scores on each scale are calculated by summing scores on 10 items that comprise that scale. Thus, scores can range from 10 to 50 for each scale, with higher scores reflecting higher levels of DO, DD, or HD. Acceptable internal consistencies of the RPT's subscales have been reported, with coefficient alphas ranging from .68 to .83 (Bornstein & Languirand, 2003). In the same study, Bornstein and Languirand (2003) found, as predicted, a

significant inverse relationship between HD scores and both DO and DD scores. With the exception of HD scores in men (where r was .27), three-year retest reliability coefficients ranged from .49 to .64 and were comparable across sex (Bornstein & Huprich, 2006). Further information regarding the construct validity of the RPT is provided by Bornstein and Languirand (2003). Comparable and acceptable levels of internal consistency reliability were obtained in the current study for each of the RPT's three scales, with Cronbach's alpha coefficients ranging from .68 to .82 and McDonald's (1999) omega coefficients ranging from .69 to .82.

Rorschach Oral Dependency Scale (ROD; Masling, Rabie, & Blondheim, 1967). The ROD is an empirically validated scoring system used in combination with the Rorschach Inkblot Method. The ROD is scored from the content of Rorschach responses; each response is assessed for the presence of oral dependent content and one point is assigned for each oral dependent Rorschach response. Thus, higher ROD scores reflect higher levels of interpersonal dependency. As noted above, numerous studies have documented the ROD's strong validity across multiple populations. Additional information regarding the construct validity of the ROD scale is provided by Bornstein (1996) and Masling (1986). Studies have also reported interrater reliability when using the ROD to be quite high, with Pearson's correlations generally above .90 when using either clinical or nonclinical data (Bornstein, 1996). Bornstein, Rossner, and Hill (1994) found retest reliability coefficients for 16-, 28-, and 60-weeks to be .67, .48, and .46 respectively. As detailed above, an excellent degree of interrater reliability was found between two raters using the ROD system to independently score a subsample of protocols used in the current study.

Structured Interview of Personality Organization (STIPO; Clarkin, Caligor, Stern, & Kernberg, 2004). The STIPO is a semi-structured interview designed for the dimensional

assessment of personality within the psychodynamic model elaborated by Kernberg (1984). The present study utilized the STIPO as the source of information regarding each participant's past/current romantic relationships and sexual activity.

Procedure

Following consent, participants completed the RPT and Rorschach Inkblot Test. Albeit some research has suggested that neither the psychometric properties nor the intercorrelation of implicit and self-report measures are altered as a result of the order in which they are administered (Nosek, Greenwald, & Banaji, 2005), order effects have been observed by others (Bosson, Swann, & Pennebaker, 2000). Accordingly, all measures with the exception of the semi-structured interview were administered in a randomized sequence. Once a participant completed these measures, each participant completed a semi-structured interview with a researcher trained in accordance with the interview's manual (Clarkin, Caligor, Stern, & Kernberg, 2004). The interview was selected to be conducted following completion of all other measures in effort to reduce response bias on the various measures of dependency; the semi-structured nature of the interview could partially defend against response bias by affording the researcher the opportunity to request response clarification through appropriate probes and evaluate the validity of responses during administration (Gordon, 1975). Each participant completed a brief demographics questionnaire following the interview, which concluded their participation.

Pearson product-moment correlations were computed among scores derived from a self-report measure of interpersonal dependency and healthy dependency (i.e., the RPT), an implicit measure of interpersonal dependency (i.e., the ROD), and the number of romantic relationships and sexual partners each participant reported having over the past five years to evaluate

interrelationships in the full sample. A series of independent sample *t*-tests was then used to determine whether levels of interpersonal dependency and healthy dependency differed between romantic relationship and sexual activity statuses. Finally, two separate chi-square tests of independence were performed to examine the relation between implicitly-measured interpersonal dependency (i.e., dependent versus nondependent) and current romantic relationship status (i.e., in a romantic relationship versus not in a romantic relationship) and current sexual activity status (i.e., sexually active versus not sexually active).

