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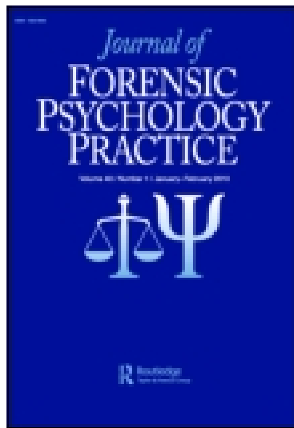

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Psychology and the Law: Dependent Personality Disorder as an Affirmative Defense

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AREA REVIEW

Psychology and the Law: Dependent Personality Disorder as an Affirmative Defense

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The premise of this article is to examine the use of dependent personality disorder as an affirmative defense. The purpose of this discussion is to assess the manner in which this defense can be used to mitigate a sentence. We will review how dependent personality disorder is defined as well as evaluate the personality traits and etiology of this disorder. We will then review court cases in which dependent personality disorder was used as an affirmative defense. Lastly, we will examine the directions for future research and considerations to be made for treatment of personality disorders and expert testimonies.

KEYWORDS mental health affirmative defense, psychologist expert, dependent personality disorder, alternatives to the insanity defense, psychologist witness, affirmative defense DPD, DSM DPD cases

INTRODUCTION

The clinical perspective, as obtained through the *Diagnostic and Statistical Manual of Mental Disorders* (text revision, 4th ed.; DSM-TR-IV) provides

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criteria that allow psychologists and other mental health professionals to determine whether a person is suffering from a mental disorder. At the time of this writing, research is being conducted on the fifth edition of the DSM. Having a clear distinction is important, especially when it comes to the law. By having unambiguous definitions of disorders, it greatly aids the application of psychology to legal issues. Though psychology delineates the term *dependent personality disorder* (DPD), our research has revealed how the law still struggles to find how this disorder can be applied to legal cases. The cases in point identify how the DPD can be used as a defense for committing a crime. This article reviews several cases in which this defense was used. We begin the article by exploring the etiology of DPD. We discuss the traits and behaviors of those diagnosed with a DPD. Last, we examine the implications of these findings with how psychology interfaces with the legal system.

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DESCRIPTION OF DEPENDENT PERSONALITY DISORDER

The DSM-TR-IV defines DPD as "a pervasive and excessive need to be taken care of that leads to submissive and clinging behavior and fears of separation" (American Psychiatric Association [APA], 2000, p. 725). The DSM-TR-IV goes on to state which criteria are required to make a diagnosis of this disorder. Those criteria include

> (a) has difficulty making everyday decisions without an excessive amount of advice and reassurance from others, (b) needs others to assume responsibility for most major areas of his or her life, (c) has difficulty expressing disagreement with others because of fear of loss of support or approval, (d) has difficulty initiating projects or doing things on his or her own, (e) goes to excessive lengths to obtain nurturance and support from others, to the point of volunteering to do things that are unpleasant, (f) feels uncomfortable or helpless when alone because of exaggerated fears of being unable to care for himself or herself, (g) urgently seeks another relationship as a source of care and support when a close relationship ends, and (h) is unrealistically preoccupied with fears of being left to take care of himself or herself. (APA, p. 725)

LITERATURE REVIEW AND CRITIQUE

The definition of criminal responsibility for an action consists of two aspects, a physical (or voluntary) aspect and a fault aspect (McSherry, 2003). In these distinguishing characteristics, criminal responsibility is seen as being rooted in rational thought. Therefore, "irrationality is the primary excusing condition produced by mental disorder" (McSherry, 2003, p. 583). However, based on

the M'Naghten Rule, there is a need for the defendant to lack awareness of what he or she is doing. It is this consciousness that determines the level of responsibility of a defendant. For this reason, personality disorders are not currently believed to be a firm bases for affirmative defenses.

Legal Perspective

When determining one's criminal responsibility, a defendant's level of consciousness and knowledge of the consequences of his or her actions have to be examined. A question that is now being raised in the case law is the level of responsibility a defendant has when he or she suffers from an organic brain dysfunction. Neuropsychology is still an emerging field of study, making validation of evidence difficult. The reason for this is that though experts may be able to prove that a person suffers from a brain dysfunction, they are not able to inexplicably conclude how this dysfunction may have influenced the individual's behavior. Gurley and Marcus conducted a study that examined how the use of neuroimages can impact mock juries. They were able to ascertain that the "addition of neuroimages showing brain damage increased the likelihood of an NGRI (not guilty by reason of insanity) verdict" and that this likelihood increased with supplemental expert testimony (Gurley & Marcus, 2008, p. 93). The researchers reasoned that this finding could be attributed to juries seeing "neuroimages and brain injury testimony (as) providing tangible evidence" (Gurley & Marcus, 2008, p. 94). However, juries have been found to be more accepting of a diagnosis related to psychosis rather than a personality disorder (Rice & Harris, 1990, as cited in Gurley & Marcus, 2008). Although these findings are beneficial, there are weaknesses to this study. The main one is the questionable ability to generalize the findings due to the participant pool not being representative of the general population because the majority were women and all were college students. However, further research into how neuroimages and brain damage testimony can act as mitigating factors for sentencing could be advantageous.

The notion of biology and its psychological and behavioral implications have become a topic of debate within the legal system. Though the courts have yet to address how biology might be a mitigating factor in terms of sentencing, it has become a hot-button issue in relation to how it is used with the insanity defense. Currently, the M'Naghten test for insanity takes a more cognitive than biological approach. With expert testimony becoming more statistically based than anecdotal, the use of biological evidence that supported psychological disorders needs to be evaluated. In a study by Rendell, Huss, and Jensen, they examined how influential biological evidence was on mock juries. They discovered that "the defense was more successful when its expert presented biological evidence" (Rendell, Huss, & Jensen, 2010, p. 421). Additionally, the authors found that when biological evidence was presented to juries in conjunction with a defendant's being given a diagnosis

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of schizophrenia, the jurors viewed the defendant's psychological condition as more severe (Rendell et al., 2009). However, in contrast, the researchers learned that juries were more conviction-prone when a defendant was given the label of "psychopath," denoting that jurors carry a negative connotation toward defendants with psychopathic (sociopathic) traits. Though the authors made some important findings, there were limitations inherent in this study. Due to the fact that this research was based on mock juries, the ability to replicate within a real-world setting is limited. Additionally, the participants were all college students, which raise questions about how the results can be generalized to the general population. In noting the effects of this biological approach for the insanity defense, extrapolations can be made in relation to the applicability of this as an affirmative defense.

