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Prevalence of Dependent Personality Disorder and its Impact on Self-Esteem in Elderly Individuals

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ABSTRACT

This study examines the prevalence of Dependent Personality Disorder (DPD) and its impact on self-esteem among elderly individuals aged 60+. Using a cross-sectional design, 100 participants (50 men, 50 women) were assessed with the Dependent Personality Questionnaire (DPQ) and Rosenberg Self-Esteem Scale (RSES). Results revealed a 25% prevalence of DPD traits, significantly higher than general population estimates. A strong negative correlation ($\rho = -0.514$, $p < 0.01$) was found between DPD and self-esteem, indicating that dependency behaviors erode self-worth. No significant gender ($p = 0.688$) or age-group ($p = 0.329$) differences emerged, challenging stereotypes about dependency in aging. The findings highlight the need for routine DPD screening in geriatric care and tailored interventions (e.g., CBT, autonomy-building programs) to mitigate dependency-related psychological distress. This study contributes to the limited literature on personality disorders in elderly populations and underscores the importance of addressing self-esteem in late-life mental health.

Introduction

The study examines the intersection of aging, Dependent Personality Disorder (DPD) and self-esteem through multiple theoretical lenses. Aging is conceptualized as both a biological process and a social construct, with significant variation in how different societies define old age. While developed nations typically use chronological markers (60-65 years), developing countries often emphasize social role transitions¹. This contextual understanding is crucial as it frames the population under investigation.

Erikson's psychosocial theory provides the developmental foundation, particularly the Integrity vs. Despair stage². This final life stage highlights how elderly individuals reflect on their lives, with positive integration leading to wisdom but unresolved regrets potentially causing psychological distress. The study

adopts the 60+ age benchmark, further dividing participants into 60-69, 70-79 and 80+ subgroups to capture developmental nuances.

Dependent personality disorder in geriatric populations

DPD emerges as a critical focus due to its alignment with aging-related challenges. Characterized by excessive need for care, fear of abandonment and decision-making difficulties (DSM-5, 2013), DPD symptoms often intensify with age-related physical and cognitive decline. The disorder's 0.49% prevalence rate, female predominance and association with authoritarian parenting³ establish important demographic considerations.

Attachment theory⁴ provides the explanatory mechanism, suggesting that insecure early attachments create maladaptive interpersonal patterns that may manifest as DPD in later life. This theoretical perspective is particularly relevant when examining

the disorder's persistence into old age and its interaction with aging-related losses.

Self-esteem and gender dynamics

Self-esteem, defined as global self-worth⁵, represents a core psychological resource that typically declines with age due to role changes and physical limitations. For elderly individuals with DPD, this decline may be exacerbated by their dependent tendencies and perceived helplessness. Borrico's⁶ Filipino study demonstrates how negative aging perceptions directly reduce self-esteem, highlighting cultural influences on this relationship.

Gender emerges as a crucial moderator, with research showing:

- Persistent gender gaps in self-esteem favoring men⁷.
- Women's greater vulnerability to dependency traits⁸.
- Cultural variations in these patterns

Research rationale and significance

This study addresses three critical gaps:

- Limited data on DPD prevalence in elderly subgroups
- Understudied DPD-self-esteem relationship in aging populations
- Insufficient examination of gender's role in these dynamics

The research holds both theoretical and practical significance. Theoretically, it integrates lifespan, clinical and social perspectives on aging. Practically, findings will inform:

- Age-specific mental health interventions
- Gender-sensitive treatment approaches
- Preventive strategies for at-risk subgroups

Review of Literature

Prevalence of DPD in elderly populations

Studies reveal that Dependent Personality Disorder (DPD) affects 0.49–14.4% of older adults, with higher rates in institutional settings^{9,10}.

Key insights:

- **Gender disparities:** Women exhibit higher DPD prevalence (69.6% vs. 30.4% in men), linked to societal norms and diagnostic biases^{10,8}.
- **Age trends:** DPD symptoms may stabilize or intensify with age, particularly in contexts of declining autonomy¹¹.

Impact on self-esteem

DPD correlates strongly with low self-esteem in elderly individuals due to:

- **Loss of independence:** Functional limitations and reliance on caregivers erode self-worth¹².
- **Psychological distress:** Co-occurring depression exacerbates self-esteem deficits¹³.
- **Cultural contexts:** Negative perceptions of aging further diminish self-esteem⁶.

