UNDERSTANDING YOUR DIAGNOSIS

Dependent Personality Disorder

Also called Dependent Personality Disorder

A long-standing pattern of needing others to take charge and dreading being left alone, which treatment can steadily change.

HOW COMMON	OFTEN STARTS	TREATABLE	WHAT CHANGES IT
About 1 in 200 adults	By your early twenties	Yes - therapy helps	Practice making own choices

What this is

- This names a long-standing pattern of leaning hard on other people. It is not a verdict on who you are as a person.
- Needing people is human and healthy. This is about needing so much that your own life quietly gets handed away.
- It is not laziness or weakness. It usually grew from never getting the chance to find out that you could cope.
- The pattern does change. Confidence is built by doing small things alone, not by being told that you are capable.

What it can look and feel like

- Everyday choices, like what to wear or what to order, feel impossible until you ask someone else what they think.
- Big things such as money, housing and medical care get handed to a partner or a parent to decide on your behalf.
- You avoid disagreeing, even when you are sure you are right, because a fight might cost you their support.
- You take on jobs you hate, or put up with bad treatment, because being left alone feels worse than any of it.
- Starting something on your own feels beyond you, not from lack of skill but from doubt that your judgment is any good.
- Being alone brings a helpless, uneasy feeling, and you fill it quickly with company, calls or messages.
- When a relationship ends you scramble to find another person to lean on, sometimes within days rather than months.

What is happening in your brain and body

- An anxious, cautious temperament shows up early in life. Some people simply feel danger more sharply from the start.
- The brain systems that handle attachment and separation run hot here, so being apart genuinely hurts rather than just worries.
- Reassurance calms you fast, and that quick calm is exactly what keeps the habit locked firmly in place.
- If nobody ever let you try and fail, your brain never got to collect the proof that you can handle hard things.
- The strain shows up in the body too: broken sleep, stomach trouble, and more doctor visits than most people need.

What can make it more likely

- Genes give some people a more anxious, closeness-seeking wiring from the beginning, and that part is nobody's fault.
- Overprotective or very controlling parenting can leave your competence untested, so it never gets the chance to grow.
- Serious illness or long separations in childhood can teach a lasting lesson that you need someone else to be safe.
- No single person or event causes this. It grows from a mix of wiring and years of experience layered together.

What to expect

- Plan on **16 to 24 sessions** of structured therapy, with the tasks you do between sessions doing much of the real work.
- Hard stretches cluster around losses and breakups, so those are the moments to have extra support arranged in advance.
- Progress looks small and concrete: booking your own appointment, saying no once, handling a bill without checking first.
- Good therapy plans its own ending from the start, so that treatment does not become one more thing you depend on.

What helps

Treatment works. Most people get better.

Talking therapies

- **Cognitive behavioral therapy** with assertiveness training has the best support for this pattern, and it is practical work.
- You rehearse saying what you want, disagreeing out loud, and making decisions without checking with anyone first.
- A good therapist gives fewer answers on purpose. Being asked what you think, again and again, is part of the treatment.
- **Schema therapy** works on the deep belief that you cannot cope alone, and is worth trying when shorter therapy stalls.
- Couples or family sessions help when the people around you, often meaning well, keep stepping in and taking over.

Medicines

- No medicine treats this pattern itself. Medicines are for the depression or anxiety that often comes along with it.
- **SSRIs** such as sertraline or escitalopram are usual first choices, with dosing decided together with your prescriber.
- Judge a medicine by whether you are doing more on your own, not by how reassured the appointment made you feel.
- **Benzodiazepines** are risky here, because leaning on a chemical adds one more layer to a pattern of leaning.
- Ask for a clear plan about refills and between-visit calls. That structure protects the work rather than punishing you.

Everyday things that help

- Pick one decision a day and make it without asking anyone. Start with small ones and let the wins stack up.
- Practical skills help more than pep talks: handling money, driving, cooking, booking your own appointments.
- Spend planned time alone and ride out the discomfort. It does fade, and finding that out for yourself is the point.
- Build more than one source of support, so that no single person is carrying the whole weight of your life.
- If someone is hurting you or controlling your money, tell your care team. You deserve help getting yourself out.

Get help right away if

- If you are thinking of ending your life, call or text **988** in the US, or go to the nearest emergency room.
- If someone is hurting, threatening or controlling you, tell your care team, or call 911 if you are in danger now.
- After a breakup or a loss, get an appointment quickly. That is the stretch when risk is highest.

Questions to ask your care team

- *Which parts of my life could I start handling on my own?*
- *How will we make sure therapy does not become another crutch?*
- *What should I do in the first days after a breakup or loss?*
- *Is this medicine treating something, or just calming me down?*

Where this information comes from

988 Suicide & Crisis Lifeline. (n.d.). *988 Suicide & Crisis Lifeline*. https://988lifeline.org/

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National Alliance on Mental Illness. (n.d.). *Types of conditions*. https://www.nami.org/types-of-conditions/

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NOTE

Sources are listed in APA 7th edition style. This handout is general health information, not medical advice, and it does not replace talking with your own doctor, therapist, or prescriber. Medicine choices and doses are decided with your prescriber. If you are in danger or thinking about hurting yourself, call or text 988 in the United States, or go to your nearest emergency room.