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EMOTIONAL AWARENESS AND INTERPERSONAL DEPENDENCY

**By
Emily S. Orr
B.Sc. (Hon.) Mount Allison University, 2005**

**A Thesis
Submitted to the Faculty of Graduate Studies
Through the Department of Psychology
In Partial Fulfillment of the Requirements for the
Degree of Master of Arts at the
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Abstract

The present study examined the relationship between emotional awareness and interpersonal dependency. Emotional awareness is the acknowledgment of and attentiveness one pays to their emotional experiences, and is one of the primary components of emotional processing. Interpersonal dependency is a personality construct characterized by an intense fear of losing interpersonal support. Increased levels of dependency and ineffectual emotional processing are both factors that contribute to the development and maintenance of depressive affect. The present sample used 177 female and 23 male undergraduate psychology students to investigate the following hypotheses: dependency would be negatively correlated with both emotional awareness and the use of anger words, and dependency would be positively correlated with the use of anger words. Regression analyses indicated that emotional awareness and dependency were significantly positively correlated. Exploratory analyses revealed that sex had a mediating effect on the relationship between dependency and emotional awareness, such that when it was included in the regression model, the significant relationship became non-significant. These results suggest that both emotional awareness and dependency are higher for women, and are not related to one another when sex is controlled for. There was no significant relationship between dependency and the use of fear or anger words.

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I dedicate this project to the memory of those my family and friends have lost in the past two years. The death of these beautiful people has not been easy for any of us and has reminded me of the importance of love and loving what you do. Their passing has reaffirmed my belief that I am doing what I should be doing with my life. May you rest in peace.

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1. Blatt's Two Routes to Depression

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CHAPTER I

Introduction

The primary objective of this study is to investigate the relationship between interpersonal dependency and emotional awareness. Additionally, the present study explores the relationship between dependency and the use of fear and anger words during a performance measure of emotional awareness.

Dependency can be understood in multiple contexts. Generally, dependency is defined as “an over-reliance on another person or a drug” (Collins, 1998). In psychology, however, interpersonal dependency (herein referred to as dependency), is a personality trait that, in its extreme, is characterized by a fear of abandonment and suppressing feelings of interpersonal anger (as they worry that this anger will serve to promote abandonment; Blatt, 1974). Furthermore, those individuals who typically score high on self-report measures of dependency evidence a susceptibility to depression (Blatt & Zuroff, 1992). The Public Health Agency of Canada (2002) reports that approximately 8% of all adults will experience an episode of major depression at some point in their lifetime, and that it is the most common form of mental illness in the population at large. Not only does dependency play a role in depression, but it has been proposed that it is likely a notable factor in the development of therapeutic relationships (Norcross, 2002). Given the high incident rate of depression along with the role it may play in a therapeutic relationship, one must be concerned with developing fundamental knowledge about, and developing and refining treatments for depression. At that, it has been demonstrated (e.g., Greenberg & Pascual-Leone, 2006) that the therapeutic resolve of negative emotions involves a capacity for emotional awareness.

Emotional awareness, or the attentiveness to one's own emotional experiences, during therapeutic interventions is one of the primary processes of import in depression treatment (Greenberg & Pascual-Leone, 2006). It has previously been shown that emotional awareness is requisite for a client's progression from distress to accepting upsetting events, which then allows them to move forward and experience more positive affect (Greenberg & Pascual-Leone, 2006). Accordingly, therapeutic interventions should be concerned with the facilitation of emotional awareness during psychotherapy as it allows clients to process upsetting events (e.g., distress facilitated by feeling abandoned), and move forward from these negative emotions (Greenberg & Pascual-Leone, 2006).

To date, there is very little research on the emotional experiences of dependent individuals. While there exists theory to guide research on the affective correlates of dependency (discussed below), it remains relatively unexplored to date. Therefore, the present study investigates the empirical relationship between dependency, emotional awareness, and the use of anger and fear words during a performance measure of emotional awareness. As of yet, the emotion combination of high fear/low anger has not been explored empirically, but dates back to Blatt (1974), who was one of the first researchers to speak of dependency as a contributor to depression. Therefore, this study serves to provide empirical evidence regarding the emotional experiences of dependent individuals. Furthermore, it serves to clarify the relationship between dependency and emotional awareness, thereby contributing to the dependency literature. Elucidating the relationship between these two factors will allow future research to investigate whether emotional awareness is a contributing factor to depression susceptibility in dependent individuals.

CHAPTER II

Literature Review

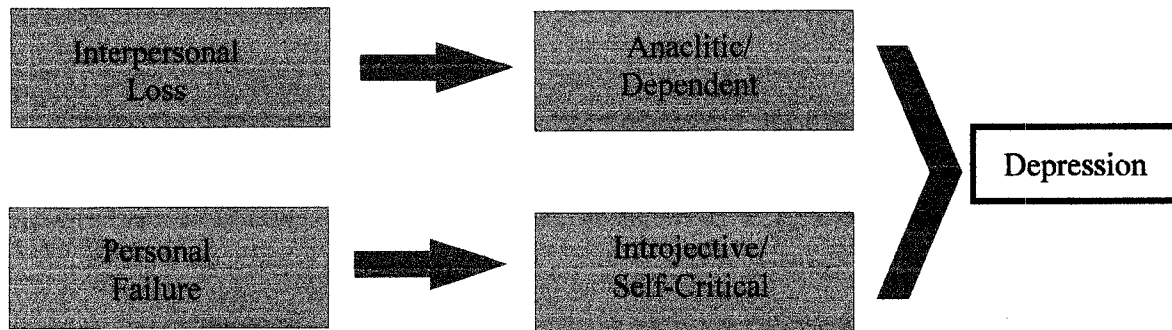
Interpersonal Dependency

Two Pathways to Depression. Historically, there have been multiple models used to explain the construct of depression (e.g., endogenous vs. exogenous, autonomous vs. reactive, agitated vs. retarded, psychotic vs. neurotic), that have been developed by many classical researchers (Beck, 1973). Central to the concept of depression is the debate as to whether the construct exists as a unitary entity, or whether it is composed of several different facets which should be kept categorically distinct (Beck, 1973). That is to say, “Is depression a solitary disorder expressed in a variety of ways, or are there different types of depression?”

With the understanding that there are different types of depression, Blatt (1974) presented his model of depression in his seminal work “Levels of object representation in anaclitic and introjective depression”. Blatt indicated that previous theories used to categorize different depressions were either too reliant on clinician judgement, or were only a function of severity. Blatt presented his model in an attempt to clarify our understanding of the different types of depression from a more objective stance. His model of depression is rooted in psychodynamic theory and posits that this syndrome stems from one of two sources: interpersonal loss or personal failure (see Figure 1).

Figure 1

Blatt's Two Routes to Depression



Those individuals who are more sensitive to interpersonal loss develop an “anaclitic depression”, which Blatt (1974) defined as: “A simple, primary or endogenous form of depression [that] has been characterized as primarily oral in nature and related to early childhood reactions to narcissistic injury, loss of love, and the fear of impoverishment and starvation” (p. 115).

Anaclitic (herein referred to as dependent) depression is characterized by feeling unloved and helpless. Individuals who are depressed in this manner desire protection and feeling cared for; abandonment is their greatest fear. Due to their intense fear of being abandoned, these individuals often suppress feelings of anger in fear of losing an object that can satisfy their need for love and support (Blatt, 1974). These individuals are also susceptible to developing depression when they perceive rejection or a loss of support (Blatt & Zuroff, 1992). This configuration is not only present when these individuals are depressed, but is a pre-existing personality profile, known as a dependent personality, that is susceptible to depression (Blatt and Zuroff, 1992).

Personal failure, as opposed to issues of abandonment, leads to “introjective depression”. Blatt (1974) stated that: “In the developmentally more advanced introjective depression, there are feelings of being unworthy, unlovable rather than unloved, guilty, and having failed to live up to expectations and standards” (p.117).

Introjective (herein referred to as self-critical) depression is characterized by feelings of guilt and unworthiness (Blatt, 1974). These self-critical individuals are most vulnerable to developing depression when they perceive failure on their part or when they feel they cannot control their environment (Blatt & Zuroff, 1992). Like the dependent personality configuration, those that suffer from self-critical depression also exhibit a pre-existing personality profile that leaves them vulnerable to developing depression (Blatt & Zuroff, 1992). This is known as the self-critical personality.

Blatt’s (1974) model, which stresses that depression is manifested in persons with extreme personalities that focus on either interpersonal dependency or self-criticism, has been replicated by researchers from a number of different theoretical perspectives, including cognitive behavioral, object relations, and interpersonal orientations (Blatt & Maroudas, 1992). Furthermore, the classification of depressive sub-types, which is typically based on non-clinical samples, has been replicated in clinical samples (e.g., Blatt, Quinlan, Chevron, McDonald, & Zuroff, 1982). Although the two distinct experiences can lead to depression or depressive feelings, these two depressogenic processes (self-criticism or dependency) are not exclusive of one another, as an individual can be susceptible to both vulnerabilities. Although individuals can experience both dimensions, there is usually more of a vulnerability to one dimension over the other (Blatt & Zuroff, 1992).

Blatt's (1974) distinction between the dependent and self-critical personality styles has provided a model with which depression researchers can investigate those facets that contribute to the development of this disorder. Although there are many facets of depression for which there is a need for further research (e.g., neurophysiology of depression), given that depression is a "mood" disorder, the most important facet to investigate with respect to this disorder would be preexisting affective orientations (i.e., personality profiles). Accordingly, research has begun to investigate the affective correlates of these personalities, focusing primarily on self-critical individuals (e.g., Whelton & Greenberg, 2005; Zuroff & Duncan, 1999). However, more research is needed with respect to the affective correlates and processes of dependent individuals.

Dependency as a Personality Construct. Within the realm of interpersonal dependency the term "dependency" is overused and now applies to various areas of research (e.g., attachment theory, domestic abuse, personality disorders, dependency as a result of disability). However, most avenues of research in the interpersonal domain indicate that there is a type of "dependent" personality. It is when the dependent personality is at the extreme end of the spectrum that individuals are classified as "dependent" and it is these individuals who are at risk for developing depression (Blatt & Zuroff, 1992). This personality profile is characterized by a fear of abandonment and the suppression of anger, presumably to placate others to avoid abandonment (Blatt, 1974).

