

**Society for
Interpersonal
Theory and
Research**

SITAR Newsletter

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President's Message Krista Trobst

It is with great pleasure that I write to you as the new President of SITAR. I am delighted to be working on behalf of a group that I have believed in, and belonged to, from its inception eight years ago. I can readily recall the earliest days of the new society, when it was a dream that belonged mostly to proponents of the works of Timothy Leary, Harry Stack Sullivan, Len Horowitz, Donald Kiesler, Lorna Benjamin, and Jerry Wiggins. Last year's meeting was dedicated to Jerry and, as his principal collaborator and wife, I can speak to his great love for SITAR, not only for its existence, but especially for its form. Jerry was, and would

continue to be, very proud of our agency and communion.

As the most recent numbers from Steve Strack, our "backbone" EO indicate, we haven't grown in membership numbers much over the years, but we have certainly grown in commitment. (See Tables 1 and 2 in the enclosed *Annual*



Report by Lynn Alden.) I am writing this following what has been our best, most well attended, meeting to date, with approximately 60 attendees and 45 talks and posters presented (representing at least a 25% growth over our largest previous meeting). We owe much of this pleasure to having Sidney Blatt as our keynote speaker. He is the inspiration for much of what many of our members do, and I cannot thank him enough for being a part of our event.

During this year's business meeting I was struck by reminiscences of business meetings

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Pamela Sadler Appointed Newsletter Editor

The Executive Council is pleased to announce the appointment of Pamela Sadler, Ph.D., of Wilfrid Laurier University, Waterloo, ON, as the first official editor of the SITAR Newsletter. The Executive Officer has been acting in the capacity of editor since the publication was launched four years ago. Her duties will begin with Volume 5, Issue 1, which is scheduled to appear in October 2004.

After completing her doctorate in clinical psychology at the University of Waterloo, and clinical internship at the Calgary Health Region, Pamela

Sadler began a tenure-track position at Wilfrid Laurier University in Waterloo, Ontario in 2002. Her research interests include interpersonal theory, personality and psychopathology, social interaction, politeness theory, individual differences in hypnosis, and applications of structural equa-



tion modeling and item response theory.

Pamela currently holds an adjunct appointment at the University of Waterloo, where she supervises the clinical work of graduate students. She also has a small private practice, delivering therapy and conducting assessments with adults, adolescents, and children.

Members are encouraged to contact Pamela with their ideas and suggestions for the Newsletter. She may be reached via e-mail at psadler@wlu.ca

The Generalized Interpersonal Theory of Personality and Psychopathology by G. Scott Acton

In recent years, a consensus has been building on the structure of personality traits. It appears that five broad dimensions are necessary to describe personality across many cultures (e.g., Saucier & Goldberg, 2001). In addition, recent studies have converged on a common structure of psychological disorders. It appears that two broad dimensions, internalization (feeling bad) and externalization (making others feel bad), are necessary to describe psychopathology in many large-scale epidemiological and treatment-seeking samples in multiple cultures (e.g., Acton, Kunz, Wilson, & Hall, 2004; Krueger, 1999; Krueger, Caspi, Moffitt, & Silva, 1998; Krueger et al., 2002; Krueger & Finger, 2001; Krueger, Markon, Chentsova-Dutton, Goldberg, & Ormel, 2003; Vollebergh et al., 2001). In order to provide a framework for understanding these robust findings, the Generalized Interpersonal Theory (GIPT) draws upon several theoretical traditions. Chief among these is the interpersonal theory of personality (e.g., Acton & Revelle, 2002, 2004; Carson, 1969; Leary, 1957; Kiesler, 1983; Wiggins, 1979). The GIPT expands and reformulates key elements of "classical" interpersonal theory while preserving other important elements.

For example, the GIPT expands the definition of what is considered interpersonal. Formerly, only the traits of extraversion and agreeableness were included in the interpersonal circle (McCrae & Costa, 1989). The GIPT includes a structural model with an extraversion-neuroticism circle that deals with affective dispositions (the Generalized Interpersonal Circumplex of Affect, GIPC-A) and an agreeableness-conscientiousness circle that deals with behavioral dispositions (the Generalized Interpersonal Circumplex of Behavior, GIPC-B). See Figure 1. The theory also includes a



G. Scott Acton

dynamic model that predicts affect and behavior in interpersonal interactions based on predisposing personality traits. Because intellect or openness is more cognitive in nature and does not appear to have direct affective consequences (Yik & Russell, 2001), because it is the least consistently found cross-culturally of the Big Five (Saucier & Goldberg, 2001), and because it appears to have limited relevance to psychopathology (Widiger, 1993), it is not included in the structural or dynamic model.