Gender and sociocultural influences

- Women face compounded challenges due to gendered caregiving roles and societal expectations⁸.
- Men report higher baseline self-esteem, but DPD amplifies vulnerability to isolation⁷.

Critical research gaps

- Limited age-specific DPD assessments for elderly populations¹³.
- Few studies examine intersectional impacts of gender, culture and aging on DPD¹⁴.

Promising interventions

- **Therapies:** CBT and schema therapy show efficacy for DPD^{10,9}.
- **Social Support:** Institutionalized elderly report better mental health than those in home settings¹⁴.
- **Self-Esteem Boosters:** Programs targeting autonomy and purpose improve outcomes¹⁵.

Future directions

- Develop age-adapted diagnostic tools for DPD.
- Investigate longitudinal trends in DPD progression.
- Design gender-sensitive care models for elderly with DPD.

Research Methodology

Research methodology overview

This study employs a rigorous quantitative, cross-sectional survey design to systematically investigate the prevalence of Dependent Personality Disorder (DPD) and its complex relationship with self-esteem among elderly individuals¹⁶. The methodological framework incorporates multiple analytical approaches to ensure comprehensive findings:

- **Descriptive statistical analysis:** To determine the distribution and frequency of DPD cases within the elderly population.
- **Correlational analysis:** To examine the strength and direction of relationships between DPD traits and self-esteem levels.
- **Comparative analysis:** To identify potential variations across gender and age cohorts.

Research Problem Statement

The global demographic shift toward an aging population presents unique psychological challenges that demand scholarly attention. As individuals advance in age, they frequently experience progressive declines in physical health and functional independence, creating conditions that may precipitate or exacerbate dependency-related personality traits characteristic of DPD. This disorder manifests through:

- Excessive reliance on others for decision-making.
- Pathological fear of abandonment.
- Marked difficulties in autonomous functioning.

Despite its clinical relevance to geriatric mental health, the extant literature reveals significant gaps in our understanding of DPD's epidemiology and psychological consequences among elderly populations. Particularly lacking are:

- Population-specific prevalence rates across different elderly age brackets
- Empirical data on how DPD interacts with self-esteem in later life
- Gender-informed analyses of DPD manifestation and impact

Research Questions

The study addresses four primary research questions:

- What is the point prevalence of clinically significant DPD traits among community-dwelling elderly individuals aged 60 years and above?
- What is the nature and strength of association between DPD symptom severity and self-esteem levels in this population?
- How do DPD prevalence rates and associated self-esteem outcomes differ between elderly men and women?
- Are there significant variations in DPD presentation across successive age decades (60-69, 70-79, 80+) within the elderly population?

Study Aims and Objectives

Primary Aim: To conduct a multidimensional examination of DPD characteristics, their psychological correlates and demographic variations among elderly individuals (≥ 60 years) in urban India.

Specific objectives

- To establish population-based estimates of DPD prevalence using standardized diagnostic measures.
- To quantify the relationship between DPD symptom severity and self-esteem metrics.
- To perform gender-stratified analyses of DPD presentation and psychological outcomes.
- To examine age-cohort differences in DPD phenomenology.
- To contribute to the development of culturally appropriate assessment protocols for geriatric personality disorders.

Operationalization of key variables

- Independent variable:** DPD status (categorical: present/absent; continuous: symptom severity score)
- Primary dependent variable:** Global self-esteem (continuous variable measured by RSES total score)
- Demographic moderators:**
 - Gender (dichotomous: male/female)
 - Age cohort (ordinal: 60-69, 70-79, 80+ years)

Research hypotheses

- H₁:** The point prevalence of clinically significant DPD will exceed 5% in the elderly sample.
- H₂:** Higher DPD symptom severity will show significant negative correlation ($\rho \leq -0.3$) with self-esteem scores.
- H₃₀:** No significant gender difference will exist in DPD prevalence rates ($p > 0.05$).
- H₄₀:** DPD prevalence will not differ significantly across age cohorts ($p > 0.05$).

Research Methods

Study design specifications

- Design type:** Community-based cross-sectional analytical study
- Temporal framework:** Single-point assessment with retrospective demographic data collection
- Control measures:** Standardized administration protocols, trained interviewers, environmental controls.