Results

Pearson product-moment correlations were computed among two methodologically different measures of dependency and the number of romantic relationships and sexual partners to evaluate relational patterns occurring in the full sample (see Table 1). As Table 1 shows, the self-report scores of interpersonal dependency (RPT's DO scale) were significantly, negatively correlated with both number of romantic relationships ($r = -.308, p = .017$) and number of sexual partners ($r = -.287, p = .026$). However, this was not the case when interpersonal dependency was measured implicitly. Additionally, a significant positive relationship ($r = .432, p = .001$) emerged between an individual's number of sexual partners and their self-report score of healthy dependency (RPT's HD scale).

A series of independent sample *t*-tests was used to determine whether levels of interpersonal dependency and healthy dependency differed between (a) individuals with versus without previous involvement in one or more romantic relationships, (b) individuals with versus without previous sexual activity, (c) individuals currently in versus not in a romantic relationship, and (d) individuals who are versus are not currently sexually active. No significant differences in dependency emerged between those with or without previous romantic

relationships (see Table 2). However, this set of analyses is likely underpowered due to the small number of individuals with no history of romantic relationships ($n = 13$), and these nonsignificant results should be considered with this limitation as context. A significant difference in interpersonal dependency, represented by scores on the RPT's DO scale, was, however, obtained when individuals currently in a romantic relationship were compared to those not in a current romantic relationship (see Table 3). Specifically, levels of self-reported interpersonal dependency were found to be lower for individuals in a romantic relationship at the time of participation ($M = 23.58$, $SE = 1.44$), than for those who were not currently in a romantic relationship ($M = 28.26$, $SE = 1.23$). This difference, 4.69, Bca 95% CI [0.92, 8.46] yielded a medium effect size, $d = 0.65$.

In regard to sexual activity, significant differences in both interpersonal dependency and healthy dependency were found between individuals with versus without previous sexual activity and between individuals who reported not being sexually active at the time of participation versus those who endorsed ongoing sexual activity (see Tables 4 and 5, respectively). Taken together, the analyses summarized in Tables 4 and 5 indicate that on average, sexually active individuals and those with past sexual activity obtained lower self-reported interpersonal dependency scores and higher healthy dependency scores than individuals who reported no current sexual activity and than those who reported no past sexual activity, respectively. These differences yielded medium ($d = 0.53$, interpersonal dependency in sexually active versus not sexually active individuals) to noticeably large ($d = 0.94$, interpersonal dependency in individuals with and without past sexual activity) effect sizes. Interestingly, unlike the results obtained using self-report – or self-attribution – methods of measurement, no significant

differences in sexual activity were observed between groups when interpersonal dependency was measured implicitly (see Tables 2 through 5).

Finally, two chi-square tests of independence were conducted. The first chi-square test of independence was performed to examine the relation between implicitly measured interpersonal dependency (i.e., dependent versus nondependent) and current romantic relationship status (i.e., in a romantic relationship versus not in a romantic relationship). The proportion of individuals currently in a romantic relationship who were found to be dependent was 0.68, whereas the proportion of individuals currently in a romantic relationship who were found to be nondependent was only 0.39. This difference in proportions is significant, $\chi^2 (1, n = 50) = 4.12, p = .042$. Based on the odds ratio, the odds of being in a romantic relationship were 3.32 times higher if an individual were dependent than if they were nondependent. A second chi-square test of independence was performed to examine the relation between implicitly measured interpersonal dependency (i.e., dependent versus nondependent) and current sexual activity status (i.e., sexually active versus not sexually active). The proportion of sexually active individuals who were found to be dependent was 0.58 while the proportion of these individuals who were found to be nondependent was 0.46. The percentage of participants who reported currently being sexually active did not significantly differ between dependent and nondependent groups, $\chi^2 (1, n = 50) = 0.74, p = .389$. Based on the odds ratio, the odds of being sexually active were only 1.65 times higher if an individual were dependent than if they were nondependent.