Bornstein (1998) elaborated the construct of the dependent personality to incorporate several different facets. He stated that this type of personality has a cognitive component (where the individual sees himself as weak and sees others as strong), a motivational

component (based upon a need for nurturance, guidance, and support), a behavioral component (seeking connections with others), and an affective component (which, following Blatt's model, includes a persistent fear of abandonment, and the suppression of anger). The present study is concerned with the affective components of dependency, especially in relation to its role in depression.

To fully understand the affective experiences of dependent individuals, it is important to understand the motivations behind their behavior. First, it is important to note that unlike attachment theories, the behaviors of dependent individuals are not necessarily directed towards a specific person (Bornstein, 1992). This means that although both dependent individuals and those who suffer from an attachment disorder may attempt to placate loved ones, someone with an attachment disorder will only focus their energies on the one person to whom they are inappropriately attached. Conversely, a dependent individual will attempt to mollify any individual that they fear may abandon them, and will attempt to seek caring from any available person, not just a specific significant other such as their primary care-giver (Bornstein, 1992). While they may focus more of their efforts on individuals with whom they are close, dependent individuals will also try to avoid abandonment from individuals who do not hold as much influence in their lives. That is, dependent individuals will attempt to appease non-specific individuals.

That these individuals will placate others is important due to the fact that dependents typically strive to maintain interpersonal relationships. While this may suggest that dependent individuals are protected from developing depression, as their strivings act as a buffer (Mongrain & Zuroff, 1995), it simultaneously makes the possibility of being abandoned even

more threatening. From a cognitive therapy perspective, the threat of losing contact with another activates negative thought processes which leaves the dependent individual disoriented and afraid, predisposing them to depressive experiences (Mongrain & Zuroff, 1995). Persistent negative emotions, coupled with a preoccupation with interpersonal relationships makes these individuals even more susceptible to developing depression (Blatt & Zuroff, 1992).

While there is piecemeal research on the emotional experiences of individuals who are pre-disposed to depression in a self-critical fashion (e.g., Whelton & Greenberg, 2005; Zuroff & Duncan, 1999), there remains a paucity of empirical investigations into the emotional experiences of dependent individuals. This is particularly surprising, given that those individuals who have highly dependent personalities are susceptible to developing depression; a mood disorder.

Emotions in the Dependent Personality. According to Blatt's (1974) model, dependent individuals typically fear abandonment and suppress their anger in an attempt to placate loved ones and in order to feel protected, supported, and cared for. Although extreme dependency is defined by emotional reactions or non-reactions (i.e., excessive fear, suppression of anger), there is very little research when it comes to understanding the emotional processes of those individuals classified as dependent. Instead, research on individuals with this personality profile has typically focused on other areas such as interpersonal functioning (e.g., Besser, Flett, & Davis, 2003; Vettese & Mongrain, 2000) and life stress (e.g., Coyne & Whiffen, 1995; Mongrain & Zuroff, 1994).

While there remains little to no research on the emotional processes of dependent

individuals, there is some research on the affect of these people. This literature, unfortunately, remains incomplete as it typically focuses on the relationship between affect and depression, as opposed to sub-processes that could potentially explain the mood disorder. Mongrain and Zuroff (1995) used an experience-sampling method to investigate whether dependency would predict affect over a week. The researchers measured positive and negative affect using Likert scales. The negative affect items included the following terms: unhappy, frustrated, depressed, angry, and worried. The positive affect items were the following words: happy, joyful, pleased, and enjoyment. Not only did they find that dependency predicted negative affect over the week, but that it was unrelated to positive affect. They suggested that this combination of affect may mean that dependent individuals could also be susceptible to other psychopathologies, such as anxiety, which is characterized by the high negative/low positive affect combination. This does not suggest that dependency is unrelated to depression, as this correlation has been established consistently throughout the literature (Nietzel & Harris, 1990), but rather that these individuals may also be vulnerable to other mental illnesses as well.

In their article “Communication about the self and partner in the relationships of dependents and self-critics”, Vettese and Mongrain (2000) investigated the moods of dependent women who were engaged in a performance task. They asked real-world romantic partners to engage in a task evaluating one another’s success of completing a problem-solving task they had completed earlier. The experimenters asked both the women and their significant others to complete the Visual Analogue Scale (VAS) as a measure of mood, before and after the evaluation task. They found a relationship between dependency and

anxiety/fear, in that anxiety decreased in dependent women during the task. Although this may seem counterintuitive to the general hypothesis that dependent individuals experience high levels of fear, their finding is consistent with the research that indicates that dependent individuals will seek out relationships to reduce their stress (Bornstein, 1992). Because Vettese and Mongrain's (2000) study involved dyadic interaction, it is not surprising that they did not find an increase, or even consistent ratings of fear for these dependent women. Moreover, the authors also included a behavioral measure of overt hostility in their study. They found that there was an absence of hostility between dependent women and their partners, which they state is at least consistent with the literature which emphasizes that dependent individuals suppress their anger.

Problems in Dependency Research

While Vettese and Mongrain's (2000) article was seminal in exploring the emotional experiences of dependent women in dyadic interactions (albeit as a secondary hypothesis), there remains little in the way of research when it comes to dependent persons in an individual context. Due to the fact that dependent individuals seek out interpersonal interactions to reduce stress, research is needed to fill in the gap as to what emotions or experiences dependent individuals are trying to cope with when they seek out interactions. Accordingly, Vettese and Mongrain's (2000) finding that dependent women scored higher on fear at the start of the interaction seems to indicate that high fear is, indeed, part of the profile of a dependent individual.

Another problem with research exploring the relationship between dependency and emotions is that these studies typically involve self-report Likert scale measures of affect

(e.g., Mongrain & Zuroff, 1994; Mongrain & Zuroff, 1995) which are subject to self-serving bias and may not accurately reflect the range of emotions that participants experience.

Furthermore, these tasks have typically involved non-emotionally evocative tasks (e.g., Likert scale measures), which limits the generalizability of the results to real-world performance-based situations, such as therapy.

These methodological issues, along with the sparse research that exists indicates that there is still much in the way to be investigated with respect to the emotional experiences of dependent individuals. One could argue that this research is necessary, as dependent individuals are particularly susceptible to developing depression and research has indicated that proper emotional processing has significantly contributed to the treatment of depression (e.g., Goldman, Greenberg, & Pos, 2005; Greenberg & Watson, 1998).

Working Through the Pain: Emotional Awareness

Emotional Processing. Every individual has had upsetting experiences in their lifetime. For most individuals, however, this feeling is not pervasive and they are able to move forward after working through the distressing emotions. This process of overcoming unpleasant emotions is known as emotional processing, and has its roots in the notion that affective and cognitive processes are intertwined with one another (Greenberg & Pascual-Leone, 2006). Emotional processing typically includes working with emotionally significant events (Pos, Greenberg, Goldman, & Korman, 2003) and is central to several therapeutic techniques, including behavioral therapy (e.g., Foa & Kozak, 1986), and experiential therapy (e.g., Greenberg & Pascual-Leone, 2006).

Emotional processing includes four sub-processes which lead an individual to

integrate both the cognitive and affective components of an upsetting experience. These components include emotional awareness, emotional regulation, reflection on emotion, and emotional transformation. As indicated by multiple schools of psychotherapy, working with dysphoric emotions is important in overcoming these affects, and experiencing more positive affect (Greenberg & Pascual-Leone, 2006). Through emotional processing, the individual begins to develop new (more positive) emotional reactions which are then integrated with the individual's cognitive-affective schemas (Greenberg & Safran, 1987). In this sense, emotional processing is known as “working through” emotions.

Indeed, emotional processing has been empirically shown to improve mood. Hunt (1998) found that participants who were asked to process an upsetting event by writing about it felt better afterwards when compared to those participants who were not asked to process emotional aspects of the same event. Therefore, when an individual is experiencing distress, emotional processing has been shown to help individuals work through the painful emotions to understand the experiences that upset them and move forward with feeling more positive affect (Pascual-Leone, 2005).

Similarly, a series of studies conducted by Greenberg and colleagues entitled the York Depression Studies (e.g., Goldman et al., 2005; Greenberg & Watson, 1998) found evidence to support the efficacy of processing emotions in patients with major depression. These researchers compared an emotion-focused therapy with a client-centered therapy in order to determine whether one was superior to the other in terms of relieving depressive symptomology. They found that there were no significant differences between the two treatments at termination and at follow-up six months later. Both treatments, however,

involved heightening emotional awareness. Furthermore, both treatments were successful at alleviating depressive symptomology when compared to a no-treatment control group. This decrease in depression was evidenced by increased self-esteem, improved interpersonal functioning, and decreased distress. Therefore, awareness of one's emotions appears to be a beneficial therapeutic intervention not just for upsetting affect, but for individuals who are clinically depressed.

Of the four processes that comprise emotional processing, emotional awareness is likely the most basic process. Once someone is aware of their feelings, they can begin to make sense of their affect, and what the upsetting experience means to them, that is, they can engage in the other aspects of emotional processing (Greenberg & Pascual-Leone, 2006). Conversely, some researchers have argued that distraction from an upsetting event as well as non-emotional problem solving work best for alleviating dysphoria, as these two tactics prevent ruminating about the event (Nolen-Hoeksema, Morrow, & Fredrickson, 1993). These strategies, however, have been questioned by others (e.g., Greenberg & Pascual-Leone, 2006; Rachman, 1980) since distraction and avoidance can hinder emotional processing and working through the upsetting emotion. Given that emotional awareness is the first sub-process in emotional processing, and emotional processing is important to overcoming dysphoric affect, it is necessary to further understand the construct of emotional awareness.

Emotional Awareness. Greenberg and Safran (1987) have indicated that understanding the process of emotion is critical with respect to change in therapy, and although there are multiple facets to emotional processing, emotional awareness is of particular importance (Lane & Schwartz, 1992). This importance stems from the fact that

emotional awareness is one of the most basic steps in emotional processing and involves “the capacity to be aware of and describe emotion” (Lane & Schwartz, 1992, p. 3).