When exploring the effects of one's personality traits, the use of the Hare Psychopathy Checklist-Revised (PCL-R) test can be beneficial in making determinations. This test looks at personality traits and how they may impact reoffending. The use of the PCL-R in expert testimony can be helpful in that it provides the expert with an empirically supported foundation for his or her findings that aid in the interpretation process. To examine the influence of the use of the PCL-R in expert testimony, researchers Lloyd, Clark, and Fourth created a study using the Quicklaw database to review sentencing for previous cases involving dangerous offenders and long-term offenders. The researchers found that "experts' PCL-R ratings showed a moderate to high correlation with risk for violence" (Lloyd, Clark, & Forth, p. 334). They also found "a trend for experts' PSL-R scorings to shift in support of their partisan allegiance" (Lloyd et al., p. 334). Due to the subjectivity of the scoring system for the PCL-R, this lack of inter-rater agreement is highly concerning. Also, the manner in which the data for the study was obtained was somewhat limiting, demonstrating a need to expound upon this data source. Additionally, this study consisted of a small sample size, making the ability to generalize limited. Though the PCL-R has been helpful in providing psychologists with an understanding of how personality traits interact with criminal behavior, more assessment measures need to be created that have a higher rate of inter-rater reliability so as to decrease the potential subjective influence on future results.

Psychological Perspective

The emerging field of neurobiology can help to distinguish the bases for the development of the DPD. One of the findings related to this disorder is the influence attachment can have on an individual, which is considered to affect the right hemisphere of the brain. It is here that interactions with caregivers are recorded and affect the limbic system. Authors Wang and colleagues examined the activation levels in the right hemisphere of people with DPD. They discovered that people with DPD "show a rightward

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activation asymmetry" (Wang et al., 2003, p. 281). This indicates that these individuals likely seek relationships throughout their lives as a means of trying to secure an attachment. They also likely try to avoid risky situations and do not seek out novel or unfamiliar situations. Though the authors' findings have been beneficial in understanding the neurological aspect of psychology, there was a significant limitation in their study. In using the bisection method to evaluate their participants, they did not address the influence of Axis I disorders. This is noteworthy, due to the possible comorbidity of these patients. However, studies such as this help to decipher the influence biology can have on behavior and attachment styles.

The level of attachment a child has can directly impact his or her personality characteristics. When caregivers do not provide a secure sense of attachment to a child, the child can internalize this, and maladaptive personality traits will reflect this internalization. The more conflictual the child–parent relationship, the more likely these personality traits will develop. A study by Brook, Brook, and Whiteman (2003) looked at the relationship between the mother and the child, finding this to be the most influential relational dynamic. They found that it is the "distant mother-child relationship and frequent use of strict disciplinary techniques" that leads to "insecure and dependent behavior" (Brook et al., p. 83). The authors also learned that maternal attitudes and personality style were major contributors to dependent characteristics. Mothers who behave in an "aggressive or unconventional" manner and display "interpersonal distress" to their children serve as poor role models to their children (Brook et al., p. 83). However, a limitation of this study was that there are myriad factors that can affect development, and trying to account for all of them is difficult, also making it challenging to know how these interacting variables affected one another. For this reason, more studies need to be designed that evaluate these factors, especially emotion, on an individual bases before noting how they interact with one another.

A factor that can influence personality traits is emotion, particularly shame. Though all people create schemas, people who have personality disorders can create especially maladaptive schemas. The development of some of these schemas can be roots in attachment issues related to caregivers. For example, it has been determined that people with DPD often have "overly nurturing and/or authoritarian parents who may (have) prevented the child from developing autonomy and a sense of competence" (Benjamin, 1993, as cited in Schoenleber & Berenbaum, 2010, p. 198). Due to this maladaptive attachment style, these individuals learned to depend on others to have their needs met so as to avoid feeling incompetent and, thus, shameful, if they ever failed. Schoenleber and Berenbaum (2010) examined the relationship of Cluster C personality disorders and shame. They found that "levels of DPD were significantly correlated with an individual's degree of automatic association between shame and pain" (in Schoenleber &

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Berenbaum, p. 203). These findings demonstrate how influential automatic thoughts can be on behavior. However, due to the fact that the participants consisted of only undergraduate students between the ages of 18 and 27, the ability to generalize to the rest of the population can be limited.

This resistance toward assertion was also noted in another study. A study by Leising, Sporberg, and Rehbein (2006) found that people with DPD tended to be more submissive. The authors noted that "dependent people do not assert themselves because of their fear of being abandoned" (Leising et al., p. 326). To avoid the pain of shame or abandonment, these individuals behave in a submissive manner toward others. One of the limitations of this study was the small sample size, limiting the validity and reliability of this study. Another limitation was the restriction of having only female participants, limiting the ability to generalize the findings. This interaction between emotions and personality traits is important to take into account so that mental health professionals can integrate this into their treatment plans.

There appear to be several particular personality traits associated with DPD. These characteristic tend to be reflective of a person who suffers from a lower level of confidence. This low self-confidence directly impacts how these individuals see themselves, others, and the world. To examine this relationship, researchers Coolidge and Anderson (2002) used a self-reporting inventory that measured the presence of personality disorders and anxiety and mood disorders. The researchers found that women who had been in multiple abusive relationships exhibited certain personality traits, particularly "self-defeating, dependent and paranoid" traits (Coolidge & Anderson, 2002, p. 126). One of the questions that this study leaves readers with, however, is whether the personality traits are what predisposed the individuals to abusive relationships or whether it was the abusive relationships that influenced the development of these particular personality traits as an adaptive measure for survival.