Discussion

A number of intriguing results materialized from this multimethod, empirical investigation of dependency's association with sexual and romantic relationships and sexual activity. First, healthy dependency was found to be positively correlated with an individual's

number of sexual partners, and significantly higher levels of healthy dependency were found among those who endorsed previous or ongoing sexual activity. Conversely, no significant results emerged when links between healthy dependency and romantic relationships were analyzed, nor were any results approaching a level of significance. This study found interpersonal dependency to be inversely related to past and current involvement in romantic relationships, as well as with regard to number of romantic relationships. Individuals higher in interpersonal dependency were also found to report having fewer sexual partners, while those endorsing previous or ongoing sexual activity were correspondingly found to have significantly lower levels of interpersonal dependency. Interestingly, these relationships were only observed when interpersonal dependency was measured via self-report, with different patterns arising when interpersonal dependency was measured implicitly. Perhaps most salient were findings that individuals currently in a romantic relationship and those who report ongoing sexual activity produced lower levels of self-reported interpersonal dependency, whereas individuals identified as dependent by an implicit measure were found to be no more likely than nondependent individuals to endorse ongoing sexual activity and were actually found to be more likely to be in a romantic relationship.

Before discussing these findings as they pertain to dependency's potential roles in sexuality, it is necessary to reevaluate these results within the context of the unique psychological processes engaged by individuals on different methods of measurement because different types of tests designed to measure analogous constructs (e.g., interpersonal dependency) tend to measure slightly different aspects of the latent variable (Natoli, In Press). Self-report measures, such as the RPT (Bornstein & Languirand, 2003), consist of a series of self-statements to which an individual is asked to respond. Scores derived from these measures

of interpersonal dependency reflect the degree to which an individual attributes traits, feelings, thought patterns, motives, behaviors, and experiences that are associated with dependency to him- or herself. Implicit measures, specifically those commonly known as “projective tests” that are more appropriately classified as stimulus-attribution tests, require an individual to attribute meaning to ambiguous stimuli. Attributions are determined in part by stimulus characteristics and in part by the person’s cognitive style, motives, emotions, and need states. The degree to which dependent strivings unconsciously influence an individual’s perception, emotional and motivational experiences, and behavior are signified by the results of these implicit measures of interpersonal dependency. A more comprehensive and precise understanding of dependency’s association with sexual and romantic relationships and sexual activity is thus gained when a process-focused framework is applied to the above results.¹

The results of this study showing healthy dependency’s positive association with sexual relationships and sexual activity may be best understood as revealing a link between sexuality and a sense of self that involves a belief that one can seek out situation-appropriate help and support – or, at least, the belief that one should present themselves with this ability. That is, individuals with more sexual partners and those who endorsed previous or ongoing sexual activity were found to view and/or present themselves as possessing a greater ability to flexibly and adaptively turn to others for help and support without feeling helpless.

A comparison of the diverging results afforded by the multimethod measurement of interpersonal dependency in this study reveal possible differences between self-reported and implicit dependency as they relate to sexual and romantic relationships and sexual activity.

¹ For detailed discussions of the process-focused model of assessment and how to apply this framework to research and clinical work, please refer to Bornstein (2002, 2009, 2011, 2015).

Specifically, views of the self as dependent and a dependent self-presentation were found to be negatively associated with sexuality and both romantic and sexual relationships. However, an underlying dependent personality style – regardless of whether or not it is acknowledged by the individual – was found to be positively associated with one’s likelihood of being in a romantic relationship, but was not found to alter the likelihood of being sexually active. Taken together, these results suggest that a helpless self-concept and a presentation of oneself as powerless may inhibit both romantic and sexual activity, while an underlying dependent personality style appears to encourage (perhaps adaptively) the motivation to obtain and maintain romantic, but not necessarily sexual, relationships. The collective results of this novel empirical study suggest dependency’s involvement in sexuality, but what adaptive and/or maladaptive roles might interpersonal dependency and healthy dependency actually maintain in sexual activity and sexual functioning?

Sexual Activity and Sexual Functioning through the Lens of Dependency

Interpersonal dependency has been linked with maladaptive social functioning (Overholser, 1996) and relationships with dependent individuals can be tenuous. But consider how the interaction between sex and dependency might manifest throughout the course of a relationship. The results of this study hint that dependent individuals are entering into, and maintaining, romantic relationships in response to their dependent strivings; romantic and sexual desires may be less prominent for a dependent individual. As such, high interpersonal dependency could potentially interfere with the initiation of sex and underlie some sexual tensions between partners, especially at the outset of a relationship. Such that, the dependent partner will be passive about his or her own sexual interests or disinterests and may ‘willingly’ participate in sexual activities in effort to establish – and later maintain – the relationship despite