Although emotional awareness is a sub-process of emotional processing, awareness itself is a multidimensional construct and thus, has been described in multiple contexts. Awareness was originally explored with respect to its role in insight. Rogers (1942) argued that “insight” (a process of connecting past experiences and accepting emotions) can only be experienced or felt, and cannot be attained solely from a cognitive position. That is to say, insight is the moment of realization that one has been involved in a specific event which has led to the arousal of a certain affective response. Insight, in the Rogerian sense, encompasses the notion that individuals must become aware of their emotions in order to be able to facilitate understanding of past events and what these events mean to them. It is from this point that clients can then create new experiences for themselves, based on what they understand of their affective responses (Rogers, 1959).

In the experiential tradition, awareness plays an important role in how people understand their affective experiences. In this context, physiological responses play an important role, as clients in session come to experience some physiological sensation, they couple these reactions with their memories of similar events. At this point, they usually apply a word to the event (e.g., “It made me feel really, really awful”), which is coupled with the “insight” of their emotional experience (Gendlin, 1964). Greenberg (2002) emphasized that applying a word to this process (“labeling” a feeling) is one important component of emotional awareness. Labeling allows clients to draw clear connections between physiological experiences and affective responses (e.g., similar experiences in which they felt

“really, really awful”) which can then be used to facilitate therapeutic change (Greenberg, 2002).

Emotional awareness has been explored with respect to its role in systematic desensitization in individuals with anxiety. As Foa and Kozak (1986) explained, in order to overcome one’s fear, the fear structure (how the feared object is stored in memory) must first be intentionally activated (through awareness) and only after it is activated can the individual “unravel” the fear and process the emotion, or come to understand it. This finding has since been extended to other emotions, including sadness (e.g., Greenberg & Watson, 1998; Greenberg & Paivio, 1997).

“Emotional awareness” has also been used to describe the emotional knowledge that someone has (Barrett, Lane, Sechrest, & Schwartz, 2000). Furthermore, it has also been described as integral to the process of “approaching and accepting emotions” (Greenberg & Pascual-Leone, 2006, p.612). That is, awareness is the process of terminating emotional avoidance, and acknowledging that one has had a negative emotional experience and coming to terms with that emotional experience.

Awareness facilitates our understanding of painful emotions. Emotional awareness, especially when felt in the moment, can lead to drawing connections between similar experiences and the ensuing affective response (i.e., insight) which can help an individual work through a painful event. That is, once an individual is aware of their emotions, they can proceed with the remaining sub-processes of emotional processing (i.e., emotional regulation, reflection, and transformation), which will contribute to “working through” the emotion. Individuals in distress have a tendency to avoid dealing with their emotions in order to

prevent unpleasant feelings from entering awareness (Greenberg & Pascual-Leone, 2006; Mackay, Barkham, Stiles, & Goldfried, 2002). However, this process stymies emotional processing which would allow an individual to move beyond dysphoric feelings (Leahy, 2002), which has also been shown in empirical research (e.g., Hunt, 1998). Therefore, awareness of one's emotions is crucial to the process of working through upsetting feelings (Pascual-Leone, 2005).

In summary, emotional awareness is multifaceted. It includes approaching emotions, facilitating understanding of affective experiences, and labeling. The role of awareness in emotional processing and working through upsetting events is a very important one, as it is likely a basic step in this process. Emotional awareness allows individuals to recognize their experiences as significant and distinct so that an individual can engage and move through their painful experiences. Therefore, a clearer understanding of emotional awareness is necessary, especially in populations that are particularly susceptible to depressive affect.

Bridging the Gap Between Emotional Awareness and Dependency

There are theoretical arguments to support the idea of a relationship between emotional awareness and interpersonal dependency. First, emotional awareness has been likened to Piagetian stages of cognitive development. Lane and Schwartz (1992) have argued that as emotional awareness increases, so do other cognitive complexities such as self-other differentiation. Indeed, both Piaget's stages of cognitive development and emotional awareness appear to progress in a hierarchical fashion (Lane & Schwartz, 1992). In other words, "consistent with this greater capacity for awareness of the emotions of self and other, there is increased flexibility in interpersonal interactions and greater adaptational success" (p.

5). Due to the nature of a dependent individual's rigidity with respect to interpersonal relationships (i.e., they are psychologically vulnerable when not feeling loved and cared for), one could argue that dependent individuals do not possess the emotional awareness that accompanies an increased flexibility of interpersonal interactions as indicated by Lane and Schwartz (1992). Therefore, individuals with a dependent personality style, who are unable to exist without a loved object will likely show lower levels of emotional awareness.

Secondly, one could argue that dependency is negatively correlated with emotional awareness, given the inherent susceptibility to depression that dependents experience. That is to say, since dependent individuals are susceptible to depression (Blatt & Zuroff, 1992), they may not have the requisite capacities to engage in emotional processing which would allow them to cope with dysphoric affect (Hunt, 1998).

Despite these theoretical arguments, there remains a gap in the literature with respect to empirical evidence of a relationship between dependency and emotional awareness. Fortunately, some studies have investigated this relationship, albeit as a secondary or alternative hypothesis to their primary objectives. For example, while exploring the mediating factors of the relationship between depression and the dependent personality style, Mongrain and Zuroff (1994) investigated whether dependent individuals were ambivalent about expressing their emotions, in the sense of preventing an emotion from "following its natural course" (p. 448). One could interpret this as avoiding an emotion or a lack of emotional awareness. Theoretical research posits that dependent individuals often suppress their anger to appease loved ones (Blatt, 1974). Mongrain and Zuroff (1994) argued that suppressing an emotion indicates suppressing awareness of the same. However, it is unclear

from the Mongrain and Zuroff (1994) study as to whether emotional suppression (and, simultaneously, emotional awareness) extends to all emotions, or whether it would apply solely to anger reactions in dependent individuals. Furthermore, Mongrain and Zuroff's (1994) study merely hypothesized that there was a relationship between suppression and awareness. They did not address emotions that dependent individuals experience as more salient (i.e., fear), and of which they would presumably have an awareness. Research exploring this problem would help to clarify whether there is an actual correlation between emotional awareness and the dependent personality, and whether this relationship holds above and beyond the (hypothesized) awareness of fear and anger.

Fichman, Koestner, Zuroff, and Gordon (1999), expanded on Mongrain and Zuroff's (1995) experience-sampling method, to investigate how dependent individuals manage their negative moods, and included a preliminary measure of emotional awareness. Like Mongrain and Zuroff's (1995) study, the participants in Fichman et al.'s (1999) study recorded their responses on the provided questionnaires twice daily for two weeks. With the same frequency, they also responded to the item "I was aware of my moods" on a Likert scale. Although data was collected over a two week period, the researchers only used data from the participants' "worst day", the day during which they reported the greatest level of negative affect. In their study, emotional awareness was not correlated with dependency. Measurement of this variable, however, was very basic and consisted of only one Likert-style item.

Due to the fact that research has shown that individuals who are susceptible to dysphoric moods can benefit greatly from emotional processing (Hunt, 1998), it follows that it is important to investigate whether individuals who may be predisposed to developing

depression have the requisite processing capacities. Furthermore, the need for research into the role of dependency in depression was highlighted by Blatt and Zuroff (1992) who stated that dependency's role in the disorder has yet to be explored in-depth, unlike self-criticism and guilt, a statement that remains true 15 years later.

The Present Study

The sparse information that exists with respect to the emotional experiences of dependent individuals has typically been investigated with Likert scale self-report measures. The present study extends this body of literature by using an emotionally evocative writing task which is more likely to reflect actual emotional awareness capabilities than Likert scale measures. Given that highly dependent individuals are more susceptible to feelings of fear while simultaneously suppressing feelings of anger (Blatt, 1974), it was hypothesized that during an emotionally evocative writing task, there would be a positive correlation between level of dependency and use of fear words, and a negative correlation between dependency and the use of anger words.

Furthermore, individuals who are high on the trait of dependency may have difficulties acknowledging emotions other than fear because their desire to avoid abandonment dominates their cognitive-affective processes. Moreover, increased levels of dependency as well as the inability to engage in effectual emotional processing have both been shown to contribute to the maintenance of depressive affect. Therefore, it is hypothesized that there will be a negative correlation between level of dependency and emotional awareness, given their predominant affective orientation of fear, as well as the inherent relationship both variable have with depression. It will be important, however, to

investigate this relationship without being confounded by awareness of fear. That is, the present study is interested in the relationship between dependency and emotions aside from fear, which appears to dominate the affective profile of a dependent individual.

In summary, the following hypotheses will be tested in the present study:

1. There will be a significant positive relationship between the trait of dependency and the use of fear-based words on a performance task of emotional awareness.
2. There will be a significant negative relationship between the trait of dependency and the use of anger-based words on a performance task of emotional awareness.
3. There will be a significant negative relationship between the trait of dependency and emotional awareness after the use of fear-based words is statistically controlled for.

If these three hypotheses are empirically supported, it would provide support for the existing literature on the affective experiences of dependent individuals, in that they are more likely to express fear, suppress anger. Furthermore, if there is a negative correlation between dependency and emotional awareness, these findings may suggest that the emotional awareness of a dependent individual is dominated by their feelings of fear, thus inhibiting their awareness for other emotions. Moreover, this study could have clinical implications for the treatment of depression for dependent individuals, such that a primary treatment goal could be to facilitate the client in approaching emotions other than fear (e.g., emphasizing the expression of anger) as well and the accompanying memories (Greenberg & Pascual-Leone, 2006). As discussed, terminating avoidance of unpleasant affect is important in effectively overcoming distress (e.g., Foa and Kozak, 1986; Goldman et al., 2005; Greenberg & Watson,

1998). This will likely prove to be very important for dependent individuals with respect to their suppression of anger, which is a particularly important emotion in effectively processing negative affect (Davenloo, 1990; Pascual-Leone, 2005). Therefore, if these hypotheses are supported, therapeutic interventions for dependent individuals could focus on “working through” fear, and increasing the healthy expression of anger.

CHAPTER III

Method

Participants

Two hundred undergraduate students from the University of Windsor volunteered for the present study. The sample was comprised of 23 male and 177 female participants. The mean age was 21.41 years ($SD = 3.53$ years). Of the total sample, 78.5% participants were Caucasian, 8.5% identified themselves as Asian, 3.5% were Middle Eastern, 2.5% were African American, 1.0% identified themselves as Hispanic, and 5.5% identified themselves as “Other”. Of the sample, 51.0% of participants indicated that they were involved in a dating relationship, 43.5% were single, 5.0% reported that they were in a married or common-law relationship, and 1% indicated that they were separated or divorced. Participants were compensated with partial course credit for their participation.