The GIPT proposes that common mental disorders can be conceptualized as only extreme manifestations of normal personality dimensions (e.g., Acton, 1998; Acton & Zodda, 2004). Due to the influence of the *Diagnostic and Statistical Manual of Mental Disorders*, psychological disorders are usually conceptualized as categories. Nevertheless, dimensional models of personality disorders have increasingly inspired considerable enthusiasm among psychopathology researchers (e.g., Widiger, 1993). Only recently, however, have dimensional models of syndromal (Axis I) disorders such as major depression and drug dependence

been proposed and tested empirically. Using confirmatory factor analysis and item response theory, Krueger and colleagues have shown that unipolar mood and anxiety disorders form a common dimension of internalization and that antisocial behavior, substance use disorders, and impulsivity/disinhibition form a common dimension of externalization (e.g., Acton, 2003; Acton et al., 2004; Krueger, 1999; Krueger et al., 1998; Krueger et al., 2002; Krueger et al., 2003; Krueger & Finger, 2001; Vollebergh et al., 2001).

Research on internalizing and externalizing disorders is important (a) because it shows what the most important dimensions of psychopathology might be, and (b) because it is consistent across many diverse large-scale data sets. What it does *not* show, however, is that

these disorders are in fact dimensional—because factor analysis and item response theory will *always* find dimensions, and thus it is trivially true that internalization and externalization are descriptive dimensions. To examine the next step in this research program requires a conceptual and psychometric framework in which *both* dimension-likeness and category-likeness are possible and can be tested empirically. The dimension/category framework (Dimcat) (De Boeck, Wilson, & Acton, in press) is such a framework. Dimcat specifies a method by which manifest categories, such as a diagnosis of major depression versus its complement (another diagnosis or the absence of a diagnosis), can be shown to be dimensional or categorical with respect to an underlying descriptive dimension, such as internalization.

The strongest aspect of classical interpersonal theory is its specification of patterns of dyadic interactions. An unpublished meta-analysis (<http://www.personalityresearch.org/acton/meta-analysis.html>) indicated that *state-level* specifications of dyadic interactions as sequences of behaviors had large effect sizes, much more so than *trait-level* specifications of dyadic interactions as global or summative ratings. According to the interpersonal principle of complementarity (e.g., Carson, 1969; Kiesler, 1983) when understood in relation to the five-factor model (McCrae & Costa, 1989), agreeable behaviors probabilistically cause extraverted behaviors in others, and vice versa, whereas disagreeable behaviors probabilistically cause introverted behaviors in others, and vice versa.

In the dynamic model of the GIPT, the classical interpersonal principle of complementarity is preserved, expanded, and reformulated. According to the dynamic model, extraversion in the self and agreeableness in a partner increase the probability that one will experience a pleasantly aroused emotional state that Watson, Wiese, Vaidya, and

Generalized Interpersonal Theory (GIPT) expands and reformulates key elements of "classical" interpersonal theory while preserving other important elements

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Selected Abstracts of Posters Presented at the Seventh Annual Meeting in Toronto, ON

Editor's Note: As space permits we will print selected abstracts of posters presented at the most recent annual meeting. Here is our first group.

Differential Contributions of Normal Personality Traits and Frontal Lobe Function to Schizotypal, Avoidant, and Narcissistic Personality Disorder Symptomatology.

