DEPENDENT PERSONALITY STYLE AND DISORDER

THE DEPENDANT PERSONALITY TYPE IN A NUTSHELL

"The essential feature of *DEPENDANT PERSONALITY DISORDER* is a pervasive and excessive need to be taken care of that leads to submissive and clinging behavior and fears of separation."[1]

The dependant individual is often viewed as everybody's friend. They rarely cause strife or conflict. They are usually willing to help most anyone who needs their help. Their internal world, however, may contain excessive anxiety and depressive symptoms.

A CLOSER LOOK

While a dependant individual may seem like a peaceful and content person, they are deeply troubled with the fear that they will be abandoned by others. They will usually do whatever they need to do to prevent the prospect of abandonment.

Although these individuals may seem to be emotionally passive, their passivity is outward only. Inside, the dependant individual holds onto both fear and anger. The fear is associated with abandonment – an ever-present prospect. The anger is associated with the fact that others seem to have such control over them. They know (deep inside) that they are sacrificing themselves unduly to others. They cannot help it.

When others take advantage of them – especially in very important interpersonal relationships like marriage – they develop a repressed anger against both the individual and the whole situation. They will usually not recognize or express this anger even to the therapist. They don't even know it exists, in some cases.

The indication to the therapist that there is a significant anger issue should be the presence of either a *Dysthymic Disorder* or an incidence of *Major Depression*. Depressive symptomology can be associated with repressed anger (especially when the anger is totally repressed from the conscious recognition of the individual).

If the therapist explores the issue of anger, it will take some time to uncover it. It is very threatening for a dependant individual to recognize, admit, and then express the anger – even as a transference to the therapist. It is not safe for them since unmasking the anger may result in a threat to a relationship, which invokes the fear of abandonment associated with dependency.

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[1] American Psychiatric Association: *DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS, FOURTH EDITION, TEXT REVISION*. Washington D.C., American Psychiatric Association. 2000, p. 721.

If anger is present, however, uncovering it and dealing with it will move the client ahead in the healing process. Until the anger surfaces and is recognized by the individual there is little probably of healing.

THE BOTTOM LINE

The dependant individual presents unique difficulties for the therapist. The therapist will find the client overly compliant in the counseling process. It is important for the therapist to carefully read through the treatment section of this report and follow the directives there that seem most appropriate in the specific situation. It is especially important for the therapist to watch for transference and countertransference issues that could present significant problems.

TECHNICAL DSM-IV-TR CRITERIA FOR DIAGNOSIS OF A FULL PERSONALITY DISORDER

The official DSM-IV-TR diagnostic criteria for *DEPENDENT PERSONALITY DISORDER* are:[2]

A pervasive and excessive need to be taken care of that leads to submissive and clinging behavior and fears of separation, beginning by early adulthood and present in a variety of contexts, as indicated by five (or more) of the following:

1. Has difficulty making everyday decisions without an excessive amount of advice and reassurance from others.
2. Needs others to assume responsibility for most major areas of his or her life.
3. Has difficulty expressing disagreement with others because of fear of loss of support or approval.
4. Has difficulty initiating projects or doing things on his or her own (because of a lack of self-confidence in judgment or abilities rather than a lack of motivation or energy).
5. Goes to excessive lengths to obtain nurturance and support from others, to the point of volunteering to do things that are unpleasant.
6. Feels uncomfortable or helpless when alone because of exaggerated fears of being unable to care for himself or herself.
7. Urgently seeks another relationship as a source of care and support when a close relationship ends.
8. Is unrealistically preoccupied with fears of being left to take care of himself or herself.

[The therapist is reminded that the above criteria must be (1) a pervasive pattern, (2) and must begin by early adulthood. If those main criteria cannot be met, a personality disorder cannot be diagnosed (technically). If many of the other criteria are present, the therapist should understand that the personality style has drifted toward undesirable and maladaptive behaviors associated with the disorder. Treatment techniques described below should be used to move the personality toward style rather than disorder.]

[2] *DSM-IV-TR*, p. 725.

DIFFERENTIAL DIAGNOSIS

There are a number of other disorders that contain similar characteristics to *DEPENDANT PERSONALITY DISORDER*. This list contains some of those disorders. The therapist is encouraged to research these similar disorders using the DSM-IV-TR.