Measures

Demographics Questionnaire (Appendix B). Participants completed a demographics questionnaire designed for this study. Items included questions about the participants’ age, sex, ethnicity, relationship status, education level, and program of study. This measure has high face validity.

Beck Depression Inventory-II (BDI-II; Beck, Steer, & Brown, 1996b). Given the previously established correlation between dependency and depression, analyses with respect to the relationship between emotional awareness and dependency would be highly confounded if depression was not controlled for. By including the BDI-II, the present study will be able to control for the effects of depression on the relationship between dependency

and emotional awareness. In effect, one will be able to look at this relationship, after severity of depression (as measured by the BDI-II) is subtracted from the relationship, thus creating a more clear picture of the relationship between the two variables of interest.

The BDI-II is a 22-item forced-choice measure of depressive symptomology. The BDI-II has been shown to have good internal consistency ($\alpha = .91$) and has been well validated (Beck, Steer, Ball, & Ranieri, 1996a).

The BDI-II uses ranges and cut scores to determine the severity of depression. Although standard cut scores exist, the manual also emphasizes that the cut scores used should be a function of the sample population (Beck et al., 1996b). Although there is a demand for specific cut scores for normative university samples (O'Hara, Sprinkle, & Ricci, 1998), there has yet to be any such scores proffered. The majority of research using university samples has used those cut scores proposed by Beck et al. (1996b). These cut scores were used for the present student and are as follows; 0-13 (minimal/sub-clinical depression); 14-19 (mild depression); 20-28 (moderate depression); and 29-63 (severe depression). Reported mean scores for normative university samples has ranged from 8.8 (SD = 8.1; O'Hara et al., 1998) to 12.6 (SD = 9.9; Beck et al., 1996b). As evidenced by the large standard deviations, it would appear that with the standard cut scores, there is a significant proportion of university students who present as at least mildly depressed, despite the fact that the mean scores are below that which is considered a score indicating clinical depression (O'Hara et al., 1998).

Depressive Experiences Questionnaire (DEQ; Blatt, D'Affliti, & Quinlan, 1976). The DEQ is a 66-item Likert scale self-report measure. This measure was originally constructed to investigate everyday depressive feelings in non-patient populations but can be extended to

more severe forms of depression. The items on this scale were selected because they reflect a range of experiences that are correlated with depression (e.g., “I urgently need things that only other people can provide”; Blatt et al., 1976), but are not symptoms of depression (Zuroff, Moskowitz, Wielgus, Powers, & Franko, 1983). Factor analysis of this questionnaire consistently indicates that there are three scales which comprise this measure: self-criticism, dependency, and efficacy (Blatt et al., 1976; Zuroff, Quinlan, & Blatt, 1990), the former two which fit very well with Blatt’s (1974) model of depression. Scores for both men and women are typically compared to the female parameters, as these parameters were based on a larger sample. This method is considered acceptable because of the congruence between men’s and women’s factor scores. Furthermore, it has been shown that the factor structure of the three DEQ scales is very similar for men and women (Zuroff et al., 1990).

Due to the fact that dependency appears to be a personality structure, and therefore is most likely developed during early childhood, Zuroff et al. (1983) indicated that DEQ scores should be stable over time. In their study, Zuroff et al. (1983) found that both the dependency and self-criticism scores had significant test-retest correlations, meaning that pre- and post-scores on the DEQ were correlated with one another, whether separated by a span of five or 13 weeks.

In order to investigate the construct validity of the DEQ, Zuroff et al. (1983) correlated the self-criticism and dependency scales of the DEQ with established measures of guilt, self-esteem, and locus of control. It was found that both men and women who were high on dependency were also high on a measure of guilt with respect to feelings of anger (hostility guilt). This is supportive of construct validity, as Blatt (1974) theorized that

individuals high in anaclitic (dependent) depression would also be more likely to suppress their anger and aggression for fear of driving loved ones away. Therefore, if a dependent individual were to become angry, they would likely feel conflicted and/or guilty if they were to express anger. Furthermore, there was also a significant correlation between dependency and an external locus of control for men in this study (Zuroff et al., 1983), which is consistent with the idea that dependent individuals rely heavily on others.

Furthermore, in correlating the DEQ with established measures of gender roles, it was found that dependent men who worked with others in problem-solving situations were more likely to rate themselves as low in masculinity and high in femininity, which is consistent with the expected socio-cultural gender roles of men being dominant and women being submissive (Zuroff et al., 1983). For women, scores on the dependency scale of the DEQ were negatively correlated with a masculine gender role, which is also consistent with expected sex roles (Zuroff et al., 1983). These findings lend support to the fact that the DEQ may actually be measuring two distinct constructs; dependency and self-criticism. Furthermore, Zuroff et al. (1990), in their review of construct validity of the DEQ, reported that previous research has found that both the self-criticism and dependency scales are correlated with the BDI-II and depressive affect.

Responses from the DEQ were scored with a computer to generate standard scores according to the scoring coefficients from the Blatt et al. (1976) female sample (Mongrain & Zuroff, 1995). These scores are generated by first computing a z-score for each item, then multiplying each score by a factor weight, and then summed to produce scores for dependency, self-criticism, and efficacy (Nietzel & Harris, 1990).

Levels of Emotional Awareness Scale-B (LEAS-B; Lane, Quinlan, Schwartz, Walker, & Zeitlan, 1990). The Levels of Emotional Awareness Scale (LEAS) is a performance measure of emotional awareness. There are two 10-item versions of this scale and the LEAS-B was used for the present study. The LEAS-B consists of 10 short, fictional vignettes about situations involving the participant and another person. For example: "Your sweetheart has been gone for several weeks but finally comes home." Another example reads: "You and your spouse are driving home from an evening out with friends. As you turn onto your block, you see fire-trucks parked near your home." After reading the vignette, the participant is asked to write his or her response to the following questions: "How would you feel?" and "How would [the other person] feel?" There is one vignette per page and participants are given the remaining page to record their responses to each item.

Once completed by participants, the measure is scored by trained raters. Three separate ratings are made for each response, one for the "Self", one for the "Other", and a combined "Total" score. Responses as to how the Self and the Other would feel in each of the vignettes are scored on a five-point scale with respect to the emotion words that the participants used. Emotions that are explicitly stated (not implied) for the Self or Other are compared with a glossary of words provided by Lane (1991). This glossary provides scores, from zero to three for emotion words, with higher scores indicating greater knowledge of emotions and an "awareness of emotional complexity in self and other" (Barrett et al., 2000, p. 1028).

Responses that are given a score of "0" are those that tend to include impressions or cognitive states. Examples of these types of responses include, "feeling certain", "rolling my eyes", and "wondering". Responses that are scored as a "1" acknowledge the existence of an

emotion, however they do not specify a particular feeling. Examples of level one responses include feeling “alive”, “dizzy”, or “sleepy”. Level two responses are those that typically include action tendencies which have emotional connotations or nonspecific emotions, for example feeling “robbed”, “agitated”, or “like a failure”. Responses that are scored as a level three are those that include well-defined and differentiated emotions, or those that are closely aligned to very specific emotions. Examples of level 3 responses include “happy”, “sad”, and “pissed off”.

Level four responses are those which include combinations of level three responses. For example, a score of “4” would be given to a response that included two opposing emotions (e.g., “I would feel both happy and sad”), or at least two distinctly different emotions. This five-point scoring system is applied to both the Self and Other in each vignette; if there are two emotion words with differing emotional awareness scores used in the same response, the emotion word with the higher value is used. This procedure yields scores for both the Self and Other, which are then summed across all vignettes. Therefore, on the LEAS-B, one could obtain a maximum emotional awareness score, for the Self or Other, of 40 (10 vignettes all with level four responses).

The Total score is derived similarly to the Self and Other scores, but is scored on a six-point scale. The additional level “5” is applied when the participant provides level four responses for both the Self and Other, and the emotional reactions of the two individuals are clearly different from one another. If this is not the case, then the Total score is the higher of either the Self or Other scores. Total scores for each vignette are then summed across the entire LEAS-B for an Overall Total score. Therefore, using the LEAS-B, one could obtain an

Overall Total emotional awareness score of 50 (10 vignettes, all with level five responses).

The LEAS has demonstrated preliminary construct validity, as it has been correlated with other measures of cognitive complexity, such as a sentence completion task in an undergraduate sample (Lane et al., 1990). Discriminant validity has also been demonstrated for the LEAS in undergraduate students, as Lane et al. (1990) found that the LEAS does not correlate with emotion scales (those that measure the intensity of specific emotions on a Likert scale). Furthermore, Lane et al. (1990) were able to show that LEAS scores did not correlate with the number of emotion words used in participants' responses. Both of these findings indicated that the LEAS is more than a measure of emotion productivity or quality of emotion; it is a measure of emotional complexity.

Fear and Anger Words. In order to investigate the relationship between fear- and anger- based words and dependency, fear and anger words were dichotomously coded using the LEAS-B protocols. Three trained raters independently reviewed the scored LEAS-B protocols, searching for level three words reflecting anger and fear (scored separately). Words were only scored if they reached a minimum of level three, due to the ambiguity of level one and level two responses (e.g., feeling "bad" could indicate feelings of anger, fear, sadness, or disgust).

Preliminary lists of level three anger and fear were generated using the LEAS scoring manual to help guide the raters. Additions and amendments were made to the lists based upon discussion between the three raters as well as with the help of dictionary definitions of the emotions. The final lists used for this measure can be found in Appendix C. The raters then read each vignette of each protocol, reviewing level three responses for both the Self and

Other.

Scoring was binary and indicated the presence or absence of a target emotion word (at the given level of complexity). For example, when a level three response reflecting fear was found, they gave the respective person (Self or Other) of that particular protocol a score of “1” for the vignette, indicating that a level three fear word was used. A score of “0”, indicating the absence of the emotion, was assigned if no level three fear word was used. Note that due to the dichotomous nature of scoring, a score of “1” was used, even if multiple fear words were used in a single response. Next, a total Self and total Other score were both generated for each targeted emotion based upon the scores for Self and Other across the entire protocol. Finally, each vignette that had at least one “1” for either the Self or Other was also assigned a score of “1” for the Total score. The Total scores were then tallied across the protocol, resulting in an Overall Total score for each target emotion, for each protocol. Therefore, the maximum overall score was 10 for either Self, Other, or Total for any of the two targeted emotions (anger and fear).