Author(s): Anthony C. Ruocco & Krista K. Trobst

Affiliation: Drexel University and York University

Frontal lobe function (FLF) appears to be related to nearly all forms of personality disorder (PD) symptomatology (Ruocco & Trobst, 2003). The current investigation examines the relative contributions of normal personality traits and FLF to PD psychopathology. Five Factor Model (FFM) domain scores and a composite neuropsychological FLF score were obtained from a sample of 204 undergraduate students. Analyses revealed unique differential contributions of normal personality and FLF to schizotypal (SZT), avoidant (AVD), and narcissistic (NAR) PD symptoms. For these PDs in particular, results suggest distinctive relations between FFM domains and FLF that are clearly different from typical relations between FFM and personality disorder indices. For SZT,

given high Extraversion (E), persons with poor FLF have more SZT symptoms than persons with good FLF. Persons low in Agreeableness (A) with poor FLF have more SZT symptoms than persons high in A, but they also have more symptoms than persons similarly low in A but with good FLF. Furthermore, for persons high in Openness (O), poor FLF predisposes one toward greater SZT symptoms than persons with high FLF. Conversely, for persons low in O, those with good FLF have less AVD symptomatology than persons with poor FLF. As well, given high FLF, persons low in Conscientiousness (C) possess more AVD symptoms than persons high in C. With regard to NAR, having a high standing on N with poor FLF is associated with more symptoms than having high N but good FLF. FFM domains and FLF appear to contribute in unique and interactive ways to incline one toward varying levels of PD symptomatology. Results are discussed in terms of potential protective and risk factors of FLF and FFM domains for PD symptomatology.

Attachment Anxiety and Perceptions of Others Predict Affect in Social Interactions.

Author(s): J. Elizabeth Foley & D.S. Moskowitz

Affiliation: McGill University

Although adult attachment is most often studied in the context of romantic

relationships, it is possible that attachment anxiety could be activated in a variety of social relationships. We hypothesized that attachment anxiety would interact with perceptions of partner communion and partner agency to predict feelings of worry, distress and emotional security across a variety of social interactions. We used a repeated measures event-contingent recording methodology with a sample of working adults from the community. This allowed us to employ multilevel modelling statistical analyses with social interactions nested within individuals. We found that trait-level attachment anxiety interacted with event-level perceptions of partner communion to predict distressed affect and worried/anxious affect. High attachment anxious individuals report greater feelings of distress and worry than those with low attachment anxiety when they perceive their interaction partner behaving quarrelsomely. Attachment anxiety also interacted with perceptions of partner agency and communion in the prediction of emotional security. High attachment anxious individuals felt most emotionally secure with interaction partners who were perceived as warm-submissive, while those with low attachment anxiety felt most emotionally secure with warm-dominant others. These results were found across a variety of interpersonal relationships, not merely in interactions with romantic partners.

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President's Message (continued from p. 1)

past. As I see it now we have two recurring and interrelated issues that we must grapple with in the coming year. One issue involves whether or not we want to grow as a society. Opinions on this matter differ somewhat, and my own personal opinion is that we want to grow, but perhaps only modestly and carefully. This issue is, however, linked to a larger one which is how we want to define ourselves as a society. To whom we look for new members depends on how widely we want to cast our interpersonal net. I plan to raise these issues to our membership via the listserv

this year in the hope that we might reach some consensus regarding a (possibly new) definition of interpersonal theory and research. In the interim, I am also establishing a small "task force" of students to work with me in identifying scholars who are not currently members, but who would seemingly be welcome ones under my best understanding of our current conceptualization of SITAR. My hope is that this year will bring with it at least a 25% growth in our membership, and that many of these newcomers will be in attendance at our future meetings.

Please let me know how you feel about expansion of our society.

Debbie Moskowitz is in the process of planning our next meeting, which will be held in Montreal, just prior to the meetings of the Society for Psychotherapy Research (likely dates are June 20th and 21st, 2005). I look forward to seeing you all there and to spending this year discussing our growth, our self-definition, and any other matters of interest. I am most easily reached at ktrobst@aol.com and I welcome any and all comments and ideas.

Abstracts (cont.)

An Update on the Development of the Child and Adolescent Interpersonal Survey: The CAIS.

Author(s): Sandro M. Sodano, Ed.M., & Terence J. G. Tracey, Ph.D.