It is important to understand how personality traits can influence a person's behavior. It has been noted in research how one's specific personality traits can influence how a person processes information. This interpretation of information can then directly impact that individual's behavior. A study conducted by Weertman, Arntz, Schouten, and Dreessen (2006) assessed how people with DPD can have this interpretation bias. They noted that the more ambiguous the incoming information is, the more likely the person is to rely on his or her established schemas to process the information. The researchers examined the relationship between "dependent traits and interpretation bias" (Weertman et al., 2006, p. 274). They used the SCID-II questionnaire, eight Thematic Appreciation Test cards, and the Personality Disorder Belief Questionnaire to measure their hypothesis. What the authors discovered was that "dependent PD is characterized by specific interpretation bias and that dependent beliefs mediate this relationship" (Weertman et al., p. 276). However, there were several limitations of this

study. One was the small effect size of 56 participants, which limits the ability of the researchers to generalize their findings to the rest of the population. Second, the other factor that limits this ability to generalize is the fact that the participants were all college students. By not having a wider variety of age, the researchers were not able to account for how age can affect how personality traits can influence interpretation.

Etiology of the Dependent Personality Disorder

Personality disorders in general are considered to be pervasive and stagnant. They can affect numerous aspects of a person's life; from work to friends to family life. The cognitive structure of a person with a personality disorder tends to be inflexible, which causes discord within his or her life. Though personality disorders are broken down into Clusters A, B, and C, we are going to focus on the DPD, which falls into Cluster C. The etiology of this disorder encompasses both the biological and the environmental influences.

From a biological perspective, people who develop DPD tended to "exhibit fearful, withdrawing, or sad temperaments as infants, thereby eliciting overly protective reactions from caretakers" (Millon and Davis, 2000, as cited in Eskedal & Demetri, 2006, p. 6). These individuals also seem to lack energy and certain abilities. This makes them appear vulnerable to their caretakers and elicits a caretaking response. As a result, a parent is likely to become overprotective of his or her child. This overprotection can then act as a smothering of potential industrial behavior. This disables the child to adequately develop a sense of autonomy or identify, becoming more reliant on the caretaker to meet his or her needs. In adulthood, this reliance can be transferred to the intimate partner. For this reason, many cases of domestic violence contain the presence of DPD. DPD can also develop out of "unresponsive, inconsistent or abusive" parenting (Harvard Medical School, 2007). It is this kind of parenting that reinforces to the child abandonment notions and, thus, creates an insecure attachment style for the individual.

It appears that even one's brain formation is a factor in DPD. It was discovered by Wang and associates (2003) that "patients with dependent personality disorder show a rightward activation asymmetry" (p. 281). There are three reasons for this occurrence. The first is that when it comes to attention and attachment, it is the right hemisphere that controls these aspects. Due to the person with DPD having a fixation on obtaining attention from others, it is highly likely that the right hemispheres of their brains would be more active. The second reason is that the person with DPD is always hypervigilant against any perceived unpleasant stimuli, taking measures to avoid them at all costs. This indicates that the person with DPD uses his or her right hemisphere to avoid distressing stimuli that could elicit shame or pain. The third reason is that "correlations were found that suggest the lower Intimacy Problems and the higher Insecure Attachment scores observed in patients

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with Dependent Personality Disorder were linked to the right hemisphere activation" (Wang et al., 2003, p. 281).

Anxiety seemed to develop as an adaptive quality. This trait acted as a way of warning an individual of the potential for danger, even though no dangerous sources were present yet. Coupled with anxiety is neuroticism. Neuroticism "is characterized by negative emotions and a heightened and persistent state of stress reactivity, and interpersonal alienation" (Depue, 2009, p. 1037). Associated with these traits are particular neurobiological pathways. The amygdala feedback feature is a main component for producing anxious feelings and negative emotionality (Depue, 2009). It was also determined the social closeness during the neonatal period acted as a moderating variable in the development of neuroticism. It appears that "social rejection sensitivity is a central feature in personality disturbance, appearing in classical PD categories as borderline, dependent, and avoidant" (Depue, 2009, pp. 1053–1054). In addition, seratonin (5-HT) also works to moderate how one's personality disturbance is expressed. The manner in which personality disorders develop is a three-fold effect. First, the neurobiological factors act as a foundation, either placing an individual at risk or not. Next, one's level of environmental stress (i.e., poverty, parental/relational conflict, abuse, neglect) can be highly influential (Depue, 2009). However, this impact is contingent on the risk levels of the neurobiological factors. Last, the level of 5-HT functioning is expected to "modulate the neurobiological reactivity to the provocation of the environmental stimuli" (Depue, 2009, pp. 1059–1060). This finding determines that one's genetics and environment have co-occurring roles in the development of personality disorders.

Looking at the environmental influences, one can see how the DPD individual can become dependent on his or her nurturing environment. Simple actions by the parents, starting as early as age 2, can train the child to become overly reliant on the parents. By not allowing the child to explore the world and protecting to the point of smothering, the parent is reinforcing to the child that he or she is not competent and is unable to tend to him- or herself. Thus, he or she has not been adequately prepared by the caretaker to fend for him- or herself, and as such, tends to continue to rely on the caretaker. In turn, this can lead to feelings of helplessness in the person with DPD. This learned helplessness places the person at a significant disadvantage. The child is likely to develop a decreased sense of self-worth and lack self-efficacy. These feelings only further perpetuate the DPD maladaptive behavior.

The manner in which a parent interacts with a child directly impacts the development of his or her cognitive schemas. In turn, these schemas influence how children see the world, themselves, and others. A child who is raised by a parent with DPD will develop unique personality features as a result of these environmental interactions. The parent exhibits to the child her or his dependent need on the child to be responsive to him or her.

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If the child is unresponsive, the parent may act in a hurt and victim-like manner to receive the desired attention from the child. This behavior causes the child to have to take on the role of rescuer. However, the dependent parent will likely capsize this autonomous role, for fear that it may lead the child to abandon him or her. This reinforces to the child that taking the initiative is bad and can contribute to feelings of helplessness. The child learns to be self-sacrificing to receive continued attention from the parent. "Children in this type of setting will learn to create an extremely silent and non-demanding self, in order to preserve the previous little warmth that can exist" in the parent–child relationship (Waska, 1997, p. 258). In turn, the child comes to believe that he or she is incapable of self-soothing and must rely on others for this comfort.