feeling uncomfortable. The dependent individual is likely to begin yielding to their partner despite a lack of desire to engage in sex. Yielding behaviors among those higher in interpersonal dependency have been well documented (e.g., Bornstein, Masling, & Poynton, 1987), and similar dynamics might be occurring in the context of sexual activity in relationships as well. This behavior and the dependent individual's desire to please, fear of abandonment, and fear of negative evaluation might also leave these individuals at risk for sexual abuse and risky sexual behaviors (e.g., fear of asking a partner to use a condom; Benotsch et al., 2017). In other situations, the dependent individual, motivated by a desire to foster closeness and a more intimate connection, might be the pursuer of sex during the initial stages of a relationship. In such cases, this behavior might initiate a connection while simultaneously preventing eroticism and sexual passion, both of which are reliant on the dynamic movement between closeness and distance (Gau, 2011).

Within the established relationship, the couple (sexual partners) moves from surrender to independence cyclically (Gau, 2011), there is a passionate merging that occurs both emotionally and physically yet each must maintain their boundary. Michael Bader (2009) talks about this physical boundary as "sexual selfishness" and Alperin (2006) addresses the need for emotional boundaries. So, surrendering draws on one's ability to be dependent on the other – even for a brief moment – while the maintenance of boundaries draws up one's independence (Feeney, 2007). Couples feel safe enough to "let go" and experience deep sexual connection if they are clear and confident with their own boundaries (Kleinplatz et al., 2009). Elevated levels of interpersonal dependency might impair this "letting go" while interfering with the deepening of emotional and sexual bonds. Yet, it can be seen here where healthy dependency could hold an adaptive role. That is, an individual must be dependent but remain independent enough to not

collapse and be subsumed by their partner for eroticism to flourish (Alperin, 2006). Therefore, both interpersonal dependency and healthy dependency can be conceptually linked to sexual functioning within an established relationship, although possibly in opposing ways.

Dependency might play a critical role in the deepening of a couple's emotional and sexual bond, and sexual pleasure seems partially contingent on one's level of healthy dependency, ideas in harmony with the findings of this study. Consequently, dependent individuals may see the sexual activity in their relationships begin to decline over time because of poor sexual satisfaction. This decline could be perceived by some dependent individuals as a weakening of the relationship, which would elicit an increase in the dependent behaviors that obstructed sexual satisfaction in the first place and other relationship-facilitating strategies. The dependent individual is likely to be confused when these behaviors fail to improve the situation or even cause their partner to withdraw (Sachse & Kramer, 2019). This confusion and increasing fear of the relationship ending can lead to panic, incredible resentment, and even rage. Worryingly, interpersonal dependency has been identified as a risk factor for perpetration of domestic violence (Bornstein, 2006). That is, some dependent individuals have resorted to violence as a means of preventing his or her partner from leaving a relationship.

The dependent individual's desperate attempt to restore a relationship they perceive to be weakening can contribute to the termination of the relationship. Following a break-up, dependent individuals might take extraordinary amounts of time attempting to reestablish the relationship or spend excessive time ruminating and assessing the reasons why their relationship ended.

Individuals preoccupied with a previous relationship, which might be the case for those high in interpersonal dependency, are less likely to form a new relationship (Barbara & Dion, 2000). It may be, however, that those higher in healthy dependency are less fearful of letting go of a past

relationship. In turn, one might infer that healthily dependent individuals recover more quickly after a relationship ends, an interpretation consistent with this study's discoveries as well as recent findings that anxious attachment is related to greater reflection and rumination after a breakup (Marshall, Bejanyan, & Ferenczi, 2013).

Finally, interpersonal dependency might also impact an individual's sexual pleasure and sexual functioning both behaviorally and affectively. For instance, the dependent partner, who is fearful of losing their relationship, can experience sex as a performance (e.g., "*if I don't have great sex my partner will leave me*"). This notion of a dependent individual's approach to sex is consistent with the broader dependency literature, where dependent individuals are seen to be acutely concerned with one's own performance and with pleasing important others (Bornstein, Masling, & Poynton, 1987). Being hyper-focused on one's sexual performance often leads to spectating, where the person is observing him- or herself and is not focused on their partner or on their own sexual sensations (Masters & Johnson, 1970). Spectating is distracting and evokes immense anxiety, issues that would be amplified among dependent individuals due to their characteristic affective experiences (e.g., fear of negative evaluation and performance anxiety). Such sexual anxiety could potentially contribute to individual sexual problems, such as erectile dysfunction in men and arousal disorder in women (Barlow, 1986; Kaplan, 1974), while also challenging a couple's sexual satisfaction.