Sampling Methodology

Target population: Community-dwelling elderly (≥ 60 years) in urban Ghaziabad, India
Sample Size Calculation:

- Based on expected DPD prevalence of 7% (Penders et al., 2020)
- 95% confidence level, 5% margin of error
- Design effect of 1.2 for stratification
- Minimum required N = 100 (50 men, 50 women)

Stratified sampling approach

- Primary Stratification: By gender (male/female)
- Secondary Stratification: By age cohort (60-69, 70-79, 80+)
- Inclusion criteria
- Chronological age ≥ 60 years
- Capacity to provide informed consent
- Functional literacy in Hindi or English

Exclusion criteria

- Active psychotic symptoms.
- Acute substance intoxication/withdrawal.
- Severe sensory impairments uncorrected by aids.
- Terminal illness with life expectancy < 6 months.

Psychometric Instruments

Dependent Personality Questionnaire (DPQ)

Subscale structure:

- Decision-making dependence
- Responsibility avoidance
- Pathological agreeableness
- Initiative deficit
- Nurturance seeking
- Helplessness
- Seeking relationships
- Abandonment fear

Administration protocol:

- Face-to-face interview format
- Standardized Hindi translation available
- Estimated completion time: 20-30 minutes

Rosenberg Self-Esteem Scale (RSES):

- Bilingual administration options (Hindi/English)
- Modified 5-point Likert scale for enhanced sensitivity
- Local validation studies showing $\alpha = 0.82$ in Indian elderly

Comprehensive Statistical Analysis Plan

Preliminary analyses

Data screening: Normality assessments (Shapiro-Wilk, Q-Q plots).

Descriptive statistics:

- Frequency distributions for categorical variables.
- Central tendency and dispersion for continuous measures.

- Cross-tabulations with demographic variables.

Primary analyses

Prevalence estimation:

- Point prevalence with 95% confidence intervals.
- Age- and gender-specific rates.
- Cochran-Mantel-Haenszel tests for stratification.

Correlational analysis:

- Spearman's ρ for DPD-self-esteem relationship.
- Partial correlations controlling for demographics.
- Scatterplot matrix visualization.

Group comparisons:

- Mann-Whitney U for gender differences.
- Kruskal-Wallis H for age cohort effects.

Results and Discussion

Descriptive statistics and normality testing

Demographic characteristics: The study included 100 elderly participants with equal gender representation (50 males, 50 females) (**Figure 1**). Age distribution showed (**Table 1**):

Table 1: Shows gender distribution for the data.

Gender	Frequency	Percent	Valid percent	Cumulative percent
Male	50	50.0	50.0	50.0
Female	50	50.0	50.0	100.0
Total	100	100.0	100.0	

Before conducting any statistical tests, it is crucial to determine whether the data follows a normal distribution. The Kolmogorov-Smirnov and Shapiro-Wilk tests are commonly used for this purpose. These tests help in deciding whether parametric or non-parametric statistical methods should be used for further analysis. The results of these tests indicate that all significance values are below 0.05, suggesting that the dataset deviates significantly from a normal distribution. This finding

Normality test (Kolmogorov-Smirnov)

Table 3: Shows the results of the Kolmogorov-Smirnov and Shapiro-Wilk tests.

	Kolmogorov-Smirnov (Statistic)	Kolmogorov-Smirnov (df)	Kolmogorov-Smirnov (Sig.)	Shapiro-Wilk (Statistic)	Shapiro-Wilk (Sig.)
Difficulty in Decision Making (out of 10)	.136	100	.000	.944	.000
Need for Others to Ensure Responsibility (out of 9)	.174	100	.000	.921	.000
Agreeableness (out of 12)	.148	100	.000	.954	.001
Difficulty in Self Initiation (out of 10)	.188	100	.000	.932	.000
Goes to Lengths for Nurturance (out of 9)	.150	100	.000	.942	.000
Helplessness (out of 10)	.176	100	.000	.935	.000
Seek Relationships (out of 8)	.224	100	.000	.930	.000
Fear of Abandonment (out of 10)	.172	100	.000	.940	.000
Total (out of 8)	.111	100	.004	.960	.004

Hypotheses testing:

Hypothesis 1: There will be a significant prevalence of DPD in elderly individuals

Table 4: Shows the prevalence of DPD in the sample data set.

Presence of Dependent Personality Disorder	Total
Yes	25
No	75
Total	100

justifies the use of non-parametric tests in subsequent analyses to ensure statistical validity.