Alternatively, the child may develop a "counter-dependent stance, becoming steadfastly oppositional or needing to distance herself (or himself) from others" (Holigrocki & Kaminski, 2002, p. 122). This would also lead to the development of independence and autonomy. Moreover, it is the parent's personality traits and parenting style that greatly influence how a child develops. For example, it has been determined that mothers who have such traits as "maternal unconventionality, intrapersonal difficulties (e.g., anxiety), and interpersonal difficulties (e.g., aggression)" can cause the child to display more "insecure and dependent behavior" (Brook et al., 2003, p. 83). In turn, these distressing traits in the mother act as an unstable and insecure role model for the child. This can cause the child to internalize the behavior, producing DPD characteristics in the child.

Personality Traits

One of the main components of DPD is the aspect of interpersonal dependence. This reliance on another appears to be due to the personality traits of the individual with DPD. A person who has DPD usually has low self-esteem; he or she is unable to adequately assert him- or herself. This person's social skills are usually significantly lacking as well. The root of this social ineptitude has to do with a fear of or concern with being rejected (Gude, Hoffart, Hedley, & Ro, 2004). The manner in which this rejection developed occurred during childhood. As discussed earlier, when a parent is overly protective of a child, that child begins to develop negative perspectives of his or her own capabilities. As such, the child begins to lose confidence in his or her abilities and sees him- or herself as ineffectual or hopeless. With this derogatory perspective of him- or herself, the child begins to adapt the manner in which he or she interacts with others. This is where the child learns to rely on others to have his or her needs met, believing that he or she is incapable of accomplishing this him- or herself. The parent's overprotective behavior also acts as a reinforcement for this belief.

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Due to the person with DPD feeling incompetent of his or her abilities, the fear of being socially rejected is a constant fear for the individual. The fear displays itself in the attachment behaviors of the individual. This person tends to show "abandonment, mistrust and enmeshment" characteristics (Gude et al., 2004, p. 605). These traits make relationships highly problematic. One of the main problems is that the person with DPD constantly wants to please the significant other. This individual is usually willing to do anything to accomplish this task, even if it means doing something that he or she would not normally do. The person with DPD takes a submissive role, believing that to assert him- or herself might mean rejection. These individuals are so motivated by this fear that they are "willing to adapt their interpersonal behavior to the kind of person they are interacting with" (Leising et al., 2006, p. 327). Also associated with this fear of rejection is the concern over being shamed. To act independently might expose the person's incompetence, and to do this would shame the individual. This aversion to being shamed may also act as a motivator for the person with DPD to be reliant on another. The self-evaluative belief of being incompetent "elicits shame" and causes the person to "shirk" away from "responsibility without even attempting tasks" (Schoenleber & Berenbaum, 2010, p. 203). The concern of alienation takes precedence over the life of the person with DPD. Receiving attention and care from another is their only want.

People with DPD become emotionally dependent on their partners. Their sense of identify lies in the perceptions of others. The reason for this may be in the lack of boundaries that develop out of the parent–child relationship. When parents do not demonstrate their own clear sense of identity and instead become overly reliant on their children or other parent, this displays a lack of boundaries. As such, this shows affected children that they lack confidence in themselves and their decision-making abilities. This lack of trust in oneself translates to such children a mistrust in themselves and in others (Hoogstad, 2008). It is this development of mistrust and lack of boundaries that leads to the need to infuse oneself with one's partner. "Emotionally dependent individuals struggle enormously to satisfy their needs for love and belonging" (Hoogstad, 2008, p. 64). This causes people to take on one of three roles: the persecutor, the rescuer, or the victim. Rescuers, in an attempt to make others dependent on them, helps others by alleviating or resolving their issues (Hoogstad, 2008). By doing this and having others dependent on them, it makes the rescuers feel safe to be able to on rely on others, which was the goal in the first place. Alternatively, to see the persecutor and the victim roles, we turn to domestic violence.

As noted earlier, DPD is often present in intimate partner violence. DPD can be seen in both the abuser and the victim roles. The abuser might abuse when he or she is fearful that the partner might abandon him or her. The abuser or persecutor use control through abuse to "ensure the important people in their lives continue in the relationship" (Hoogstad, 2008, p. 65).

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Alternatively, the victims of abuse can display these DPD traits for two reasons. One reason the victim might display DPD traits is because he or she was being "terrorized, isolated, economically dependent, or worried about their children" (Harward Medical School, 2007). In cases such as this, the person with DPD may have developed the pathological traits in an adaptive fashion, as a way to cope with the domineering relationship. However, the other reason is that he or she is a carrier of DPD traits, especially in women who have been severely abused. These women tend to show traits that are highly "self-defeating and dependent," with "greater rates of overall psychological maladjustment" (Coolidge & Anderson, 2002, pp. 126–127). The victims see themselves as powerless, unable to exert any control.

Dependent Personality Disorder Cases

In conceptualizing DPD, it can be helpful to examine previous court cases in which this personality disorder was presented as an affirmative defense so as to understand its presentation in the legal setting and how expert witnesses interpreted this mental disorder.

United States v. Perkins

One case was the *United States v. Perkins* in which the defense argued that due to the defendant's mental illness (DPD), she should have a reduced sentence for her crime. There were two different psychologists who testified at the hearing. Dr. Thomas B. Drummond, for the defense, diagnosed her with DPD. He also stated that "her dependent personality was 'strikingly beyond normal'" (*United States vs. Perkins*, 1992). Alternatively, Dr. William J. Stejskal, for the prosecution, dual-diagnosed her with borderline personality disorder and DPD.

The focus of this trial was whether her DPD diminished her capacity and contributed to her committing the offense. This is where law and psychology overlap. In relation to diminished capacity, the law states that

> If the defendant committed a non-violent offense while suffering from a significantly reduced mental capacity not resulting from voluntary use of drugs or other intoxicants, a lower sentence may be warranted to reflect the extent to which reduced mental capacity contributed to the commission of the offense, provided that the defendant's criminal history does not indicate a need for incarceration to protect the public. (Section 5K2.13 of the Sentencing Guidelines, 2009)

The prosecution inquired of Dr. Drummond whether Ms. Perkins's mental illness contributed to her offense. Dr. Drummond noted that "Mrs. Perkins's tendency to direct people to drug distributors and to ask for drugs in return was 'a very vivid example of her dependency'" (*U.S. vs.*

Perkins, 1/24/91 Tr. at 17.). He elaborated further by stating that he "finds that this defendant did have diminished capacity at the time of the offense" (*U.S. vs. Perkins*, 1992). He then goes on to describe one of the symptoms of DPD to be "poor judgment and is easily influenced by others, and that her conduct in the offense was related to that disorder" (*U.S. vs. Perkins*, 1992). It was this testimony that aided the court in ruling for Mrs. Perkins, stating that due to her DPD, her mental capacity was diminished.