Implications for sex counseling and psychotherapy

The term "love addiction" has been used to describe a variety of behaviors that lead to the dysfunctional pursuit of romantic and sexual relationships, and dependent personality disorder has been associated with "love addiction" behaviors (Purcell, Pathe, & Mullen, 2001). Dependent individuals are addicted to relationships, and they might use sex to make themselves

indispensable. If they experience sex as a performance as discussed above, those high in interpersonal dependency might assume that a good behavioral mechanism to ensure the continuity of their relationship is to be an excellent sexual partner (i.e., always keeping their partner satisfied). Since they are driven by their need to maintain their relationship, they will ultimately be less in-tuned to their own sexuality and may sacrifice their own fantasies and desires if these do not align with those of their partner, which may manifest negatively within the couple's sexual relationship. Compounding this is the dependent individual's tendency to avoid addressing problems with their partner (e.g., sharing that their own sexual desires are not being fulfilled); sexual dysfunction problems cannot be adjusted until communication improves, which can lead to less satisfying sexual relationships and decreases in the frequency of sexual contact (Purnine & Carey, 1997). Healthy dependency, conversely, can improve communication, facilitating an individual's willingness to openly discuss their sexual preferences – including kinks and fetishes – and which sexual activities they find uncomfortable. These forms of interpersonal communication and a willingness to adjust have been shown to account for notable improvements in the sexual satisfaction of cohabiting heterosexual couples (Purnine & Carey, 1997).

In order to identify dependent clients and understand a client's level of healthy dependency, sex therapists can include the Relationship Profile Test (Bornstein & Languirand, 2003) in their intake packet. Sex therapists should be aware that clients who present with a vacant sexual fantasy life are possibly high in interpersonal dependency. Most importantly, sex therapists should be mindful of the “good patient” and particularly attentive to the progress being made in the therapy. Clients who are unusually compliant (e.g. doing the sensate focus exercises exactly without deviation) might be pleasing the therapist and their romantic partner so that they

do not lose either relationship. Hence, the couple can appear to be making progress on the surface, but the progress might be superficial. At first, the partner will be satisfied with the new changes, however, he or she might begin to complain over time that the exercises feel fake and shallow. Often therapists will encourage the client to “keep at it” by insisting that these exercises will feel more authentic with time. Yet, the therapist should be aware that the partner might be correct in his or her perception and consider whether the dependent client is superficially invested so that he or she can please the therapist and keep their partner in the relationship. Relatedly, the dependent client may disrupt the treatment at times when true progress is being made as an effort to preserve their relationship with the therapist (Perry, 1989). In both cases, the therapist must be mindful of the dependent client’s motivations to please others and maintain relationships, as evaluating the progress made by the couple without this context could lead to erroneous conclusions. Finally, because the dependent client may be overly invested in the sexual satisfaction of their partner, they may be unaware of their own sexual needs. They are lacking in “sexual selfishness”, a key component to a satisfying sexual relationship (Bader, 2009). The dependent individual’s sexual activities may not be driven by their sexual arousal, but by doing what they believe will please their partner and secure the relationship. This, combined with the dependent individual’s tendency to be passive and acquiescent, could also perpetuate a parent-child dynamic and further interfere with erotic desire.

Sensate focus (Masters & Johnson, 1976) is specifically recommended for cognitive distractions during sex. Sensate focus could potentially be an appropriate treatment modality for those high in interpersonal dependency. However, the dynamics theorized above suggest that treatment should focus on the cognitive distractions more so than on the attention to sensations because a key underlying problem for dependent individuals is their maladaptive cognitive

schemas, which can lead to inattention to the sexual experience. Meaning, the dependent individual's problem might be less driven by inhibited sexual excitement and more so by their thoughts and dependency-affiliated motivations. Cognitive restructuring is the recommended treatment for individuals who pursue romantic relationships despite it being harmful (Sussman, 2010) and is an essential component for working with individuals high in interpersonal dependency (Overholser & Fine, 1994). It follows, that cognitive restructuring would be appropriate to incorporate when providing sex therapy for those high in interpersonal dependency.