Procedure

Administration of Measures. The demographics questionnaire, BDI-II, DEQ, and LEAS-B were administered to 200 undergraduate participants over the course of 5 months. This particular study was nested within a larger investigation, exploring the correlates of emotional awareness, personality factors, and cognitive factors, which was explained to participants in a formal consent letter (see Appendix A). The consent letter indicated that their responses were anonymous.

Participants came to lab sessions to complete the measures in groups ranging from

two to six and were seated at desks separated by partitions. Individuals were greeted by an experimenter and instructed to complete the measures in the order they were arranged, after they had read, understood, and signed the consent letter. The order of measures was predetermined in an effort to maximize the participants' attention and involvement. After agreeing to participate, participants completed a demographics questionnaire, followed by the LEAS-B, BDI-II, and DEQ. As indicated above, a number of additional measures were also administered at the time as part of a larger study. All participants were debriefed individually, in a quiet location after their participation. All were given a formal debriefing letter of information (see Appendix D).

Establishing Reliability. For the present study, three raters (including the author) were trained to score the LEAS-B with respect to emotional awareness. Using the manual based scoring procedure (Lane, 1991), a random subset of the 200 protocols were used to train the raters and establish a reliable scoring criteria (minimum $\kappa = .75$). This process involved collaborative revisions and additions to the manual rules, and group discussion as to how to score difficult responses. After the raters were able to score reliably with one another, the protocols were divided among the three raters, with special attention given to delegate the training protocols towards the end of the procedure.

In order to establish reliability throughout the procedure, 50% of the entire sample (100 random protocols) were re-scored by a rater who was not responsible for the initial scoring. One third of the reliability sample was taken from those protocols scored towards the beginning of the procedure, one third were taken from the middle, and the remaining third were taken from the last phase of the procedure. The average inter-rater reliability for the

LEAS-B emotional awareness coding was 0.87 (Kappa).

The same three raters were also used to code the specific target emotions. Just as with the emotional awareness coding, 50% of the LEAS-B protocols (100 protocols) were randomly re-scored by an alternative rater in order to establish inter-rater reliability.

Reliability across the three overall scores (Self, Other, and Total) for anger-based words ranged from $r = .92$ to $r = .99$. Reliability for fear-based words ranged from $r = .95$ to $r = .97$.

After reliability was calculated, the raters consulted together to resolve any discrepancies.

CHAPTER IV

Results

Descriptive Statistics

Dependency. Participants completed the DEQ which generated three scores; self-criticism, efficacy, and dependency, the latter of which was used as the measure of interpersonal dependency. As shown in Table 1, dependency scores from the DEQ in the present sample ranged from -2.54 to 1.80, and the mean score was -.45 ($SD = .85$). As dependency scores are transformed into standard scores, a score of 0 represents the mean, a score at ± 1.96 represents a score that is one standard deviation away from the mean, and scores of ± 2.54 represent those scores that fall two standard deviations away from the mean. Higher positive scores on the DEQ-dependency scale reflect a tendency to endorse dependency-oriented statements (e.g., "I often think about the danger of losing someone who is close to me").

Table 1

Means and Standard Deviations for Dependency and Depression

Variable	<i>M</i>	<i>SD</i>	Min.	Max.
DEQ-dependency score	-.45	.85	-2.54	1.80
BDI-II depression score	10.78	8.43	0	50

Levels of Emotional Awareness. Participants' responses on the LEAS-B were divided into three scores; Self, Other, and Total. As shown in Table 2, the Total score was higher than both the Self and Other, and should be expected given that the Total score is based on

the higher rating of both the Self and Other. The difference between the Self and Other was statistically significant ($t(199) = 8.92, p < .05$), indicating that participants reported higher levels of emotional awareness with respect to their imagined selves than imagined others.

Table 2

Means and Standard Deviations for LEAS-B Scores

LEAS-B Score	<i>M</i>	<i>SD</i>	Min.	Max.
Self	29.85	4.31	15	39
Other	27.60	3.90	13	39
Total	32.77	4.08	20	47

Specific Emotion Words. Separate scores were generated for the Self, Other, and Total based upon the presence or absence of anger and fear words. Means, standard deviations, and ranges for the specific emotions are presented in Table 3. Specific emotions were coded dichotomously for each participant response, wherein the presence of one (or more) level three emotion words would result in a score of 1, for a maximum score of 10 (as there were 10 vignettes). Higher mean scores indicate greater use of words expressing that particular emotion.

Table 3

Means and Standard Deviations for Specific Emotion Coding

	<i>M</i>	<i>SD</i>	Min	Max
Level 3 Anger Words				
Self	2.54	1.90	0	8
Other	0.54	.78	0	4
Total	2.72	1.95	0	8
Level 3 Fear Words				
Self	2.12	1.17	0	5
Other	1.57	1.10	0	8
Total	2.48	1.40	0	8

Level of Depression. The BDI-II was employed to investigate level of depression in the participants. As shown in Table 1, the mean depression score was 10.78 ($SD = 8.43$), indicating that the overall sample had a BDI-II depression score within the minimal depression range. This average is consistent with the typical means obtained when using normative university populations (e.g., Beck et al., 1996b; O'Hara et al., 1998).

Primary Analyses

Specific Emotion Words and Dependency. With respect to the relationship between dependency and the use of fear-based words, there were no significant correlations between dependency and the use of fear words for either the Self, Other, or Total (all $r_s < .05$, $p_s > .05$). Similarly, there were no significant relationships obtained between the use of level three

anger words for the Self, Other, or Total scores and dependency (all $r_s < .14$, $p_s > .05$). These correlations can be found in Table 4. These findings do not support the hypothesis that dependency would be positively correlated with the use of clearly stated fear words, nor do they support the hypothesis that dependency would be negatively correlated with the use of clearly stated anger words.

Emotional Awareness and Dependency. With respect to the relationship between emotional awareness and dependency, only the LEAS-B score for the Self was significantly correlated with dependency. This correlation, however, was not in the hypothesized negative direction, rather it was a positive relationship ($r = .17$, $p = .02$). Accordingly, the LEAS-B scores for the Other and Total were not significantly correlated with dependency (all $r_s < .13$, $p_s > .05$). These results can be found in Table 4. These findings not only fail to support the hypothesis, but are opposite to the predicted relationship. That is, emotional awareness (for the self) is positively correlated with dependency.

Table 4

Correlation Matrix of Main Study Variables

Variable	1	2	3	4	5	6	7	8	9	10	11
1. DEQ-DEP	--										
2. LEAS-B-S	.17*	--									
3. LEAS-B-O	.09	.63**	--								
4. LEAS-B-T	.12	.87**	.80**	--							
5. FEAR-S	.01	.45**	.31**	.45**	--						
6. FEAR-O	.04	.31**	.42**	.41**	.51**	--					
7. FEAR-T	.02	.46**	.40**	.52**	.90**	.74**	--				
8. ANGER-S	.12	.56**	.41**	.57**	.09	.16*	.16*	--			
9. ANGER-O	-.01	.36**	.37**	.43**	.09	.19**	.18**	.46**	--		
10. ANGER-T	.13	.57**	.44**	.60**	.10	.15*	.17*	.97**	.59**	--	
11. BDI-II	.29**	.11	.07	.13	.06	.04	.06	.12	.06	.13	--

Note: * $p < .05$, ** $p < .01$, DEQ-DEP = Dependency score based on the DEQ; LEAS-B-S = Self score for the LEAS-B; LEAS-B-O = Other score for the LEAS-B; LEAS-B-T = Total score for the LEAS-B; FEAR-S = Use of fear words for the Self; FEAR-O = Use of fear words for the Other; FEAR-T = Fear word total score; ANGER-S = Use of anger words for the Self; ANGER-O = Use of anger words for the Other; ANGER-T = Anger word total score; BDI-II = Depression score based on the BDI-II.

Although the original hypothesis indicated that the relationship between dependency and emotional awareness would be investigated while controlling for fear, it should be noted that fear could not be controlled for in this study, due to multicollinearity. This is due to the fact that the score on the LEAS-B was highly influenced by the use of clearly stated fear words. In other words, the relationship between the LEAS-B scores and the scores for fear-based words were based on one another. Thus, the use of fear-based words and the LEAS-B-Self scores were too highly correlated with one another (ranging from $r_s = .31-.46$, all

$p < .001$) indicating that there was too much overlap between the two constructs for them to be interpreted independently. Therefore, partialling out the level three fear words would confound the results, as the LEAS-B responses provided a pre-requisite for the scoring of target emotion words as well as the score for emotional awareness.

Supplementary Analyses

Depression in the Relationship Between Emotional Awareness and Dependency. In order to help clarify the positive relationship between dependency and Self-emotional awareness, bivariate correlations were calculated between depression scores (based on the BDI-II) and both variables. This analysis was particularly important to investigate given the strong relationship between both dependency and emotional processing with depression. Therefore, level of depression may have been represented in the relationship between Self-emotional awareness and dependency as a confounding third variable. There was a significant positive correlation between dependency and depression scores ($r = .29, p < .001$). Conversely, there was not a significant relationship between Self-emotional awareness and depression ($r = .11, p = .14$). Given that depression was not significantly correlated with Self-emotional awareness, it was not tested in a mediation model. That is, depression was not a third variable responsible for the positive relationship between dependency and emotional awareness for the self. As an aside, a mediator is a variable that influences the relationship between the two variables of initial interest (Howell, 2002).

It was subsequently hypothesized that the relationship between Self-emotional awareness and dependency may have been opposite as to what was predicted, based on level of depression. That is to say, perhaps the relationship between Self-emotional awareness and

dependency differed for those who were low on depression, compared to those who were categorized as having “severe” depression. In other words, the relationship between dependency and Self-emotional awareness may vary as a function of depression. This moderation effect would be obscured by simple correlational analyses, and therefore an interaction term was calculated. Depression scores and Self-emotional awareness scores were first centered (i.e., each score was subtracted from the overall mean for that variable). The newly centered scores were then multiplied together to generate an interaction term. Finally, the centered scores and the interaction term were entered into a regression equation, with dependency as the criterion variable. Prior to interpreting the results of this model, the assumptions of multiple regression were evaluated. This evaluation concluded that all cases satisfied the appropriate parameters, and that the variables met the requisite criteria, therefore making the results more generalizable.