People v. Lori B.

This case focused on a mother who knowingly exposed her child to violence at the hand of her paramour. As such, the court concluded that the psychological issues that the mother suffered from "put the child in an environment that was injurious to his health and welfare" (*People vs. Lori B.*, 2008). It was determined that the

> mother failed to protect the older son from physical and sexual abuse by her former paramour and had unresolved psychological issues. The mother suffered from dependent personality disorder with borderline features, and lied to the Department of Children and Family Services about her knowledge of the father's arrests. (*People v. Lori B.*, 2008)

Lori B. was evaluated by Dr. Paul Lindne in October of 2005, and she was diagnosed with "dependent personality disorder with borderline features" (*U.S. vs. Lori B.*, 2008). He found her IQ to be at 82, which is in the low average range. In addition, he discovered that she

> used denial to such an extent that she had very poor judgment. Because she viewed herself as unattractive and defective, her fear of rejection and criticism led her to seek out individuals with obvious character flaws. Her self-esteem deficits caused her to be dependent on others and cling to dysfunctional relationships. (*U.S. v. Lori B.*, 2008)

As such, she demonstrated a clear lack of judgment and an incapacity to protect her children from harm. It was recommended that that she receive individual psychotherapy for 2 to 3 years.

An additional parenting report in 2006 showed her younger son to be abused by her current paramour. Lori B. was not able to accept responsibility for her part in his abuse. She also neglected her recommended therapeutic treatment. "On appeal, the Public Guardian and State contended that the State proved by a preponderance of the evidence that M.W. (her younger son) was abused due to a substantial risk of physical injury" (*People vs. Lori B.*, 2008). The doctors who evaluated Lori B. found that she had not resolved her own issues of trauma. She had been unable to develop into an independent and self-relying individual, which is why she had been unable to

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protect her children. Instead, Lori B. had sought out and clung to unhealthy relationships. It was determined through her psychological evaluations that she had "Dependent Personality Disorder with Borderline Features" (*People vs. Lori B*., 2008).

People v. Tabitha H.

This court case examined whether a mother who had been diagnosed with DPD had made any progress in her treatment. If she had, she would be awarded custody of her child. Her child was originally removed because the mother's boyfriend had been abusive toward the child and the mother. Though the mother's love for the child was apparent to the court, her lack of action to seek the court recommended treatment led to court to ruling against her.

The mother received the dependent disorder diagnosis from Dr. Staggs, who testified that the mother's willingness to "place others first in her life" put her child's welfare in "jeopardy" (*People v. Tabitha H*., 2004). Dr. Staggs noted how the mother repeatedly put the wants and needs of her boyfriend above her child's. An example of this was noted in her not completing her program at a domestic violence shelter and instead moving in with a new boyfriend. This directly went against the advice of her caseworker. Dr. Staggs stated how this behavior demonstrated "negative progress in treating her Dependent Personality Disorder because (she) needed to learn to live independently in order to overcome this disorder" (*People v. Tabitha H*., 2004). In addition, the mother made repeated attempts to protect her boyfriend from the police and rationalized that her boyfriend's abusive behavior was appropriate.

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People v. Novy

A mother was charged with first-degree murder, aggravated battery to a child, and cruelty to a child. She was convicted of first-degree murder. The court held that she was accountable for the father's actions that led to the death of the child. Though she did not deliver the fatal blow, she did inflict injuries to the child prior to the child's death. In addition, she did nothing to deter her husband from administering the fatal blow to the child.

Dr. Daniel Cuneo, a clinical psychologist and an expert in the field, was a witness for the mother. He diagnosed her with DPD and with a major depressive episode. Dr. Cuneo testified that she displayed submissive behavior that is common for people with DPD. Furthermore, he described her as having a

> very compliant, flat personality. Defendant also suffers from learned helplessness. This condition causes her to feel helpless and take no

> action to help herself. She passively acquiesces to demands. It is typical in a battered individual and causes them to stay in the abusive relationship. People suffering from learned helplessness feel there is nothing they can do to change their situation. (*People v. Novy*, 1992)

As such, Dr. Cuneo noted that it was this personality disorder that impaired her from being able to stop her husband from killing their son. He stated that people with DPD tend to feel that they are unable to help themselves or others.

People v. Tonya L.

In this case, the court found the parents unfit and terminated their parental rights. It was found that both parents had significantly low IQs. This, coupled with several disturbances in personality functioning, is what led the court to decide to terminate their parental rights. Some of these disturbances were "extreme personality disorganization, poor contact with reality with indications of poor impulse control and inadequate social judgment" (*People v. Tonya L.*, 2004). The mother was diagnosed with three comorbid disorders; chronic depression, intermittent explosive disorder, and DPD. Given her DPD diagnosis, having such stressors as interacting with the child welfare system and the separation from her husband and children exacerbated her symptoms.

Dr. Bouchard acted as the expert witness in this case. He testified that the mother was unable to properly tend to her children's needs because of her "personality disorganization, her passivity in responding to the children, the children's lack of a bond with her, and her inability to protect the children from danger" (*People v. Tonya L.*, 2004). Due to the mother's and father's cognitive impairments, the father's substance abuse, and the mother's emotional instability the court believed that neither parent would be able to adequately meet the needs of the children. As such, the court terminated the parents' rights.

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The State of Indiana v. Melissa B.