MOOD DISORDERS, PANIC DISORDER, AGORAPHOBIA. *DEPENDENT PERSONALITY DISORDER* has an early onset, a chronic course, and a pattern of behavior that does not occur exclusively during *Axis I* or *Axis III Disorders*.

BORDERLINE PERSONALITY DISORDER. Both disorders have reactions to abandonment issues. With *BORDERLINE PERSONALITY DISORDER* cases, the reaction is with emptiness, rage and demands while *DEPENDENT PERSONALITY DISORDER* tends to increase appeasing behaviors and submission.

HISTRIONIC PERSONALITY DISORDER. Both disorders contain a strong need for reassurance and approval. *DEPENDENT PERSONALITY DISORDER* is self-effacing while *HISTRIONIC PERSONALITY DISORDER* is flamboyant.

AVOIDANT PERSONALITY DISORDER. Both disorders are characterized by strong feelings of inadequacy and hypersensitivity to criticism. *AVOIDANT PERSONALITY DISORDER* contains a strong fear of humiliation while *DEPENDENT PERSONALITY DISORDER* has a history of seeking and maintaining connections.

PERSONALITY DISORDER DUE TO MEDICAL CONDITION. Both disorders can coexist as long as *DEPENDENT PERSONALITY DISORDER* existed prior to the onset of the medical condition.

COMMONLY ASSOCIATED AXIS I DISORDERS

There are a number of *DSM-IV Axis I Disorders* that are commonly associated with the *DEPENDANT PERSONALITY TYPE*. The therapist should be aware of each of these *Axis I Disorders* and screen for them, if such screening seems appropriate.

MOOD DISORDERS. Various *Mood Disorders* may be present with the *DEPENDANT PERSONALITY TYPE*. These may include *Major Depression Disorder*, *Cyclothymic Disorder*, *Dysthymic Disorder*, and (less likely) *Bipolar Disorder*.

ANXIETY DISORDERS. When the *DEPENDANT PERSONALITY TYPE* fears separation or the need to exert themselves, they may suffer from *Anxiety Disorders*.

ADJUSTMENT DISORDERS. *Adjustment Disorder* is the development of emotional or behavioral symptoms as a result of environmental stressors. The *DEPENDANT PERSONALITY TYPE* may experience *Adjustment Disorder* when they are put in a situation that pushes them out of their dependant state and forces them to make their own decisions. The

Adjustment Disorder may include *depression*, *anxiety* (or a combination of both), and *conduct disturbance*.[3]

THE DEPENDANT PERSONALITY CONTINUUM

All personality flows on a continuum from order to disorder – from function to dysfunction. Internal and external stressing events are the "triggers" that motivate a personality that is functioning in an orderly fashion to move toward disorder. Since each personality is different, not all stressing events hold the same impacting "value" for each person. A stressor that might cause significant personality disruption in one person might not effect another at all.

Each clinically recognizable *Personality Disorder* has its corresponding *Personality Style*. The goal of the therapist should be to move a disordered personality from a state of disorder to a state of homeostasis – the corresponding *Personality Style*.

According to Sperry,[4] the optimally functioning *DEPENDENT PERSONALITY STYLE* contains seven elements. Correspondingly, there are seven elements that indicate the breakdown of each of those seven optimally functioning elements. As an individual "trades off" each of the optimally functioning elements for a maladaptation, they are moving closer to a clinical assessment of full *DEPENDENT PERSONALITY DISORDER*. The effort, therefore, must be to establish and maintain the optimally functioning elements of the *DEPENDENT PERSONALITY STYLE* without allowing for diminution toward more maladaptive traits.

[3] *DSM-IV-TR*, pp. 679-683.
[4] Sperry, Len, M.D., Ph.D. *HANDBOOK OF DIAGNOSIS AND TREATMENT OF DSM-IV-TR PERSONALITY DISORDERS* (Second Edition). Brunner-Routledge. New York, NY. 2003. P. 113.

