

**Society for
Interpersonal
Theory and
Research**

SITAR Newsletter

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President's Message **Michael Gurtman**

If you were unable to attend SITAR's 2002 annual meeting in Toronto, May 17-18, you missed what may have been our best conference yet. The two-day event had many highlights. The conference began with an outstanding, and often very funny, keynote address by David Zuroff, and was followed by a variety of stimulating papers and posters. Although some bucked and lamented the obvious trend toward sophisticated PowerPoint slide shows, it is clear that the work presented was of very high quality, regardless of the media involved, and served to expand our understanding of what it

means to do interpersonal research.

Of course the conference also gave us a valued opportunity to interact with our colleagues, to discuss and debate issues of mutual interest, and to renew friendships. Indeed, as our organization grows in years, the line between colleague and friend becomes increasingly blurred. And the setting for this second part of our interpersonal agenda was fa-



ilitating. Thanks largely to the efforts of local hosts, Lindsay Ayearst and Krista Trobst, and the staff of the Hotel Inter-Continental, we enjoyed superb accommodations and facilities. The lunches, breaks, and our annual dinner at one of Toronto's finest restaurants, SassaFraz, were also terrific.

These successes aside, the meeting was also an achievement of another sort—a milestone event in our existence. SITAR 2002 was our fifth annual meeting, and it signaled perhaps a new and more mature stage in our development as an organization. We enter this new stage with many positives: A loyal and active
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Have You Renewed Your Membership?

If a membership renewal form was included with your copy of the Newsletter, it means that you need to send dues for the 2002-2003 membership year, which runs from July 1 through June 30. Take a moment right now to complete the renewal form, and send your dues payment of US\$25.00 to Steve Strack,

SITAR, P.O. Box 608, So.
Pasadena, CA 91031-0608.

Recall that SITAR is a small organization with fewer than 70 members. Your dues are important! Only dues-paying members receive the newsletter and advance notices about the annual conference.

Ballots for Vice President Due August 30

It's time for SITAR members to elect a new Vice President by mail ballot. A ballot is included in this mailing along with an explanation of the Vice President's roles, and statements from the two candidates, Drs. Terry Tracey and Krista Trobst. Ballots are due August 30, 2002.

Personality and Relational Factors in the Short-Term Treatment of Depression by David C. Zuroff

Blatt and Shichman (1983) provided rich descriptions of the interpersonal implications of the dependent (anaclitic) and self-critical (introjective) configurations of psychopathology. A variety of interpersonal correlates of self-criticism have been empirically demonstrated. Self-critics are characterized by a fearful avoidant attachment style (Zuroff & Fitzpatrick, 1995). In addition, self-criticism has been associated with less self-disclosure (Zuroff & Fitzpatrick, 1995), reluctance to use social resources to deal with negative affect (Fichman, Koestner, Zuroff, & Gordon, 1999), less interpersonal warmth (Zuroff, Moskowitz, & Coté, 1999; Vettese & Mongrain, 2000), more hostility (Mongrain, Vettese, Shuster, & Kendal, 1998; Santor & Zuroff, 1997; Santor, Pringle, & Israeli, 2000; Zuroff & Duncan, 1999), and interpersonal problems involving being overly cold and distant (Alden & Bieling, 1996). Given these findings, it is not surprising that self-critics are dissatisfied in a wide range of relationships, including those with romantic partners, peers, parents, and their own children. Problematic relationships contribute to the low levels of social support and the high levels of hassles, negative life events, and chronic life difficulties that self-critics endure (e.g., Mongrain, 1998; Mongrain & Zuroff, 1994).

If we assume that the heart of the psychotherapy enterprise is the relationship between therapist and client, it is natural to wonder whether self-criticism also disrupts psychotherapy. Sidney Blatt and I, along with several other colleagues, have been exploring archival data from NIMH's Treatment of Depression Collaborative Research Program (TDCRP) to understand the

impact of self-criticism on outcome and process in the short-term treatment of depression.

The TDCRP was an extraordinary study conducted by eminent researchers. Seriously depressed outpatients ($N = 239$) were randomly assigned to receive 16 weeks of either cognitive-behavioral therapy, interpersonal therapy, imipramine-clinical management, or placebo-clinical management. Clinical management included reviewing symptoms and side effects, as well as nonspecific, supportive interactions; sessions lasted 20-30 minutes. Few differences were found between treatments at termination, although imipramine showed more rapid effects and, in some analyses, was more effective for more severely depressed patients (Elkin, 1994).