This is a murder case that was tried in 2011. The history of this case involves Melissa Bruce, a young woman in her twenties who was married for several years to an abusive husband. This marriage produced two children 2 years apart. Although Mrs. Bruce was the victim of several beatings by her husband, she remained in the marriage until she was finally convinced by her family to leave him and receive treatment in a residential battered-wives shelter. Subsequently, she lived in a halfway house with her two young children. During the time that she was in a halfway house, she communicated via chat room with various men. Subsequent to her release from a halfway

house, she elected to marry a man with whom she had only had 5 weeks of Internet contact. They moved in together: Melissa with her two children and the new husband's four boys. Melissa's youngest child, a girl, who was 4 years old, was having difficulty with toilet training, no doubt the result of a very tumultuous early life experience. The stepfather would place the young girl on the toilet and demand cooperation. When cooperation was not forthcoming, the stepfather would beat the child and, ultimately and gruesomely, beat her to death in the presence of Melissa. Although Melissa would question her husband's methods, he insisted that he knew what he was doing, and Melissa was helpless to interfere. Ultimately, this led to the death of her daughter.

The stepfather was convicted of murder, and Melissa faced charges of failing to seek medical attention. This author (Jaffe) was brought in as an expert to evaluate Melissa Bruce. The results of the psychological testing indicated that she did indeed meet the criteria for a DPD, and subsequent testimony was provided at her sentencing hearing. Notwithstanding the compelling evidence provided, the judge sentenced Melissa to the maximum amount of jail time, which was 20 years, which will allow her to be released within 10 years. Hal Garfinkel, Melissa's attorney, offered the affirmative defense that Melissa suffered from a serious mental disorder that interfered with their judgment, but the judge did not factor that into her ruling.

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COMMENTARY OF DPD IN THE LEGAL FIELD

The insanity defense is an area in which psychology and the law have been integrated. This defense has been accepted as an affirmative defense. It remains as one of the only defenses that has been accepted in the area of law. As psychologists have become more integrated into the legal process, they have brought with them new perspectives of how psychology can factor into a crime. This has given rise to a better understanding of one's motives and intentions in the forensic field. However, as psychologists attempt to assimilate their findings of personality into the legal field, they have been met with significant reservations from their constituents. Any defense that attempts to use personality disorders as an affirmative defense has been challenging to use as a means for mitigating a sentence due to the fact that it falls outside the insanity defense. This can be noted in the *U.S. Sentencing Guidelines Manual* (2009). The manual clearly states that if the crime that the person committed was violent, there can be no reduction in the sentence (Sentencing Guidelines, 2009). It is for this reason that psychologists need to start acting as scholastic educators so that a collective knowledge can be developed that encompasses an

understanding of how one's personality traits can affect his or her behavior. One way that this goal can be accomplished is by making the DSM-V more adaptive in the language and criteria for diagnoses. Doing this would enable psychologists to be able to more accurately diagnosis disorders and, thus, would ultimately become more accepted in the legal community. The presence of a disorder could then potentially act to mitigate an offender's sentence.

The upcoming DSM-V has significantly altered not just how DPD is defined but how personality disorders in general are defined. The basis for diagnosis has become more subjective, using a more categorical perspective. For someone to be diagnosed with a personality disorder, he or she must still meet the criteria of having a disturbance intrapersonally and interpersonally. To measure this disturbance, psychologists are supposed to look at the "disorder types, the personality traits, the levels of personality functioning, the degree of correspondence between a patient's personality (disorder) and a type, and personality trait domains and facets," all within a "dimensional ratings" scale (APA, 2011). The psychologist also has to determine whether these criteria are stable "across time and situations, and excludes culturally normative personality features and those due to the direct physiological effects of a substance or a general medical condition" (APA, 2011). In addition, to diagnosis an individual with DPD no longer exists in the DSM-V. Instead, "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," including the traits of "submissiveness, anxiousness, and separation insecurity" (APA, 2011). The use of this methodology could help to promote an increased level of understanding of personality disorders within society, working to reduce stigmatism and improving community relations.

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FUTURE DIRECTIONS

Cultural Influences

It appears that reconsiderations are increasingly being made in terms of how DPD is conceptualized. For this reason, future research will need to start to consider the cultural contexts before making a diagnosis. The criteria that was developed for DPD was based on "deep assumptions about the adaptive standards of self and interpersonal relationships in American individualistic culture" (Chen, Nettles, & Chen, 2009, p. 793). Due to the origin of criteria's being rooted in individualistic standards, it makes it difficult to understand the cross-cultural implications on this diagnosis.

To account for the influences a culture may have on a disorder, the DSM-IV-TR made three alterations from the previous edition. The writers accounted for how culture could alter the variance of symptomatology,

they created culture-bound syndromes, and "a cultural formulation for the evaluation of the individual's cultural context was outlined" (Chen et al., 2009, p. 794). In addition, the World Health Organization created the International Classification of Diseases (ICD) to accommodate for the influences culture can have on mental disorders. However, there appears to be a clearly demarcated line between how the DSM and the ICD conceptualize personality disorders. The DSM DPD diagnosis tends to see submissiveness or preference of dependency over autonomy as maladaptive. Conversely, it is important to consider the construct from which these pathological considerations are made: specifically, whether they are individualistic-based or collectivist-based.

Cultures within the United States and in Europe are more individualistically based. Alternatively, Asian, Latino/Latina, and African cultures are more collectivist-based. The individualistic cultures see dependency as having the potential to negatively impact autonomy. This would be considered highly negative in these cultures because of the importance placed on gaining a sense of self (individually based). In contract, collectivist cultures place a high importance on being able to develop a healthy sense of dependence. Alternatively, just as the individualistic culture views dependence as maladaptive, collectivist cultures view individualist characteristics as maladaptive. These collectivist cultures believe that demonstrating too much independence negates the family's needs and one's obligations toward family and is, therefore, a selfish act. The within-group standards place an emphasis on obligation over one's individualistic needs. Comparably, whereas an "independent self is assumed as the basic unit of individual existence in individualistic culture, East Asian Confucianism focuses on an individual's social roles identified by interpersonal duties and responsibilities" (Chen et al., 2009, p. 798).

There are different standards for pathology that can have a cultural basis and need to be accounted for. The act of being submissive and dependent within collectivist cultures is seen as being adaptive. To accurately conceptualize DPD or personality disorders in general, psychologists and mental health practitioners need to start looking at not just the personality traits of an individual but how that individual adapts to the social norms set out by his or her culture.