Sperry's continuum includes the following seven elements:

Optimal Functioning	Maladaptation
• When making decisions, this person is comfortable seeking out the opinions and advice of others but ultimately makes their own decisions.	• The person is unable to make everyday decisions without an excessive amount of advice or reassurance from others – allow others of make their most important decisions.
• This person carefully promotes harmony with important persons in their life through being polite, agreeable, and tactful.	• This person agrees with people even when they believe they are wrong because of a fear of rejection.
• Although they respect authority, this individual prefers the role of a team member.	• This individual has difficulty initiating projects or doing things on their own.
• This person is thoughtful and good at pleasing others – maybe to the point of personal discomfort occasionally.	• This individual volunteers to do things that are unpleasant or demeaning in order to get other people to like them.
• This person prefers the company of one or more individuals to being alone.	• This person feels uncomfortable or helpless when alone – goes to great lengths to avoid being alone.
• This person tends to be strongly committed to relationships and works hard to sustain them.	• This person feels devastated or helpless when close relationships end and is frequently preoccupied with fears of being abandoned.
• This individual can take corrective action in response to criticism.	• This individual is easily hurt by criticism or disapproval.

THE DEPENDANT PERSONALITY STYLE UNDER STRESS

The following behaviors will likely manifest when an individual with a *DEPENDANT PERSONALITY TYPE* faces a triggering event. In the case of the *DEPENDANT PERSONALITY TYPE*, triggering events will be those events or interactions with others that demand self-reliance. This includes the prospect of the individual being alone for any significant period of time. The following elements may be involved in the individual's crisis:

- *Anxiety Disorders*. This individual may be subject to extreme anxiety disorders. This is especially true in cases of crisis and irresolution. The anxiety is likely generated by latent anger that is not being overtly expressed.
- *Mood Disorders*, especially depressive symptomology. This individual is always subject to depressive symptomology, especially conditions like *Dysthymic Disorder*.

- The individual in crisis may be unable to make decisions or greatly troubled by making decisions.
- The individual may be unable to work in crisis situations. This is especially true when depressive symptomology is extremely elevated.
- The individual will be overly compliant and may engage in activities that they do not really wish to participate in just to please another individual.
- The crisis in the dependant individual may be extreme when there is a perceived threat to loss of a significant relationship.
- The individual may be unable to be alone or may experience panic attacks when they are alone.

DISORDER ETIOLOGY AND TRIGGERS

Etiology is the study of causes and origins for a malady. The list of etiological causes and origins for this personality type have been compiled from accepted psychological research. Each personality type also has a number of triggers that will likely be associated with movement from optimal functioning toward maladaptation. While this list of triggers is not all-inclusive, this list does contain the most commonly accepted reasons that trigger a maladaptive episode in an individual with a *DEPENDANT PERSONALITY TYPE*.

PSYCHOSOCIAL ETIOLOGY FOR THE DEPENDANT PERSONALITY TYPE

The formulation of personality (and, consequently, the potential for disorder) occurs during child development. No parent and no family environment is perfect. Thus, the imperfections of that home environment will lead to the development of some personality "skew." That skew is called a personality style.

In cases where the home environment was significantly maladaptive, traumatic, or damaging to the psyche of the child, the potential for development of a full-blown personality disorder increases with the onset of early adulthood.

The following list contains likely issues that arose during childhood that precipitated the formulation of the *DEPENDANT PERSONALITY TYPE*. Many of these issues will not be cognitively accessible to the client and there is a likelihood that many of these issues will be denied by the client. In spite of client denial (which is very common) these are the most commonly accepted reasons for the development of the *DEPENDANT PERSONALITY TYPE*.

The therapist must recognize the difference between an optimally functioning personality style and a personality that is moving (or has moved) toward disorder. The personality that is not in a state of disorder but skews toward the personality style may contain a few of the events from this list, some items may be repressed, or less severe family behaviors that follow the same "theme" may have existed (but not necessarily with the same intensity).

The therapist should not "automatically" assume that each of these items was a reality in the person's home of origin. This list should be used for investigation and exploration in order that the therapist might understand the dynamics of the home of origin.

- Maternal over involvement and intrusiveness. This usually occurs early in childhood development and continues throughout all phases of development. It

usually begins prior to the development of self-directed coping skills. Thus, the child never really learns to solve their own problems and make decisions on their own (without the "guidance" of the maternal object). In adulthood, therefore, this individual will always need the help of others to make decisions. The adult will feel helpless and inadequate to formulate their own choices. There will likely be a fear in the whole decision-making process.