Limitations and recommendations for future research

Because the validity of many Rorschach scores has been questioned in recent years, some might argue that some of the present findings remain open to question. However, Bornstein's (1999) meta-analysis of the criterion-referenced validity of self-report and implicit dependency scores indicated that the validity coefficient associated with ROD scores was comparable to, or larger than, that associated with every self-report index of dependency. Thus, limitations in the validity of one or more measures used in the current study cannot explain the results (see also Mihura et al., 2013, for a discussion of this issue). As is true of most investigations, however, the current study is not free of limitations. First, this study's sample was recruited from an undergraduate student population. In addition to less heterogeneity in terms of age and socioeconomic status than might be found within the general population, this younger sample may not be representative of middle-aged and older adults with regard to relationship status or sexual activity. However, these findings may be viewed as representative of the interaction between underlying personality dynamics and the way an individual is relating to his or her sexual and romantic partners, as well as the way dependent individuals may be perceiving sex.

Nonetheless, future research must aim to replicate and build upon these findings using a sample more diverse in age. Second, although stratified sampling was used, sample size did not permit separate analyses for males and females. Future research should investigate whether the current findings are moderated by an individual's sex; including measures of masculinity and femininity as well as obtaining data on gender identity and biological sex might prove informative. Finally, sexual activity may be strongly influenced by culture (Schapiro-Halberstam & Josephs, 2018), thus it is possible that the differences in sexual activity were somewhat related to religion or culture. Thus, future research should also aim to replicate and expand these findings by examining the influence of culture and religion on sexual activity and romantic relationships in individuals high in interpersonal dependency.

Conclusion

This novel study revealed an association between dependency, both interpersonal dependency and healthy dependency, and sexual activity. Based upon these findings, we have offered an initial discussion of sexual relationships and sexual behavior through the lens of dependency, as well as a brief discussion of some of the therapeutic implications of this knowledge. This discussion, although based upon empirical findings, is theoretical in nature and demands further research exploring dependency's roles in sex. With the current findings introducing and empirically supporting a relationship between dependency and sexual activity, it is imperative that future research replicate and build upon this work to gain a more precise understanding of the roles interpersonal dependency and healthy dependency play in sexual activity and sexual functioning. As revealed above, investigations of interpersonal dependency and healthy dependency as they relate to sexual relationships and behavior stand to offer a

wealth of knowledge valuable to sex counseling, couples therapy, sexual health, and our overall understanding of dependency's involvement in sexual behaviors.

Compliance with Ethical Standards

Ethical approval: All procedures performed in studies involving human participants were in accordance with the ethical standards of the Institutional Review Board of Adelphi University, are consistent with the principles of research ethics published by the American Psychological Association, and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards.

Informed consent: Informed consent was obtained from all individual participants included in the study.

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Table 1

Correlations of number of romantic relationships and number of sexual partners with measures of interpersonal dependency

	RPT DO	RPT DD	RPT HD	ROD	Number of Romantic Relationships
Number of Romantic Relationships	-.308*	.205	.174	.116	-
Number of Sexual Partners	-.287*	.107	.432**	.112	.444**

Note. RPT = Relationship Profile Test (Bornstein et al., 2003); DO = Destructive Overdependence, DD = Dysfunctional Detachment, HD = Healthy Dependency. Implicit dependency was assessed via the Rorschach Oral Dependency (ROD) scale (Masling et al., 1967).