The criterion variable for the moderation regression model was the standard score on the DEQ-dependency scale. All variables were entered into the model simultaneously to investigate whether the interaction term could explain the positive relationship between dependency and Self-emotional awareness. As indicated in Table 5, although both the BDI-II centered scores and the LEAS-B-Self centered scores were significant predictors of dependency (as would be expected given their significant correlations reported above), the interaction term was not significant (see Table 5). This indicated that the relationship between Self-emotional awareness and dependency did not vary as a function of depression scores. Therefore, level of depression could not explain the positive relationship between these two variables. These findings fail to support the hypothesis that a relationship between

dependency and Self-emotional awareness may exist or vary at different levels of depression.

Table 5

Linear Regression Analysis Summary for Moderating Effect of Depression on Self-Emotional Awareness and Dependency

Variables	B	Std. Error	β	R^2	$F(3, 194)$
Criterion: Dependency-standard score				.108**	7.825**
Self-emotional awareness (Centered)	0.029*	0.014	.146		
Depression (Centered)	0.028*	0.007	.280		
Interaction term (Self-emotional awareness x depression)	0.001	0.001	.054		

Note. * $p < .05$; ** $p < .01$.

Exploratory Analyses

Given that depression did not explain the positive relationship between dependency and emotional awareness for the self, the relationship between these variables and demographic variables were investigated. Correlational analyses revealed that age was not significantly with dependency ($r = -.07, p = .30$), nor was it correlated with Self-emotional awareness ($r = -.13, p = .07$). Similarly, a one-way ANOVA indicated that there were no between group differences for marital status with respect to either Self-emotional awareness ($F(3, 196) = 2.48, p = .06$), or dependency ($F(3, 196) = 1.16, p = .33$).

While there were no significant group differences between different ethnicities with respect to dependency ($F(5, 193) = 1.06, p = .38$), there was a significant group difference with respect to Self-emotional awareness ($F(5, 193) = 2.97, p = .01$). Although there was a significant difference with respect to Self-emotional awareness across different ethnic groups,

the lack of group differences with respect to dependency indicated that ethnicity was not a mediating variable in the relationship between dependency and emotional awareness. In other words, ethnicity could not be used to help understand the positive relationship between dependency and emotional awareness for the self, because it was not related to dependency.

With respect to sex, significant group differences were obtained for both Self-emotional awareness ($F(1, 198) = 6.92, p = .01$) and dependency ($F(1, 198) = 9.68, p < .01$), such that women had higher scores on both measures. Due to its association with both variables, sex was further investigated with respect to its role in the positive relationship between dependency and emotional awareness for the self.

Given that sex was correlated with both dependency and emotional awareness for the self, sex was entered into a regression model in order to determine whether it could be a mediating variable in the positive relationship between these two variables. As above, the assumptions of multiple regression were evaluated prior to investigating the potential mediating effects of sex on the relationship between Self-emotional awareness and dependency. In this case, measures of outliers indicated that there were eight cases that could potentially have influenced the results of the regression model and should therefore be removed. Upon closer inspection, however, it was noted that all these cases were men. Therefore, removing these cases would have significantly reduced the number of men in the sample, as well as removing variance that is most likely due to sex differences. Therefore, these cases were maintained for the regression analyses. All additional assumptions of multiple regression were met for the present analysis, and thus the results may be generalizable. It is important to note, however, that due to the differences in sample sizes

between men and women, there was greater variability in the scores of women than the men.

The first step in the regression equation included Self-emotional awareness as a significant predictor of dependency (see Table 6). When sex was entered into the regression equation in the second step, however, Self-emotional awareness was no longer a significant predictor of dependency, although the overall model remained a significant predictor of the criterion variable. These exploratory findings indicate that sex is a mediator in the relationship between Self-emotional awareness and dependency. Therefore, the relationship between sex and dependency, and between sex and emotional awareness for the self is significantly contributing to the positive relationship between dependency and Self-emotional awareness. It is contributing in such a way that when sex is controlled for, the relationship between dependency and Self-emotional awareness is no longer significant.

Table 6

Hierarchical Regression Analysis Summary for Mediating Effect of Sex on Self-Emotional Awareness and Dependency

Variables	B	Std. Error	β	R^2	ΔR^2	F
Criterion: Dependency-standard score						
Step 1				.029	.029	5.933*
Self-emotional awareness	0.033*	0.014	.171			
Step 2				.064	.035	6.773**
Self-emotional awareness	0.027	0.014	.135			
Sex	0.505**	0.185	.191			

Note. *p < .05; ** p < .01; "Self-emotional awareness" was measured using the "Self" responses on the LEAS-B.

CHAPTER V

Discussion

The purpose of this study was to investigate the relationship between emotional awareness and interpersonal dependency. Furthermore, it intended to explore the relationship between dependency and the use of fear-based words, as well as the relationship between dependency and anger-based words. These are the emotions that are typically associated with the dependent personality. It was hypothesized that there would be a negative relationship between dependency and emotional awareness; that there would be a positive correlation between the use of fear-based words and dependency; and that there would be a negative correlation between anger-based words and dependency.

Descriptive Statistics

Emotional awareness was measured via the LEAS-B, a performance measure of the conscious awareness of emotions that one experiences. In the present study, it was found that participants expressed greater emotional awareness with respect to their imagined self, as opposed to an imagined other person. This trend appears to be consistent with research by Barrett et al. (2000) which, unlike most studies that use the LEAS, actually reported mean scores for the Self, Other, and Total. The means reported by Barrett et al. using the long version of the LEAS are consistent with those obtained in the present study. Given that other studies typically ignore differences between the Self and Other we cannot conclude whether this is a trend that is typical of most studies, or limited to the present study and that of Barrett et al. (2000). This trend, however, may suggest that individuals have a greater capacity to envision themselves in different vignettes, as opposed to an imagined other. This may also

suggest that the Other score requires more than emotional awareness, as compared to the Self. It is likely that the Other score requires a degree of empathy, or imagining the position and emotions of other individuals. It is possible that taking such a position would have been more cognitively or affectively difficult for the participants, thus resulting in lower scores for the Other on the measure of emotional awareness.

The mean dependency score obtained in the present study was very similar to the means obtained by Fichman et al. (1999) and in Nietzel and Harris' (1990) review of six studies using the DEQ in non-clinical samples. Lower scores indicate lower levels of dependency. The DEQ scoring system has a mean of 0 and the present sample obtained a score very close to this. The closeness of these scores is to be expected, given the fact that the DEQ was also developed and normed with a non-clinical university sample. This also indicates that the present sample was not highly dependent, thus demonstrating relatively balanced personalities with respect to the dimension of dependency.

The present sample obtained a mean depression score that fell within the minimally depressed range based on the original cut-scores provided by Beck et al. (1996b). Recall that there presently do not exist cut-scores developed specifically for non-clinical university samples. The mean obtained for this sample appears to be consistent with other studies which use non-clinical university samples and the original cut-scores (e.g., Beck et al., 1996b; O'Hara et al., 1998). The mean obtained in this study indicates that the present sample was relatively healthy and displayed very little in the way of depressive symptomology.

Review of Hypotheses

Emotional Awareness and Dependency. The primary hypothesis of the present study

was that emotional awareness would be negatively correlated with the personality trait of dependency. However, it was found that emotional awareness for the imagined self was positively correlated with dependency. In order to help elucidate this, the role of depression was investigated. This factor was particularly important to explore given that dependency is one of the two routes to depression, and thus significantly correlated with depression scores. Therefore, depression could be a confounding variable in any relationship involving dependency. It was found that there was a significant correlation between depression and dependency, while there was no significant relationship between depression and Self-emotional awareness. The significant relationship between depression and dependency was expected, given that the theoretical roots of dependency stem from depressed mood. The lack of a significant relationship between depression and emotional awareness for the self indicated that depression was not an extraneous third variable in the relationship between Self-emotional awareness and dependency, despite the overlap between depression and dependency. In other words, even if level of depression was controlled for, the relationship between dependency and emotional awareness would still exist, because depression is not related to emotional awareness for the self.

Accordingly, depression was then investigated as a possible moderator for the relationship between dependency and Self-emotional awareness. Significant moderation analyses would indicate that at different levels of depression, the relationship between dependency and Self-emotional awareness changes, either in direction or in significance. This analysis was important to conduct as it is very possible that depression (not dependency) influenced scores on the emotional awareness measure. For example, those participants who

are minimally depressed may have the requisite cognitive and affective abilities to reflect on their emotional awareness. As level of depression increases, however, participants' abilities to engage in these skills may change (Beck, 1973), and not necessarily in a linear fashion. The actual analysis, however, indicated that the inclusion of a moderator variable in a regression equation with Self-emotional awareness and depression as predictors of dependency did not significantly add to the regression model. Therefore, the relationship between Self-emotional awareness and dependency did not change based on level of depression, further supporting the notion that depression is not a confounding variable in this relationship.

This sample indicated that they were not highly dependent, had relatively high scores on the measure of emotional awareness, and did not have significant depression scores. Therefore, the overall sample was very healthy. Given that high levels of dependency and ineffectual emotional processing are more indicative of a clinical sample, it is not surprising that the relationship between these two variables did not evidence a significant negative relationship, as hypothesized.

Furthermore, the fact that the sample was relatively healthy lends to the idea that there was likely a restriction of range with respect to the scores obtained. That is, participants generated scores that were not highly dependent, as well as scores that were quite emotionally aware. Therefore, the variability that would be needed to address the relationship between dependency (especially at higher levels) and emotional awareness (especially at lower levels) was not present in this sample. This sample also had scores within the minimal range of depression. This lends to the claim that this sample was quite healthy and may not have had

the variability in range that would have provided a better understanding of the role of depression in the relationship between dependency and emotional awareness for the self. That is, higher levels of depression were not well represented in this sample. Therefore it is unclear as to whether, if at high levels of depression, the relationship between emotional awareness and dependency might become more pronounced, and in the hypothesized direction.

Sex in the Relationship between Emotional Awareness and Dependency. With respect to demographic variables, there was a significant sex difference for both Self-emotional awareness and dependency. Therefore, sex was entered into a regression model with dependency and emotional awareness for the self. It was then found that sex mediated the relationship between dependency and Self-emotional awareness, such that the relationship between the two became non-significant without the inclusion of sex. In other words the reason emotional awareness is positively correlated with dependency in this study is that both level of dependency and emotional awareness capacities are higher in women. If sex is statistically controlled for, then no relationship between emotional awareness and dependency will be obtained. Therefore, sex is an extraneous variable that is responsible for the significant positive relationship obtained between dependency and emotional awareness.