Among the measures administered at intake was the Dysfunctional Attitudes Scale (DAS). The DAS was found to have two factors, which the TDCRP investigators labeled *perfectionism* and *need for approval*. Conceptually and empirically, the DAS perfectionism scale is closely related to self-criticism. Blatt, Quinlan, Pilkonis, and Shea (1995) examined the perfectionism and need for approval subscales as predictors of outcome. They found that perfectionism was significantly negatively related to both self-report and interviewer-rated meas-

ures of reductions in depressive symptoms. Need for approval was positively, but not significantly, related to outcome. This result, as well as the others described here, held across all four treatment groups.

A subsequent analysis by Blatt, Zuroff, Bondi, Sanislow, and Pilkonis

(1998) found that the adverse impact of perfectionism began to emerge around the midpoint of treatment, i.e., at eight weeks. When patients were divided into low, medium, and high perfectionism groups, it was found that all three groups improved substantially from intake to eight weeks. From eight weeks to termination, the low and medium perfectionists continued to improve; however, the highly perfectionistic patients had reached a plateau and showed no additional improvement.



What variables might mitigate the effect of perfectionism? One candidate that comes to mind is the quality of the therapeutic relationship and, fortunately, the TDCRP included the Barrett-Lennard Relationship Inventory (BL-RI), a questionnaire measure of the extent to which Carl Rogers' "necessary and sufficient conditions" were experienced by the patient. The BL-RI was administered at the second treatment session. The results were very interesting, although more complex than we anticipated (Blatt, Zuroff, Quinlan, & Pilkonis, 1996). Among patients low in perfectionism, outcome was consistently good, and the quality of the therapeutic relationship added little to the prediction of outcome. Conversely, outcome was consistently poor among highly perfectionistic patients, and even a high quality therapeutic relationship did little to improve their outcomes. Among moderately perfectionistic

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Perfectionism was...
negatively related to...
reductions in depressive
symptoms

Meet SITAR's First Graduate Student Representative: Jennifer Archambault of McGill University

Following the May meeting in Toronto, I was invited by the Executive Council to serve as SITAR's graduate student representative for the coming year. As this is the first year that such a position has existed, the duties and responsibilities associated with the role have not yet been explicitly defined. The newsletter editors suggested that I write a short piece, introducing myself and outlining some of the directions that I hope to pursue as graduate student representative. In addition to acquainting SITAR members with both myself and the position which I have assumed, it is my hope that this letter will encourage interested society members, particularly my fellow graduate students, to offer feedback, comments, and suggestions concerning my future activities in this newly established role.

I am currently pursuing a doctoral degree in clinical psychology at McGill University under the supervision of Dr. Debbie Moskowitz. In 1999, during my first year of graduate studies, I joined SITAR and attended the annual meeting in Madison, WI. The Madison conference was a thoroughly enjoyable experience for me on several levels. I found the meeting to be both intellectually and interpersonally stimulating and, as a graduate student, I was particularly pleased by the size and composition of the Society. The conference afforded me an opportunity to become better acquainted with the recent work of high calibre researchers, many of whom I was already familiar with through my readings of the interpersonal literature. Furthermore, the intimate size and warm, welcoming nature of the group as a whole, encouraged me to engage in both academic and social conversation with faculty and student members of SITAR.

Finally, the supportive atmosphere of the meeting made my first conference presentation a thoroughly positive and enjoyable experience. Although I was unable to attend the 2000 meeting, I was involved in the planning and execution of the 2001 meeting in Montreal, and attended this year's meeting in Toronto.

As graduate student representative, my mandate will be to assist the Society in better serving its graduate student members. My primary task will, therefore, be as liaison between graduate students and the Executive Council. This will involve offering my perspective, as a graduate student, to discussions conducted both within the Executive Council e-mail loop, and during the pre- and post-meeting dinners. I invite student members of SITAR to contact me with any comments and questions they may have concerning the Society and its meetings. I, in turn, will assume the responsibility of presenting issues pertinent to SITAR's graduate student membership to the Executive Council.