* $p < .05$ ** $p < .01$

Table 2

Implicit and self-attributed scores of interpersonal dependency between individuals with and without previous romantic relationships

Measure of Interpersonal Dependency	No Previous Romantic Relationships		Previous Romantic Relationships		<i>t</i>	<i>p</i>	95% CI	Cohen's <i>d</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>				
RPT DO	29.46	6.01	25.34	7.73	1.78	.081	[-0.52, 8.77]	.47
RPT DD	32.85	7.58	33.13	6.82	-0.13	.898	[-4.66, 4.10]	.03
RPT HD	35.23	5.25	35.15	6.13	0.04	.965	[-3.66, 3.82]	.12
ROD	2.92	1.26	3.49	2.39	-1.15	.416	[-1.37, 0.43]	.30

Note. *n* of no previous romantic relationships = 13; *n* of previous romantic relationships = 47; *df* = 58 throughout. RPT = Relationship Profile Test (Bornstein et al., 2003); DO = Destructive Overdependence, DD = Dysfunctional Detachment, HD = Healthy Dependency. Implicit dependency was assessed via the Rorschach Oral Dependency (ROD) scale (Masling et al., 1967). Equal variances not assumed for ROD contrasts.

p* < .05 *p* < .01

Table 3

Implicit and self-attributed scores of interpersonal dependency between individuals currently in or not in a romantic relationships

Measure of Interpersonal Dependency	No Current Romantic Relationship		Current Romantic Relationship		<i>t</i>	<i>p</i>	95% CI	Cohen's <i>d</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>				
RPT DO	28.26	7.15	23.58	7.32	2.49*	.016	[0.92, 8.46]	.65
RPT DD	34.44	7.09	31.27	6.41	1.79	.079	[-0.38, 6.72]	.47
RPT HD	34.26	6.17	36.35	5.44	-1.36	.179	[-5.14, 0.98]	.36
ROD	2.94	1.87	3.92	2.50	-1.74	.087	[-2.11, 0.15]	.46

Note. *n* of no current romantic relationship = 34; *n* of current romantic relationship = 26; *df* = 58 throughout. RPT = Relationship Profile Test (Bornstein et al., 2003); DO = Destructive Overdependence, DD = Dysfunctional Detachment, HD = Healthy Dependency. Implicit dependency was assessed via the Rorschach Oral Dependency (ROD) scale (Masling et al., 1967).

p* < .05 *p* < .01

Table 4

Implicit and self-attributed scores of interpersonal dependency between individuals with or without previous sexual activity

Measure of Interpersonal Dependency	No Previous Sexual Activity		Previous Sexual Activity		<i>t</i>	<i>p</i>	95% CI	Cohen's <i>d</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>				
RPT DO	39.41	5.96	23.82	7.36	3.58**	.001	[2.90, 10.28]	.94
RPT DD	34.95	7.05	31.97	6.70	1.63	.109	[-0.68, 6.65]	.43
RPT HD	32.59	5.99	36.66	5.39	-2.70**	.009	[-7.08, -1.06]	.71
ROD	3.00	1.66	3.58	2.46	-1.09	.282	[-1.65, 0.49]	.29

Note. *n* of no previous sexual activity = 22; *n* of previous sexual activity = 38; *df* = 58 throughout. RPT = Relationship Profile Test (Bornstein et al., 2003); DO = Destructive Overdependence, DD = Dysfunctional Detachment, HD = Healthy Dependency. Implicit dependency was assessed via the Rorschach Oral Dependency (ROD) scale (Masling et al., 1967). Equal variances not assumed for ROD contrasts.

p* < .05 *p* < .01

Table 5

Implicit and self-attributed scores of interpersonal dependency between individuals with or without ongoing sexual activity

Measure of Interpersonal Dependency	No Ongoing Sexual Activity		Ongoing Sexual Activity		<i>t</i>	<i>p</i>	95% CI	Cohen's <i>d</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>				
RPT DO	27.91	7.50	24.04	7.14	2.02*	.048	[0.04, 7.71]	.53
RPT DD	34.21	7.20	31.58	6.38	1.47	.147	[-0.95, 6.21]	.39
RPT HD	33.62	5.66	37.19	5.71	-2.42*	.019	[-6.54, -0.61]	.64
ROD	3.32	2.13	3.42	2.34	-0.17	.864	[-1.26, 1.06]	.05

Note. *n* of no ongoing sexual activity = 34; *n* of ongoing sexual activity = 26; *df* = 58 throughout. RPT = Relationship Profile Test (Bornstein et al., 2003); DO = Destructive Overdependence, DD = Dysfunctional Detachment, HD = Healthy Dependency. Implicit dependency was assessed via the Rorschach Oral Dependency (ROD) scale (Masling et al., 1967).

p* < .05 *p* < .01