Forensic Assessment

When conducting forensic assessments, accuracy is important. The more empirically validated measurement tools used, the more strength that can be placed on the conclusions. The semi-structured interview has been a point of controversy due to the fact that it "produces results that do not correlate well with the findings of other instruments" (Tyrer, Morgan, & Cicchetti, 2004,

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p. 10). As such, there is a need for more assessment instruments that measure specific personality characteristics. In having these instruments, clearer differentiations could be made in terms of how personality characteristics interact to form personality disorders.

To meet these needs, three researchers created the Dependent Personality Questionnaire so as to have a screening tool that helps to identify clients with DPD. This questionnaire is a "short self-rating scale," consisting of eight items, that was developed "using the concepts defining dependent personality in ICD-10 and from the dependent personality disorder section of the Personality Assessment Schedule" (Tyrer et al., 2004, p. 11). The participants (30 in total) were referred to a community mental health team. The researchers found that the "DPQ was a good predictor of the diagnosis of dependent personality disorder, with sensitivity, specificity, predicted positive, and predicted negative accuracies of 87%" (Tyrer et al., 2004, p. 10). The development of this measurement tool is highly advantageous for being able to accurately identify DPD.

The use of forensic assessment instruments that have an overarching measurement strategy has been the standard for an extended period of time. Though these instruments have been empirically validated, they lack the ability to draw out the specific personality characteristics contained within each disorder. For this reason, developing assessment tools that look for definitive characteristics would be beneficial in being able to better understand the presentation of personality disorders and potential treatment options. Another tool that has been developed to measure such characteristics is the Shedler-Westen Assessment Procedure Q-Sort (SWAP-200). The SWAP-200 was developed using other clinicians as their means of creating two descriptors: a composite that was based on actual clients and a prototype that was based on hypothetical clients (Smith, Hilsenroth, & Bornstein, 2009). This measure has been found to be empirically validated with good retest reliability. The researchers, Smith and colleagues (2009), specifically examined the reliability of the dependency scale on this test. They discovered that

> the more a patient resembled either the SWAP-200 hypothetical prototypical DPD patients or aggregate personality descriptions of actual patients profiles for DPD, the more likely the patient was to be diagnosed categorically (presence or absence) as having DPD by an independent clinical rater. (Smith et al., 2009, p. 616)

The findings of this test demonstrate the need for future researchers to consider how the DSM criteria interact with assessment measurements and how this relationship needs to be taken into account when developing assessment tools.

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PSYCHOLOGY IN THE COURTROOM

Mental health professionals can interact with the law in many areas. They can be used in sentencing hearings, competency trials, or insanity defenses. An expert's psycho-legal opinion is formulated by looking at the offense and the defendant's potential mental health diagnosis. When an expert does determine a defendant to be insane, it is usually based on the defendant's having a diagnosis that has to do with a psychotic or affective disorder rather than a personality disorder or a substance abuse disorder (Warren, Murrie, Chauhan, Dietz, & Morris, 2004). In addition, the kind of offense that the defendant committed is also a major determinant. For this reason, future research should focus on how a defendant's offense can impact an expert's opinion and a jury's opinion. By learning about this impact, mental health and legal professionals will be able to better understand its influence.

There is a multiplicity of facets that go to an expert's opinion. The expert not only has to conduct psychological assessments to evaluate a defendant from an empirical standpoint but has to gather collateral data. The expert needs to have read the "statements by the defendant, the defendant's criminal history, and/or the statements of witnesses" to be able to formulate an accurate opinion (Warren et al., 2004, p. 183). It is only after a defendant has been interviewed, assessed, and collateral data obtained that an expert can reach a conclusion that holistically addresses all the facts. To negate any of these facets would be negligible, especially as it would open up the psychological expert to severe scrutiny during cross-examination. As such, future research should focus on how influential each of these parts is in the courtroom and how juries' opinions are affected by this information or lack of information therein. This could greatly aid the psychology and legal field in then being able to develop a higher standard for assessment in court cases, which would then further validate the presence of mental health professionals in the courtroom and place more trust in psychological opinions for the jury.

Additionally, experts need to be aware of their own biases so that they do not influence the experts' clinical judgment. This awareness of biases is also necessary for juries. If there is a bias present, the individual should take time to evaluate where and how the bias may have developed and to note the influence the bias may have on the individual's opinions. A person's views on how criminal responsibility is affected by mental illness can directly affect how that individual will see that defendant. The stereotypes a person has are often affected by the "emotional connotation" (Louden & Skeem, 2007, p. 451). To account for this stereotyping, some sort of checklist should be developed by psychological researchers that addresses potential biases that can be present in expert witnesses or juries and how one's emotions influence these biases so as to reduce the presence of these stereotypes in the courtroom.

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CONCLUSION

It is important to understand how psychology works within the legal field. The manner in which clinicians portray their clinical and forensic findings to those in the legal field will directly impact how they are received. For this reason, it is critical for clinicians to use current and empirically validated research. As such, it was the purpose of this article to give a timely and practical portrayal of the relevance of using DPD as an affirmative defense using legal references and empirically validated evidence. By noting the contributing factors, such as the etiology and personality traits that lead to the development of a disorder, a more accurate picture of how a mental disorder can affect a person can be depicted. In doing this, clinicians' expert opinions will begin to become more accepted in fields other than psychology.

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REFERENCES

American Psychiatric Association. (2000). *Diagnostic and Statistical Manual of Mental Disorders* (4th ed., text revision). Washington, DC: Author.