In addition to my role as liaison, I am currently considering the creation of various resources for graduate students, to be offered via the SITAR website and/or newsletter. For example, I plan to construct a reference list containing key readings in the area of interpersonal theory, which will be posted on the website. This will provide students interested in acquiring and/or further expanding their understanding of this field with an accessible source of reading list suggestions. In addition to the reference list, I would like to create a web-based resource for graduate students listing relevant training and employment opportunities. The aim of this will be to direct students toward sites offering training (e.g., clinical internships, post-doctoral positions) or seeking staff (clinical or aca-

demically) with an interpersonal focus. All Society members are, of course, encouraged to contribute suggestions they may have concerning such postings.

I am also considering the creation of an e-mail loop specifically for graduate students, to be hosted separately from the general SITAR listserv. My impetus stems from the degree to which I have personally appreciated and benefited from the opportunity to commune with others in my field of study at the annual SITAR meetings. The creation of this listserv would afford graduate students the opportunity to maintain this sense of community from one meeting to the next. Furthermore, there are many topics that graduate students may be interested in discussing, yet do not seem appropriate to raise with the membership as a whole (e.g., academic issues such as training

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President's Message (cont.)

membership, financial health, a sound organizational structure, a track record of successful meetings, and excellent stewardship by our Executive Officer, Steve Strack. However, we also face challenges that we will need to confront if we are to have vitality and growth in the future. I will elaborate my ideas on these in the next issue of the newsletter, but for now let me cite two significant challenges: Enlarging and diversifying our membership base, and fostering opportunities for collaboration, direction, and outreach consistent with our mission. I hope, with your help and input, to make real progress toward these and other goals in my year as president. But, for now, I am content to bask in the glow of SITAR's 2002 annual meeting, and to enjoy the many positive memories.

Memories of the Society's 5th Annual Meeting in Toronto, May 17-18, 2002



From left: J. Archambault, M. Fournier, E. Foley, and D. Zuroff



From left: C. Cristi, D. Anderson, F. Schulte, and C. Friesen



From left: J. Wiggins, K. Trobst, and L. Horowitz



From left: C. Wagner passes the gavel to incoming president M. Gurtman. Witnessing are president-elect L. Alden, and outgoing past-president A. Pincus.

Jennifer Archambault (cont.)

experiences and comprehensive examinations). The creation of this e-mail loop would provide both an open forum for graduate students to discuss such issues and a convenient means for student members to offer their perspectives and suggestions concerning the role of graduate students in SITAR.

Finally, I plan to consider and suggest additions to the annual SITAR meeting that will be of particular interest to graduate students. For example, the inclusion of brief workshops or training seminars in the use and interpretation of specific assessment tools, or the application of statistical and methodo-

logical procedures, would allow students to develop practical skills at the conference in addition to expanding their knowledge base. Such workshops could be held either as part of the meeting itself, or as an additional component to be conducted just prior to or following the conference. I may also suggest an informal gathering of graduate students on one evening during the conference, in order to ensure interested students the opportunity to meet and speak with other graduate student members, and thus further develop a sense of community for students within SITAR.

I value my SITAR membership immensely, and believe that it is an excellent group for students to be

involved with, both academically and interpersonally speaking. I am excited by the possibilities offered by my new role as graduate student representative, and look forward to my increased involvement with the SITAR Executive Council over the coming year. Once again, I need your feedback on the ideas I have presented here, as well as suggestions concerning the role and representation of graduate students within the Society. I can be contacted via e-mail at: jena@ego.psych.mcgill.ca

Editor's Note: Graduate students make up 30% of SITAR's membership, and usually more than 50% of attendees at the annual meetings are graduate students.

David C. Zuroff (cont.)

patients, however, the BL-RI was a crucial predictor. Given a high quality relationship, these patients did very well; given a low quality relationship, they did very poorly.

To our surprise, the correlation between perfectionism and the BL-RI was not significant, and therefore the quality of the therapeutic relationship could not serve as a mediator—an explanatory variable—of the relation between perfectionism and outcome. We continued to search for a mediational pathway using the therapeutic alliance data collected by Krupnick and her colleagues (1996). The alliance data were scored from videotapes by trained observers. Two factors were found in these ratings, which were labelled the patient contribution and the therapist contribution to the alliance. High scores on the patient alliance factor indicate that the patient is open and honest with the therapist, agrees with the therapist about tasks, goals, and responsibilities, and is actively engaged in the therapeutic task.