- Parental rewarding. This parental behavior "rewards" the child for maintaining loyalty to the parent. This behavior is employed once the child is of sufficient age that the parental figure might feel threatened in some way that the child will make their own decisions. Many times this parental behavior is presented to the child in a non-threatening manner so that the parent appears to be aiding the child with their superior knowledge. There may be subtle and creative "punishments" when a child makes a decision that counters the desires of the parent.
- Family behavior patterns to investigate at the disorder level include over nurturing,[5] over care, non-contingent nurturance, no options presented to the child, possible overly hostile and controlling family environment (all of these behaviors would have occurred after Freud's oral stage). [6]

[The above list does not contain biochemical considerations associated with the etiology of the *DEPENDANT PERSONALITY TYPE*. The therapist should understand that there may be biochemical issues associated with this disorder. Those issues are best addressed by a medical doctor or a Psychiatrist.]

DISORDER TRIGGERS

The following list contains the most common triggers that precipitate a crisis event or a full disorder in someone with a *DEPENDANT PERSONALITY STYLE*.

Expectations of Self-Reliance. The individual with a *DEPENDANT PERSONALITY TYPE* displays an excessive need to be taken care of. When the individual faces the need to be self-reliant, that need can precipitate a personal crisis.

Prospect of Being Alone. The prospect of being alone is somewhat associated with the need for self-reliance. When the dependant individual loses their dependence base, they may face a crisis.

[5] It appears that the first stage of child development was completed successfully. That stage is often called the "oral stage" or the stage of "trust versus mistrust." The individual learned to count on others since nurturance was readily available from caretakers. The problem develops after the oral stage when the caretakers do not allow the child to experience frustration. The child never learns to do things on their own but continues in the nurturance stage of reliance on others.

[6] Some of these family behavior patterns are indicated with a full disorder. In the case of a stable and optimally functioning personality style, the therapist may not locate these family behavior patterns, the behaviors may be repressed, only a few behaviors may exist, or less severe family behaviors that follow the same "theme" may be indicated.

TREATMENT COURSE
FOR DEPENDANT PERSONALITY ISSUES

The following is a summary of treatment objectives when a therapist is dealing with a *DEPENDANT PERSONALITY TYPE*. As is the case with any client engagement, when the therapist feels that they are not capable of dealing with a specific case, the case should be referred to another therapist. Also, in the event that a therapist takes on a specific case and after an appropriate time period does not see progress, the case should also be referred.

POTENTIAL MALADAPTIVE DEFENSE MECHANISMS

While it is possible for any individual in crisis to use any of the maladaptive defense mechanisms, there are maladaptive defense mechanisms that certain personality styles "favor" over others. The therapist should thoroughly research all defense mechanisms that the client might be using.

There are six major defense mechanisms that are commonly used by individuals with the *DEPENDANT PERSONALITY TYPE*. Three of those involve some type of image distortion and may indicate a significant problem leading toward psychosis (any defense mechanism above Level #2).

Displacement. The client transfers a feeling about, or in response to, one object onto another less threatening substitute object. In the case of the dependant individual, this is usually done with anger that the individual is not able to express directly toward the individual they are angry with. [Level #2 – Mental Inhibitions Level]

Isolation of Affect. The client separates ideas and cognitive elements from their originally associated affective states. There is no longer any recognition of the emotional state associated with the stressor. [Level #2 – Mental Inhibitions Level]

Repression. The client learns to block out disturbing wishes, thoughts, behaviors, or experiences from the conscious mind. Affective states remain even though the cognitive aspects have been repressed. [Level #2 – Mental Inhibitions Level]

Devaluation. The client attributes exaggerated negative qualities to themselves. This will usually happen with the dependant individual during depressive episodes. [Level #3 – Minor Image Distortion Level]

Denial. The client refuses to acknowledge some painful aspect of external relative or subjective experience that is apparent to others. This may especially be true in the case of the dependant individual who is being abused by a spouse. [Level #4 – Disavowal Level]

Apathetic Withdrawal. The client withdraws from any attempts to deal with internal or external stressing events or affective states. The client gives up. This may happen if the therapist moves too quickly. More likely, however, this may happen in relation to conflict

between the dependant individual and their spouse regarding therapeutic influence in the home. [Level #6 – Action Level]

THE TREATMENT PROCESS

Prior to Therapeutic Intervention

The first course in treatment for the *DEPENDANT PERSONALITY TYPE* is to get a broader conceptualization of the individual. In cases of significant personality dysfunction or maladaptation, there are undoubtedly family structure and home of origin issues that are important. Thus, the *Foundations Assessment* is a vital tool for the therapist to administer prior to actual therapeutic intervention. The client's current levels of anxiety and depression are also important. Therefore, either *QuikTest* or the *Personal Crisis Inventory* should be administered. The *Addictions and Dependency Scale* may also be an important tool since it will reveal a broad range of both addictions and codependent behaviors.