The absence of a relationship between dependency and emotional awareness (after controlling for sex) was unexpected. However, the measure of emotional awareness used in this study may be inadvertently eliciting responses that do not reflect actual emotional experiences, but rather what participants think they would feel. That is, participants must think of how they would feel in a situation (a cognitive process) and then translate that into a

written response. Therefore, given the measure used, the present study assessed more of a thought process regarding emotions, as opposed to the actual experience of emotions or “in-the-moment” awareness. It is the “in-the-moment” awareness that one would anticipate would differ between those who score high versus low on a measure of dependency.

The lack of support for the hypothesis that emotional awareness and dependency would be negatively correlated may also be due to the university sample that was used. That is, university students are typically intelligent individuals who are more likely to be in-tune with their thought processes. This may have given the present sample an advantage with respect to a task that requires thinking about emotions, and may have resulted in overall higher emotional awareness scores. This advantage for university students may have obscured a relationship between emotional awareness and dependency that would have been obtained for a non-university sample.

Despite the non-significant finding regarding emotional awareness (as measured in this study) and dependency, this hypothesis merits further investigation. For example, with a clinical sample, one would likely encounter a higher prevalence of depression. With increased levels of depression, one would likely encounter increased levels of dependency, as well as individuals with ineffectual emotional processing skills. Therefore, while there is no relationship between emotional awareness and dependency for relatively healthy samples (after sex is controlled for), increased levels of dependency and a decreased ability to effectually process emotions would likely be more pronounced in a clinical sample, and therefore may be related to one another (even after sex is controlled for). That is to say, in a clinical sample, one may be more likely to find that depression has a moderating effect on the

relationship between emotional awareness and dependency.

Sex differences have been documented for both dependency and emotional awareness. Barrett et al. (2000) found similar results in that female participants demonstrated higher emotional awareness than male participants, although the authors acknowledged that the specific source of women's higher emotional awareness is yet unknown. Similarly, Chevron, Quinlan, and Blatt (1978) found that women typically score higher on the DEQ with respect to dependency (indicating higher agreement with statements reflecting the dependent personality) than men. They concluded that this was consistent with sex role stereotypes. The results of this study indicate that those who score high on the trait of dependency are just as capable of formulating a cognitive response regarding their emotions as their non-dependent counterparts, unlike those individuals who struggle with emotional awareness deficits (i.e., alexithymia; Lane et al., 1996). Indeed, while theoretical background suggests that dependent individuals' overall daily emotional experiences differ from those who are not dependent, it does not refer to differences regarding meta-cognitive processes about emotion.

Specific Emotions and Dependency. To address the hypotheses that dependency would be positively correlated with fear-based words and negatively correlated with anger-based words, participants' responses to the emotional awareness task were examined for the use of these emotions. It was found that none of the specific emotions were significantly correlated with any of the emotional awareness scores.

While past literature has established that high fear and low anger is the predominant emotional combination experienced by highly dependent individuals (Blatt, 1974), the

present study did not find that these emotions were statistically related to dependency.

Vettese and Mongrain (2000) have argued that the lack of a significant relationship between dependency and anger-based words is evidence to support that dependent individuals do not experience as much anger as their non-dependent counterparts. The current findings support their understanding of this relationship. Nonetheless, the lack of a relationship between any of the specific emotions and dependency is somewhat suspect and may suggest that these non-significant findings are more related to the measure used.

That is to say, the LEAS poses an artificial task in which participants imagine themselves in fictional vignettes, which then measures hypothetical emotional awareness as opposed to the experience of awareness, *per se*. Indeed, emotional awareness is a part of emotional processing that is contingent on actually having some experience of emotion (Greenberg & Pascual-Leone, 2006). Therefore, the LEAS-B likely triggered more involved, cognitively demanding thought processes about emotions, as opposed to “in the moment” emotional awareness or even the more direct experience of emotion that has typically been described of dependent individuals.

Another possible reason for the lack of support for the hypotheses regarding specific emotions may be due in part to the scoring procedures used. That is, use of fear- and anger-based words were scored based on the presence or absence of target emotion words. In other words, a participant who used six anger words in response to a certain vignette would have the same score as a participant who used one anger word in the same vignette. It is possible that if one takes into consideration the prevalence of anger and/or fear words used there would be a significant difference between those who were high on dependency, as compared

to those who were low on dependency.

Moreover, it is important to note that, as a measure of emotion, the LEAS does not specify between different types of the same emotion. Indeed, anger can be both maladaptive or productive (Pascual-Leone, 2005). However, the more positive forms of anger are lumped together with those that are seen as maladaptive and pathological. Rather, the present study found that when all types of anger are combined, there is no relationship between this emotion and dependency. It remains unclear, however, as to whether those who are not very dependent are better able to express productive, adaptive anger than their highly dependent counterparts; information that may be highly valuable with respect to the therapeutic treatment of dependent individuals. For example, if dependent individuals are less able to express adaptive anger, then perhaps therapy can focus on promoting those feelings. This would hopefully allow dependent individuals to better express themselves, and not feel as though they need to suppress their feelings of anger in order to placate loved ones (Blatt, 1974).

Study Strengths

One strength of the present study pertains to the power of the effect of sex that was obtained. That is, a significant sex difference emerged despite a small sample of men, which speaks to the power of the mediating effect of sex on the relationship between emotional awareness and dependency. Future research in this area, however, should focus on obtaining more relatively even samples with respect to sex in order to assert that the results obtained are actually influenced by sex, as opposed to a statistical artifact.

This study also represents a contribution to a relatively understudied area; emotional

experiences of dependent individuals. Although methodological issues did not address the specific emotional experiences of dependents, this study provides empirical evidence regarding an emotional facet of dependency. This study identified that, after sex is taken into account, that highly dependent individuals are as capable of engaging in emotional awareness (as measured in this study) as their non-dependent counterparts. Despite the fact that a relationship between emotional awareness and dependency was not evidenced in this study, the area of emotional processes in dependency remains an important area to investigate. As noted previously, this is an area that demands further attention, especially given dependency's role in depression.

Finally, this study also represents a strength within the empirical literature regarding emotional awareness. The present study not only reported which of the Self, Other, or Total scores were used when conducting analyses with the LEAS, but it also reported a difference between the scores of the Self and Other. Typically, researchers that use the LEAS do not report which of the three scores they use, nor do they report means (e.g., Lane et al., 1990). Such information would prove to be very important as the role of Self- vs. Other-emotional awareness is likely to be a relevant research distinction when discussing issues related to dependency, interpersonal theory, or emotional development. By presenting the reader with these sub-scores, the results of the present study can be compared to those studies that have also reported all three LEAS scores, as well as studies that will be conducted in the future. This information will be a useful contribution if norms are ever to be developed for the LEAS, and might also be useful if modifications to the LEAS are indicated in the future.

Limitations of the Present Study

One limitation to the present study is that all measures were self-report measures, and thus may be subject to self-serving bias and limited by participants' reflective awareness of given processes, rather than the actual nature of those processes (i.e., as with emotional experience). Given that participants were asked to respond via pen and paper to relatively face valid measures of dependency and depression, it is possible that some participants did not record their actual experiences or emotions in an attempt to "save face" or "fake bad". While this remains a limitation with all self-report studies, future research could use interview techniques in order to assess these more clinical aspects.

Similarly, as already suggested above, measuring emotional awareness with the LEAS has raised some concern as to whether it is a suitable measure of emotional awareness. That is, part of emotional awareness is an understanding of many different ways one can feel based on a given set of circumstances. However, the LEAS simply asks, "How would you feel? How would [the other person] feel?" Therefore, one could argue that the instructions are incomplete, as participants do not necessarily need to indicate multiple emotions, which would have resulted in higher (perhaps more accurate) scores of emotional awareness. Furthermore, the LEAS-B requires 10 hand-written responses, and therefore, participant fatigue may have influenced responses on this measure. Future research investigating emotional awareness in university samples might be interested in administering the LEAS electronically, as to reduce participant fatigue.

Recall that the original scores proposed by Beck et al. (1996b) were meant to be used with adult populations. This raises some questions about the cut scores that were used in the present study. Beck et al. indicated that cut scores for the BDI-II should be a function of the

sample used. Unfortunately, cut scores for non-clinical university samples have yet to be established, and so adult clinical scores were used. It is therefore possible that depression in the present study was not adequately measured for the non-clinical, university sample, and therefore may have been more of a factor in the relationship between emotional awareness and dependency than is reported here. Future research should be concerned with establishing appropriate norms for non-clinical, university-based samples, especially given the frequency with which university samples are used in research.

Finally, a caveat must be made with respect to the sample used and the question of generalizability. The present study used university students from a non-clinical population. Accordingly, the majority of students reported sub-clinical levels of depression and relatively non-dependent personality structures. Therefore, it remains unclear to what degree these results would pertain to a clinical or non-university sample. That is, there may be characteristics of other populations that influence dependency and/or emotional awareness that might indicate a relationship other than a mediating relationship with sex, as was obtained in the present study. As indicated above, the fact that university students are more likely to be in tune with their thought processes than the general population, the present sample may have had an advantage with respect to a task requiring thought about emotions. This factor would likely impact the generalizability of this study to non-university based samples.

Treatment Implications

Bearing in mind the tentativeness of drawing conclusions about treatment seekers from a non-clinical population, one might make some tentative statements about possible

treatment implications for future inquiry. While the results of this study do not support a link between dependency and emotional awareness, it does solicit some possible issues regarding treatment implications for both sexes. First, practitioners should be aware that overall, men have lower capacities for emotional awareness compared to women. These results are consistent with that which was reported by Barrett et al. (2000), adding to the generalizability of this finding. Therefore, when working with men in a therapeutic context, it may prove beneficial to spend more time focusing on their understanding of their emotions, whereas less time in this regard may be required of female clients. Secondly, with respect to female clients, therapists will need to be aware of the higher prevalence of dependency in women. This is especially important given the high correlation of depression with dependency which has been previously documented (e.g., Blatt & Zuroff, 1992; Nietzel & Harris, 1990; Vettese & Mongrain, 2000). Therefore, clinicians will need to be aware that when seeing depressed female clients, they are more apt to be depressed about issues regarding abandonment (Blatt & Zuroff, 1992), as compared to men.