Zuroff, Blatt, Sotsky, Krupnick, Martin, Sanislow, and Simmens (2000) found that perfectionism was related to changes in patient alliance across early, middle, and late treatment sessions. Patients who were low in perfectionism displayed a steady increase in alliance during the course of treatment. In contrast, highly perfectionistic patients showed an increase from early to mid-treatment, but then failed to show any further increase in alliance. Furthermore, a mediational analysis showed that about half of the negative effect of perfectionism could be explained by its negative effect on the therapeutic alliance. Thus, the negative impact of perfectionism on treatment could be partly attributed to the perfectionists' inability to deepen their commitment and involvement in treatment.

Our explanatory cup was half-full. We were puzzled by the fact that it remained half-empty. What were the missing mediator(s)? Golan Shahar, then a postdoctoral fellow at Yale, contributed an important idea. He suggested that we examine the negative impact of perfectionism on supportive relationships in patients' lives outside treatment. The TDCRP investigators had foresightfully collected information on patients' social networks, and we were able to extract measures of the number of satisfactory relationships and the number of hours per week spent in satisfactory relationships. Using structural equation modeling, Shahar, Blatt, Zuroff, Krupnick, and Sotsky (2002) showed that the effect of perfectionism on outcome could be fully explained by two mediational pathways, one involving beneficial change in the therapeutic relationship, the other involving beneficial change in the patients' broader social network. Over the course of treatment, perfectionists were less able to enhance their social networks, just as they were unable to enhance their contribution to the alliance, and these two negative interpersonal effects fully explained (in a statistical sense) their lesser ability to benefit from treatment.

We have recently begun to examine the impact of perfectionism on adjustment after treatment, that is, during the 18-month follow-up period to the TDCRP. Space does not permit presentation of these findings, except to say that perfectionism at termination predicted vulnerability to stress during the subsequent months (Zuroff & Blatt, in press), and that both the quality of the therapeutic relationship and the patient alliance factor were predictors of patients' rating of the extent to which treatment equipped them with enhanced adaptive capacities for coping with stress (Zuroff, Blatt, Krupnick, & Sotsky, in press).

What are the big lessons we have learned from our explorations of the TDCRP? First, the brand name of treatment is a less important determinant of outcome than personality factors and interpersonal processes. This does not mean that "anything goes" in treatment. On the contrary, the second implication of our results is that it is vital to be alert to the presence of perfectionism and to provide early, and on-going interventions aimed at supporting the development of the therapeutic relationship and the patient's extra-therapeutic relationships. However, the effectiveness of such interventions will be determined by the patient's personality and the nuances of the therapeutic interaction—not by the school of therapy with which the therapist is affiliated. Third, our results argue for the necessity of broadening the funding of therapy research beyond its current focus on "horse race" comparisons of brief, manualized treatments. We desperately need *funded* research on the personal and interpersonal dimensions of treatment. Finally, we attribute the success of our reanalyses to their being theory-driven. "There is nothing as practical as a good theory," as Kurt Lewin said, and Blatt's theory has proved to be a powerful tool for organizing, directing, and inspiring psychotherapy research.

For more information about this work, which was presented at SITAR's 5th Annual Meeting in Toronto, May 17, 2002, contact David Zuroff: zuroff@ego.psych.mcgill.ca

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SITAR: Mission, Aims, and Activities

The Society is an international, multidisciplinary, scientific association devoted to interpersonal theory and research. By encouraging systematic theory and empirical research, it seeks to clarify the processes and mechanisms of interpersonal interactions that explain interpersonal and intrapersonal phenomena of normal and abnormal psychology.

The goals of the Society are (1) to encourage the development of this research, (2) to foster the communication, understanding, and application of research findings, and (3) to enhance the scientific and social value of this research.

The activities of the Society include: (1) regular meetings for the communication of current research ideas, methods, and findings; (2) discussion of work in progress; (3) maintenance of an inventory of data and data-gathering resources available for use by members of the Society; and (4) facilitation of collaborative research.

Cast Your Vote Concerning Amendments to the By-Laws by August 30

In May, 2002, the Executive Council approved minor changes to Articles III, V, IX, and XI of the By-Laws that will help the Society run more smoothly. By-Laws require that the proposed changes be approved by mail ballot of the membership. Accordingly, a ballot has been included with the Newsletter along with an explanation of the changes. Please return your marked ballot by August 30, 2002. Any questions about the proposed amendments may be directed to the Executive Officer, Steve Strack.

SITAR Continues to Grow

Membership in the Society grew from 53 to 66 during the fiscal year 2001-2002, reflecting a 25% increase. The membership renewal rate was 92.5% during the same time period.

David C. Zuroff (cont.)

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