The therapist should begin by reviewing all Assessment results. That includes review of other elevated personality styles included in this report. In all likelihood, the therapist will find that more than one personality type will be elevated above the 50% threshold. This is not abnormal.[7] Each personality type that is elevated should be analyzed and cross-correlated. The therapist should look for common elements among all of the elevated personality types. Those elements that are common to all personality type elevations will likely be significant issues for the client

Objectives of Therapy

During the initial interview phase of therapy the therapist must determine the reason that the client has been presented to therapy. Current home issues should also be discussed. The potential for *Axis I Disorders* should be considered during the interview. Finally, prior to the actual treatment phase of therapy, the therapist should conduct an investigation of the client's home of origin. This information should be gathered in hopes of correlating the results of the *Foundations Assessment* and the personality type elevations.

These are some key elements that will aid in the therapy of an individual who is dependant:

- The likelihood of success in counseling a dependant individual is increased if the client is currently facing a crisis situation. A quick alliance with the therapist will also increase the possibility of success.
- If the client has a subdominant *HISTRIONIC PERSONALITY TYPE* or a *BORDERLINE PERSONALITY TYPE*, this may complicate treatment. Especially in the case of the histrionic, the dependant individual may use overtly seductive behaviors to gain the

[7] If an individual displays four or more elevated personality styles, this may present a problem. The therapist should understand that the more personality styles the individual displays, the more the personality tends to become disassociated from a unified and consistent core. A personality that contains more than three personality types will likely score on the *DSM Personality Cluster* score in the *MARET COUNSELING AND ASSESSMENT PERSONALITY STYLE ANALYSIS*. The therapist should carefully examine those results.

admiration of the therapist. The therapist should be fully prepared to deal with this eventuality.

- Since the client will have a tendency to attach to the therapist in a dependant manner, the therapist can work against this tendency by setting a termination date for therapy during the first or second session. The therapist should involve the client in the planning of treatment and the setting of treatment goals very early in the treatment process. This, also, will mitigate against dependency on the part of the client. The client will likely resist this structured therapy situation since they may have entered therapy for the purpose of remaining dependant.
- Furthermore, the client may be hypersensitive to decision making. This may complicate an attempt to get the client involved in therapeutic planning.
- The client may view the therapist as the "expert" and may hang on every word spoken by the therapist. The therapist should be able to recognize this and work against it by asking the client for their own opinion.
- The primary purpose of therapy is to increase the client's sense of independence and self-sufficiency.
- The therapist must be aware of marital issues, including the personality type of the spouse. This may play a key role in the abilities of the client to move forward in therapy. In the case of an extremely controlling spouse, the client may wish to make substantial changes in thinking and behavior at home but will be discouraged by the spouse. This interaction will prevent any significant progress and healing for the client. [See *Dangers of the Therapeutic Process*]
- Issues of transference and countertransference may play a significant role in the interaction between the client and therapist [See *Dangers of the Therapeutic Process*]
- The therapist must gradually increase the level of expectation for self-initiated behavior on the part of the client. As therapy progresses this is a positive sign that the client is moving ahead positively.
- The therapist should become the symbol of the losses that the client feels so that the losses can be dealt with in the process of the transference.
- The therapist must prompt the individual to engage in independent thoughts and behaviors. This will be initially very hard for the client. As time goes on, however, the therapist should begin to see progress toward individualization.
- The therapist must encourage the client to express their real feelings and wishes. They will likely hide their deepest desires. Desires, feelings and wishes will initially revolve around pleasing others. The therapist must get the client past those desires, feelings and wishes to understand that they are separate from other people and that it is not inappropriate for them to have their own deep desires.
- The client has dysfunctional beliefs about personal inadequacy. The client needs to learn ways in which to increase assertiveness without learning aggression. They need to experience the fact that conflict and confrontation does not need to be the end of a relationship.
- The dependent client is often laden with guilt and anger, although they will not usually outwardly display the anger in aggressive ways. The anger will all be passively stated or stated in a very controlled manner. It is likely that the individual will not be able to admit that they are deeply angry. The anger may be totally repressed. The therapist needs to explore areas where the client may be repressing anger and extract it from the