American Psychiatric Association. "DSM-5 Development." Retrieved from http://www.dsm5.org/about/Pages/Default.aspx

Brook, J. S., Brook, D. W., & Whiteman, M. (2003). Maternal correlates of toddler insecure and dependent behavior. *The Journal of Genetic Psychology*, *164*(1), 72–87. doi:10.1080/00221320309597504

Chen, Y., Nettles, M. E., & Chen, S. (2009). Rethinking dependent personality disorder: Comparing different human relatedness in cultural contexts. *The Journal of Nervous and Mental Disease*, *197*(11), 93–800. Retrieved from http://journals.lww.com/jonmd/pages/default.aspx

Coolidge, F. L. & Anderson, L. W. (2002). Personality profiles of women in multiple abusive relationships. *Journal of Family Violence*, *17*(2), 117–131. Retrieved from http://www.springer.com/medicine/journal/10896

Depue, R. A. (2009). Genetic, environmental, and epigenetic factors in the development of personality disturbance. *Developmental and Psychopathology*, *21*, 1031–1063. doi:10.1017/S0954579409990034

Eskedal, G.A. & Demetri, J. M. (2006). Etiology and treatment of Cluster C personality disorders. *Journal of Mental Health Counseling, 28*(1), 1–17. Retrieved from http://www.amhca.org/news/journal.aspx

Gude, T., Hoffart, A., Hedley, L., & Ro, O. (2004). The dimensionality of dependent personality disorder. *Journal of Personality Disorders*, *18*(6), 604–610. doi:10.1521/pedi.18.6.604.54793

Gurley, J. R., & Marcus, D. K. (2008). The effects of neuroimaging and brain injury on insanity defenses. *Behavioral Sciences and the Law*, *26*, 8–97. doi:10.1002/bsl.797

Harvard Medical School. (2007). Dependent personality disorder: Threatened by self-reliance, they take shelter in submission. *Harvard Mental Health*

Letter, 23(10). Retrieved from http://www.health.harvard.edu/newsletters/Harvard_Mental_Health_Letter

Holigrocki, R. J., & Kaminski, P. L. (2002). A structural and microanalytic exploration of parent-child relational psychopathology. *Constructivism in the Human Sciences, 7*(1/2), 111–123. Retrieved from http://www.highbeam.com/publications/constructivism-in-the-human-sciences-p62502

Hoogstad, J. (2008). Choice theory and emotional dependency. *International Journal of Reality Therapy*, *28*(1), 63–68. Retrieved from http://psychology.wikia.com/wiki/International_Journal_of_Reality_Therapy

Leising, D., Sproberg, D., & Rehbein, D. (2006). Characteristic interpersonal behavior in dependent and avoidant personality disorder can be observed within very short interaction sequences. *Journal of Personality Disorders*, *20*(4), 319–330. doi:10.1521/pedi.2006.20.4.319

Lloyd, C. D., Clark, H. J., & Forth, A. E. (2010). Psychopathy, expert testimony, and indeterminate sentences: Exploring the relationship between Psychopathy Checklist-Revised testimony and trial outcome in Canada. *Legal and Criminological Psychology*, *15*, 323–339. doi:10.1348/135532509X468432

Louden, J. E., & Skeem, J. L. (2007). Constructing insanity: Jurors' prototypes, attitudes, and legal decision-making. *Behavioral Sciences and the Law*, *25*, 449–470. doi:10.1002/bsl.760

McSherry, B. (2003). Voluntariness, intention, and the defense of mental disorder: Toward a rational approach. *Behavioral Sciences and the Law*, *21*, 581–599. doi:10.1002/bsl.552

Million, X., & Davis, R. (2000). *Personality disorders in modern life*. New York, NY: Wiley.

People v. Lori B. (In re M.W.), 386 Ill. App. 3d 186, 897 N.E.2d 409, 2008 Ill. App. LEXIS 1068, 325 Ill. Dec. 161 (Ill. App. Ct. 1st Dist. 2008).

People v. Novy, 232 Ill. App. 3d 631, 597 N.E.2d 273, 1992 Ill. App. LEXIS 1257, 173 Ill. Dec. 565 (Ill. App. Ct. 5th Dist. 1992).

People v. Tabitha H. (In re K.H.), 346 Ill. App. 3d 443, 804 N.E.2d 1108, 2004 Ill. App. LEXIS 154, 281 Ill. Dec. 813 (Ill. App. Ct. 2d Dist. 2004).

People v. Tonya L. (In re Cornica J.), 351 Ill. App. 3d 557, 814 N.E.2d 618, 2004 Ill. App. LEXIS 951, 286 Ill. Dec. 630 (Ill. App. Ct. 2d Dist. 2004).

Rendell, J. A., Huss, M. T., & Jensen, M. L. (2010). Expert testimony and the effects of a biological approach, psychopathy, and juror attitudes in cases of insanity. *Behavioral Sciences and the Law*, *28*, 411–425. doi:10.1002/bsl.913

Schoenleber, M., & Berenbaum, H. (2010). Shame aversion and shame-proneness in Cluster C personality disorders. *Journal of Abnormal Psychology*, *119*(1), 197–205. doi:10.1037/a0017982

Smith, S. W., Hilsenroth, M .J., & Bornstein, R. F. (2009). Convergent validity of the SWAP-200 dependency scales. *The Journal of Nervous and Mental Disease*, *197*(8), 613–618. Retrieved from http://journals.lww.com/jonmd/pages/default.aspx

Tyrer, P., Morgan, J., & Cicchetti, D. (2004). The dependent personality questionnaire (DPQ): A screening instrument for dependent personality. *International Journal of Social Psychiatry*, *50*(1), 10–17. doi:10.1177/0020764004038754

United States v. Perkins, 963 F.2d 1523, 295 U.S. App. D.C. 356, 1992 U.S. App. LEXIS 9807 (1992).

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United States Sentencing Commission. (2009). *Sentencing Guidelines for US Courts: Notice*. Retrieved from http://www.ussc.gov/Guidelines/2010_guidelines/index.cfm

Wang, W., Wang, Y., Gu, J., Drake, R. A., Livesley, W. J., & Jand, K. L. (2003). Line bisection performance in patients with personality disorders. *Cognitive Neuropsychiatry*, *8*(4), 273–285. doi:10.1080/13546800344000048

Warren, J. I., Murrie, D. C., Chauhan, P., Dietz, P. E., & Morris, J. (2004). Opinion formation in evaluating sanity at the time of the offense: An examination of 5175 pre-trial evaluation. *Behavioral Sciences and the Law*, *22*, 171–186. doi:10.1002/bsl.559

Waska, R. T. (1997). Precursors to masochistic and dependent character development. *The American Journal of Psychoanalysis*, *57*(3), 253–267. doi:10.1023/A:1024619931808

Weertman, A., Arntz, A., Schouten, E., & Dreessen, L. (2006). Dependent personality traits and information processing: Assessing the interpretation of ambiguous information using the Thematic Apperception Test. *British Journal of Clinical Psychology*, *45*, 273–278. doi:10.1348/014466505X85853

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