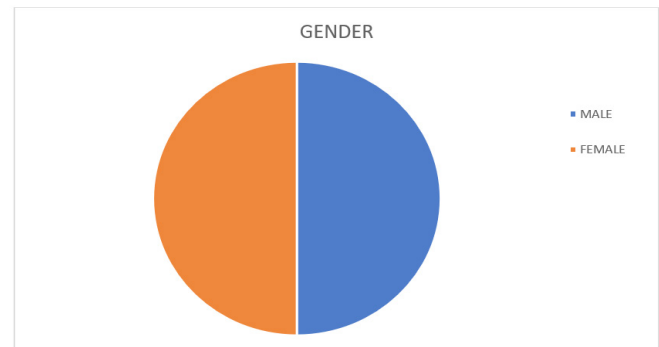


Figure 1: Shows gender distribution for the study.

In total of 100 participants, 58 were belonged to the age group of 60-69, 38 were of age 70-79 and only 4 of them were 80+ in age.

Table 2: Shows age distribution for the data.

Age	Frequency	Percent	Valid percent	Cumulative percent
60-69	58	58.0	58.0	58.0
70-79	38	38.0	38.0	96.0
80+	4	4.0	4.0	100.0
TOTAL	100	100.0	100.0	

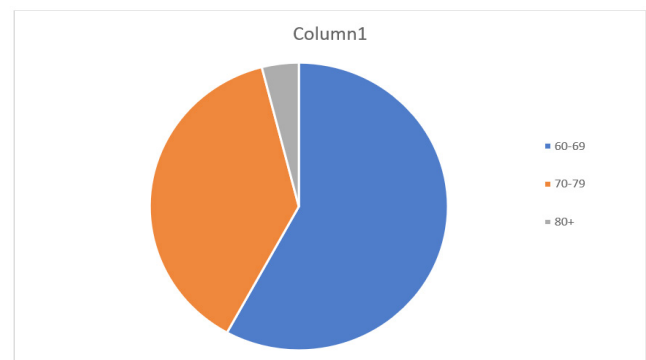


Figure 2: Shows age distribution for the study.

According to table IV, 25% of the elderly participants exhibited symptoms of Dependent Personality Disorder (DPD), which is notably higher than the general population's estimated prevalence. This supports the hypothesis that DPD is significantly prevalent among older adults, likely due to the increasing reliance on caregivers, family members and healthcare professionals. As individuals age, they often experience reduced autonomy, cognitive decline and physical impairments, all of which contribute to a heightened need for support. The loss of a spouse, social isolation and relocation to assisted living or nursing home facilities further exacerbate dependency tendencies. These external factors may trigger feelings of helplessness, reinforcing dependency-related behaviors. Moreover, elderly individuals with lifelong tendencies toward insecure attachment or low self-confidence may experience an intensification of these traits in later life, making them more vulnerable to developing DPD.

Hypothesis 2: There will be a negative correlation between DPD and self-esteem.

Table 5: Shows Spearman's Rank-Order Correlation Matrix.

Dimensions of DPD	Total (out of 8)	Self-Esteem Score
Difficulty in Decision Making (out of 10)	.477**	-.367**
Need for Others to Ensure Responsibility (out of 9)	.549**	-.386**
Agreeableness (out of 12)	.465**	-.152
Difficulty in Self-Initiation (out of 10)	.489**	-.315**
Goes to Lengths for Nurturance (out of 9)	.351**	-.209*
Helplessness (out of 10)	.466**	-.215*
Seek Relationships (out of 8)	.484**	-.208*
Fear of Abandonment (out of 10)	.379**	-.297*
Total (out of 8)	1.000	-.514**
Self-Esteem Score	-.514**	1.000

According to table V, Spearman's rank-order correlation analysis found a statistically significant negative correlation ($p = -0.514$, $p < .01$) between Dependent Personality Disorder (DPD) and self-esteem, confirming that individuals who exhibit higher levels of dependency traits tend to have lower self-worth. This relationship is expected, as key characteristics of DPD—such as difficulty making independent decisions, excessive reassurance-seeking and a deep-seated fear of abandonment—are closely tied to a lack of confidence in one's abilities. When individuals doubt their capacity to manage daily challenges on their own, they may rely excessively on others for emotional, financial or practical support. This over-reliance can reinforce feelings of helplessness and self-doubt, creating a vicious cycle where low self-esteem fuels dependency behaviors and dependency, in turn, further diminishes self-esteem.

Hypothesis 3: There will be no significant difference in the prevalence of DPD between males and females.

Table 6: Shows the prevalence of DPD in males and females.