Directions for Future Research

There are several avenues of research that future projects should examine from this point forward. Primarily, future investigations should explore the relationship between dependency and a measure of emotional expression or experience. For example, one might be more apt to discover differences between high and low dependent people on a measure of experiencing, such as the Client Experiencing Scale which can be applied to transcripts of psycho-therapy sessions to assess a client's engagement in the therapeutic process (Klein, Mathieu-Coughlan, Keisler, 1986). This would likely provide a clearer picture of the

emotional experiences of dependent individuals, as opposed to their meta-cognitive processes regarding emotions. This will also avoid some of the problems associated with self-report measures.

It will likely prove to be important to investigate the experiences of dependent individuals with respect to other aspects of emotional processing, such as emotion regulation, emotion reflection, and emotion transformation (Greenberg & Pascual-Leone, 2006). Although the present study appears to indicate that emotional processing at the (meta-cognitive) awareness level does not differ between those who are high versus low on the trait of dependency, this does not necessarily indicate that they are similar on all other facets of emotional processing. Until the relationship between dependency and emotional regulation, reflection, and transformation is clarified, one cannot assert that ineffectual emotional processing is or is not responsible for the susceptibility to depression experienced by dependents.

Finally, the present study found that the Self- and Other-emotional awareness scores significantly differed from one another, such that Self scores were higher. In studies using the LEAS, the specific score used (i.e., Self, Other, or Total) are rarely reported. Therefore, comparisons across studies are difficult, if not impossible to make. The few studies that do report means for all scores appear to indicate that those scores generated for the Self are typically higher than the Other, which may have theoretical implications. For example, the Self score may be an actual reflection of emotional awareness, whereas the Other score may be confounded with other constructs such as empathic ability or projection. Such research may be helpful for refining measures of emotional awareness, especially the LEAS.

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Appendix A

CONSENT TO PARTICIPATE IN RESEARCH

Title of Study: **Emotion and individual differences.**

You are asked to participate in a research study conducted by **Dr. Pascual-Leone, Dr. Abeare, and their supervised students**, from the **Department of Psychology** at the University of Windsor. **Results of this study will contribute to senior research projects at the graduate level.** The study is funded, in part, by the University of Windsor.

If you have any questions or concerns about the research, please feel to contact **Dr. Pascual-Leone at (519) 253-3000 Ext. 4702.**

PURPOSE OF THE STUDY

This study explores the relationship between individual differences in personality, cognitive styles, and emotionality.

PROCEDURES

If you volunteer to participate in this study, we would ask you to do the following things: **Complete a set of questionnaires that ask questions about how you usually feel or behave.** Some of the questions ask about personal difficulties you might have while other questions require you to be creative, make up lists, or solve puzzles. The questionnaires vary in length, taking anywhere from 5 minutes to 25 minutes. **But the whole study will take about 1 hours and 40 minutes.**

After completing this study, some participants will have the opportunity to participate in a follow-up study, which offers free training experiences in counselling and possibly a cash incentive. Not all participants in the current study will be invited to the follow-up study.

POTENTIAL RISKS AND DISCOMFORTS

There are a number of measures to be completed as part of the study. You are encouraged to take breaks during the study as you see fit.

POTENTIAL BENEFITS TO SUBJECTS AND/OR TO SOCIETY

Some participants in similar studies have reported that answering these questionnaires was a thought provoking and insightful exercise. The findings of this study will benefit science and society by furthering our understanding of healthy functioning and the risk factors for mental illness.

PAYMENT FOR PARTICIPATION

Where applicable, students will receive bonus credit(s) in Psychology courses at University of Windsor for participation in the study. There is no other remuneration.

CONFIDENTIALITY

Any information identifying your participation in this study will remain confidential and will be disclosed only with your permission. All completed questionnaires are assigned an id-code to ensure confidentiality. Your contact information and id-code will be kept under lock and key in case you wish to participate in the follow-up study. When the proposed study and any follow up study are complete all identifying records will be destroyed.

PARTICIPATION AND WITHDRAWAL

You can choose whether to be in this study or not. If you volunteer to be in this study, you may withdraw at any time without consequences of any kind, although you may not keep questionnaires from the study. You may also refuse to answer any questions you don't want to answer and still remain in the study. The investigator may withdraw you from this research if circumstances arise which warrant doing so or if too many items are left unanswered.

FEEDBACK OF THE RESULTS OF THIS STUDY TO THE SUBJECTS

Study results will be made available through www.uwindsor.ca/reb and will be available as of December 31, 2008.

SUBSEQUENT USE OF DATA

If you consent to being contacted at a later date about the follow-up study you have no obligation to participate but we still need permission to contact you with information. If you participate in the follow-up study, data from this study will also be used in that subsequent study.

Do you give consent to be contacted with an invitation to the follow-up study? Yes No
If you give consent please provide contact information, below:

Address (Name, Street)

Permanent and/or alternate telephone number

Address (City Postal code)

E-mail address

RIGHTS OF RESEARCH SUBJECTS

You may withdraw your consent at any time and discontinue participation without penalty. If you have questions regarding your rights as a research subject, contact: Research Ethics Coordinator, University of Windsor, Windsor, Ontario, N9B 3P4; telephone: 519-253-3000, ext. 3916; e-mail: lbunn@uwindsor.ca.

SIGNATURE OF RESEARCH SUBJECT/LEGAL REPRESENTATIVE

I understand the information provided for the study " **Emotion and individual differences** " as described herein. My questions have been answered to my satisfaction, and I agree to participate in this study. I have been given a copy of this form.

Name of Subject

Signature of Subject

Date

SIGNATURE OF INVESTIGATOR

These are the terms under which I will conduct research.

Signature of Investigator

Date

Appendix B
Demographic Information

Age: _____ Gender: Male _____ Female _____

Handedness:

Left-handed _____ Right-handed _____ other (explain) _____

Education:

Number of years of education _____

Occupation: _____

If student: 1st year 2nd year 3rd year 4th year Graduate Student

Program of Study: _____

School: _____

Race:

_____ Caucasian

_____ African American

_____ Hispanic

_____ Middle Eastern

_____ Asian

Other: _____

Marital Status:

_____ Single

_____ Dating relationship

_____ Separated or Divorced

_____ Married or common-law

Appendix C

Specific Emotion Words

Anger Words

aggravated
anger
animosity
annoy
bitter
contempt
despise
disdain
enraged
frustrate
fuming
furious
hostility
indignant
irate
jealousy
mad
malicious
miffed
outraged
peeved
pissed off
resentful
revengeful
scorned
self-hatred
ticked off

Fear Words

afraid
alarmed
anxious
apprehensive
concerned
dread
fear

frantic
frightened
horrified
intimidated
nervous
panic
paranoid
perturbed
scared
horror-stricken
startled
suspicious
terrified
trepidation
uneasy
wary
worried

DEBRIEFING LETTER

Title of Study: **Emotion and individual differences.**

BACKGROUND

This study is about peoples' individual differences and the role they play in dealing with ones emotions and possible vulnerability to depression, which is one of the most common mental illnesses in North America today. Psychotherapy can be very helpful in treating mental illness but there are many different types of psychotherapy. Researchers now know that how helpful psychotherapy is mostly depends on things that are common to all psychotherapies, like getting along with ones therapist or talking about feelings, etc.. The second most important thing for good psychotherapy has to do with the personal attributes of clients themselves. This means that the impact of one type of psychotherapy compared to another is much less important than was originally thought. From the perspective of research, it means that to find out how people get better from depression we need to study both individual differences and the common factors that help people create emotional change in their lives. In some of our previous research we found that peoples' emotional awareness and their ability to shift from one feeling to another plays key role in recovery from mental illness. We also know that people can be very different in these abilities.

PURPOSE OF THE STUDY

In this study you have filled out a number of questionnaires that provide several different types of information on (1) emotional awareness, (2) relationship styles (i.e. how dependent or independent someone is). There were also some questionnaires asking (3) about difficulties you might be having (i.e. asking if you have been feeling down, worried, gambling...). Finally, there were some exercises to measure (4) how flexible or creative you might be in terms of thinking style.

The purpose of this study is to put these variables together and find patterns of functioning that go together. We expect that people with flexible and creative thinking styles will also have higher levels of emotional awareness. We also expect that moderate levels of interpersonal dependency will also have higher levels of emotional awareness than other people who are either very dependent or very independent. The study will help us discover if these hypotheses are true for people in general.

FINDINGS AND FOLLOW-UP

All the data we collect is examined in groups and by taking averages so we cannot give individual results to people. However, study results will be made available through www.uwindsor.ca/reb and will be available as of December 31, 2008. If you have consented to being contacted for the follow-up study we may try to reach you in September 2007. That study is tentatively planned to involve a free training experience in psychotherapy and will also be related to the measures mentioned above.

If you have any questions or concerns about the research, please feel to contact **Dr. Pascual-Leone at (519) 253-3000 Ext. 4702.**

If you have questions regarding your rights as a research subject, contact: Research Ethics Coordinator, University of Windsor, Windsor, Ontario, N9B 3P4; telephone: 519-253-3000, ext. 3916; e-mail: lbunn@uwindsor.ca.

Some participants may have concerns of a more personal nature that they would like to address. If you think it might be useful or if you are in distress, the **Student Counselling Centre** on campus provides assistance and support to students free of charge. Visit <http://www.uwindsor.ca/scc> rm. 293 CAW; **(519) 253-3000 Ext. 4616**; OR contact the **Psychological Services Centre** at 326 Sunset Avenue; telephone: **(519) 973-7012 or Ext. 7012.**; More information can be found at http://web2.uwindsor.ca/psych_centre/index.htm

Thank you for contributing to this research.

VITA AUCTORIS

Emily Orr was born in 1983 in Wolfville, Nova Scotia. She graduated from Central Kings Rural High School in 2001. She obtained her B.Sc (Honours with First Class Distinction) in psychology from Mount Allison University in 2005. In 2007 she completed her M.A. in Adult Clinical Psychology at the University of Windsor, Ontario. She is presently enrolled in the Adult Clinical Psychology Ph.D. program at the University of Windsor.