individual. The therapist is warned that when the dependant individual finally expresses anger it may be quite substantial (in the therapy situation). The client may at first transfer the anger to the therapist and display some displeasure with the therapist. Later, however, the client will properly locate the anger. Expression of significant anger on the part of any client who has been repressing it might result in some significant *Axis I Disorders* (most likely *Dysthymic Disorder* or a *Major Depressive Disorder*, although others are likely).

- The client needs to learn to develop mutual, interpersonal relationships. Dependent individuals function from the basis of two opposing automatic thoughts: 1) A person must choose to be totally dependent and helpless; or, 2) a person must choose to be independent and totally isolated. Since these individuals cannot face being isolated, they prefer helplessness. The client must be taught that autonomy does not mean isolation.

Dangers of the Therapeutic Process

There are significant obstacles and potential dangers associated with the therapeutic process for the *DEPENDANT PERSONALITY TYPE*. These include the following:

- *Axis I Disorders*. This will likely include various anxiety states and depressive symptomology, potentially intense. The risk of *Axis I Disorders* is highest during elevated crisis periods and breakthroughs in therapy.
- Complete apathetic withdrawal into a catatonic or nearly catatonic state. This may result in a *Major Depressive Episode* or a significant and prolonged *Anxiety Disorder*.
- Transference issues. The client may see the therapist as their savior or their rescuer. They may transfer dependant behaviors onto the therapist and use the therapist as a means of fixating their dependency.
- Countertransference complications. In some cases, therapists may experience aggravation or even anger toward the client (actively or passively) due to their own intolerance with dependant behaviors and attitudes. A more likely countertransference issue would be romantic attachments by the client onto the therapist (transference) and the therapist responding with inappropriate behavior, feelings, or thoughts about the client (countertransference). Dependant individuals can be clingy "love magnets" and the therapist needs to guard against this from the beginning.
- Spousal interference in treatment and client progress. In the case of a dependant female client who is either married or significantly involved with an individual, the therapist is advised to entertain at least one session with the spouse. The purpose of this session should be: 1) to gain the spouse's approval for treatment; 2) to understand the client's issues from the spouse's perspective; 3) and to determine the spouse's own personality type. In some cases, the therapist will find that the dependant person has attached themselves to an individual who has an *ANTISOCIAL PERSONALITY TYPE*. It is best to determine support in this case since the antisocial individual may react adversely to the client's progress toward independence. If the antisocial individual is somewhat disordered themselves this progress on the part of

the client may present a significant threat to the antisocial spouse. The antisocial spouse may react with emotional attempts to reign in the client and prevent further client independence. In extreme cases, there is a potential for domestic violence.

- Potential for litigation. In the case that the dependant individual is associated with a spouse who has a severe personality issue themselves there is a potential for litigation from the spouse in the event that the spouse feels that the therapist has unduly "torn" the dependant individual away from the spouse. This is especially true in cases where the spouse is antisocial. If it appears that the client's views toward the spouse are deteriorating as the client gets stronger, the therapist should probably engage the spouse in therapy also. Every effort must be taken to ensure that there will be no appearance that the therapist was involved in the dissolution of the marriage.
- Self-destruction, including suicidal behavior. This is most pronounced in situations where the client is married to an individual with a very dominant personality who is also significantly disordered or in crisis (e.g. *ANTISOCIAL PERSONALITY DISORDER*). When dealing with a client who is significantly disordered with the *DEPENDANT PERSONALITY TYPE*, it is important to do some initial screening of the spouse (especially determining the personality type).

Successful Completion of Treatment

Termination of treatment for the *DEPENDANT PERSONALITY TYPE* is indicated when the therapist has moved the individual substantially or completely to the optimal functioning side of the personality structure.

The key elements that must be accomplished are:

- Development of self-image and self-esteem so that the person no longer feels defective, bad, unwanted, or inferior to others.
- Development of the client's ability to act on their own without constantly seeking the advice and direction of others.
- Elimination of the need of the client to sacrifice themselves in order to meet the needs of others.