Presence of DPD	Male	Female	Total
Yes	11	14	25
No	39	39	75
Total	50	50	100

Mann-Whitney U Test was conducted to determine if there are any statistically significant difference in the prevalence of DPD between males and females.

Table 7: Shows Mann-Whitney U test statistics for gender differences in prevalence of DPD.

	Total
Mann-Whitney U	1192.500
Wilcoxon W	2467.500
Z	-.402
Asymp. Sig. (2-tailed)	.688

According to table VII, the Mann-Whitney U test results revealed no statistically significant difference in the prevalence of Dependent Personality Disorder (DPD) between males and females ($p = 0.688$). This finding suggests that dependency traits are not inherently linked to gender but may instead be shaped by individual personality structures, early life experiences and social influences. Traditionally, societal expectations have often portrayed women as more prone to dependency due to cultural norms emphasizing caregiving roles and emotional reliance on family members. However, this study's findings challenge these stereotypes, indicating that both men and women experience dependency at similar rates. It is possible that men may express dependency differently, such as seeking reassurance from authority figures, depending on their spouses for emotional support or exhibiting passive avoidance behaviors. The lack of significant gender differences suggests that the development and manifestation of DPD are more complex than gender-based assumptions imply.

Hypothesis 4: There will be no significant difference in the prevalence of DPD across age groups (60-69, 70-79, 80+).

Table 8: Shows the prevalence of DPD across the different age group.

Presence of DPD	Count for 60-69	Count for 70-79	Count for 80+	Total
Yes	9	13	3	25
No	49	25	1	75
Total	58	38	4	100

Table 9: Shows results of Kruskal-Wallis Test.

	Kruskal-Wallis H	df	Asymp. Sig.
Difficulty in Decision Making (out of 10)	6.998	2	.030
Need for Others to Ensure Responsibility (out of 9)	2.866	2	.239
Agreeableness (out of 12)	7.282	2	.026
Difficulty in Self Initiation (out of 10)	3.981	2	.137
Goes to Lengths for Nurturance (out of 9)	3.711	2	.156
Helplessness (out of 10)	.756	2	.685
Seek Relationships (out of 8)	1.692	2	.429
Fear of Abandonment (out of 10)	1.392	2	.499
Total	2.222	2	.329

According to table XI, the results of this study showed no significant difference in the prevalence of Dependent Personality Disorder (DPD) across the three age groups (60-69, 70-79 and 80+), as indicated by the Kruskal-Wallis test ($p = 0.329$). This finding suggests that dependency traits remain relatively stable throughout late adulthood, contradicting the expectation that DPD might increase with age due to factors such as declining health, loss of independence and reduced social support. While older individuals often experience greater reliance on caregivers and family members, this study's results indicate that those who

develop dependency tendencies likely possess them earlier in life, rather than acquiring them primarily in old age. This could mean that personality traits remain relatively stable over time, rather than being heavily influenced by age-related life changes. Additionally, the absence of significant differences between age groups suggests that external factors-such as physical health conditions, social isolation or major life events like widowhood-may play a greater role in shaping dependency behaviors than chronological aging alone.

Conclusion

Key findings & Implications

Prevalence of DPD in elderly

- 25% of participants exhibited DPD traits, significantly higher than the general population (0.49%).
- Aging factors (health decline, loss of independence) amplify dependency behaviors.
- Clinical implication: Routine DPD screening needed in geriatric care settings.

DPD and Self-Esteem

- Strong negative correlation ($p = -0.514$, $p < 0.01$): Higher dependency linked to lower self-worth.
- Cycle of dependency: Low self-esteem $\rightarrow$ increased reliance on others $\rightarrow$ further self-esteem erosion.
- Intervention target: CBT and autonomy-building activities to break this cycle.

Gender and age differences

- No gender difference ($p = 0.688$): Challenges stereotypes about women's higher dependency.
- No age-group variation ($p = 0.329$): Suggests DPD traits are stable, not age-progressive.

Strengths & Limitations

Strengths	Limitations
✓ Validated tools (DPQ, RSES)	✗ Small 80+ subgroup (n=4)
✓ Equal gender representation	✗ Urban sampling bias
✓ non-parametric statistical rigor	✗ Cross-sectional design

Recommendations for future research

- Longitudinal studies to track DPD progression.
- Larger, diverse samples (rural/clinical populations).
- Mixed-methods approaches (e.g., caregiver interviews).

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