Affiliation: Arizona State University

Although some studies have offered evidence for the circular structure of interpersonal traits in children through use of others' ratings, these studies have not utilized a self-report format to measure the global interpersonal traits of late childhood/early adolescent respondents. The Child and Adolescent Interpersonal Survey (CAIS) was developed for the current study and consists of interpersonal trait descriptions generated to represent the interpersonal circumplex model while utilizing language accessible to children in a brief self-report format. Scale development was split into two parts, utilizing both exploratory and confirmatory approaches in samples of children (4th & 6th graders, N = 213)

and adults (college students, N = 194). In part one, item analysis of the 66 items of the preliminary CAIS from the child sample followed both rational and empirical approaches. Thirty-seven items were selected for inclusion within the final measure on the basis of their logical relations to the interpersonal constructs, angular displacements, and communalities. With the exception of the JK scale, reliability estimates for the final CAIS scales were adequate given the small amount of items per scales. Notable significant differences between scale means were that boys scored higher than girls on scales PA, DE, and BC and girls scored higher than boys on scales LM, JK, and HI. In part two, confirmatory tests of the circular structure and support for the external validity of the final measure were reported. The circular structure of the final CAIS, i.e., fit to the circular order model, was very well represented across the child and adult samples, and there were no significant differences in the fit of the model across these samples. The Interpersonal Adjective Scales (IAS), known for its excellent circular properties, was

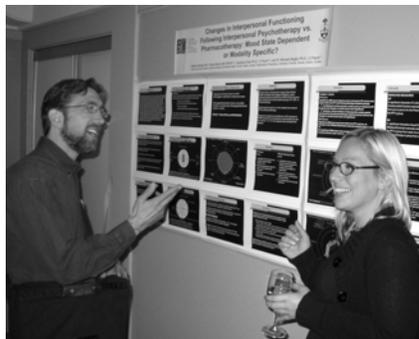
utilized as a comparison measure/structure within the adult sample. Comparison between the final CAIS and IAS indicated generally strong associations between their corresponding scales, but a somewhat different fit of the circular order model across measures. To support the external validity of the final CAIS, a condensed version of the Big Five Questionnaire for Children (BFQ-C) was administered to child participants. The scales of extraversion and agreeableness from the final CAIS related strongly to their corresponding scales of the condensed BFQ-C; remaining scales of these two measures related minimally to moderately. Results for the current study indicate that the circular pattern of global interpersonal trait constructs is demonstrable in children via self-report format. Discussion includes a focus on what aspects of measuring interpersonal traits may differ or remain similar across children and adults, as well as future directions for interpersonal trait research with children utilizing self-report.

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Scenes From SITAR's Seventh Annual Meeting in Toronto, May 21-22, 2004



Pavel Zolotsev (center) puts the squeeze on Lynne Henderson and Bulent Turan.



Ken Locke discusses a poster presented by Martha McKay.



David Zuroff with Keynote Speaker Sid Blatt.



Myriam Mongrain and son enjoy a moment together during a break.



Krista Trobst receives a thank you gift from Lynn Alden.



Debbie Moskowitz and Len Horowitz.

Acton (continued from p. 2)

Tellegen (1999) called *positive activation* (PA), whereas neuroticism in the self and non-conscientiousness in a partner increase the probability that one will experience an unpleasantly aroused emotional state that Watson et al. called *negative activation* (NA). Moreover, agreeableness in the self and extraversion in a partner increase the probability that one will exhibit *positive behavior* (PB), whereas non-conscientiousness in the self and neuroticism in a partner increase the probability that one will exhibit *negative behavior* (NB). This Generalized Interpersonal Principle of Complementarity incorporates the older correspondence between agreeableness and extraversion, expands the correspondence to include non-conscientiousness and neuroticism, and reformulates the correspondence to be between (state-level) behavior and affect, which have a (trait-level) basis in personality traits.

In Figure 1, complementary traits are located at similar positions on each circle. For example, the complement of low conscientiousness is high neuroticism—that is, non-conscientious behavior (e.g., not completing one's duties in a timely manner) causes others to feel distress. In contrast to complementarity, *anticomplementarity*, or the antidote, can be defined as the opposite of the complement. An anticomplementary response is the treatment for an unwanted trait. For example, high conscientiousness is the antidote for high neuroticism. To help reduce the expression of the unwanted trait of high neuroticism, people in the social environment—friends, family, even strangers—would need to act in a highly conscientious manner, being very careful of their words and actions, like walking on eggshells.

The dynamic model provides a framework for understanding several common interpersonal aspects of psychopathology. For example, depression (an internalizing disorder) tends to elicit rejection (externalizing behavior) (Coyne, 1976), and expressed emotion (criticalness, hostility, or emotional

overinvolvement—all externalizing behaviors) in family or friends is associated with relapse in depression (an internalizing disorder) (Butzlaff & Hooley, 1998). These lines of research are consistent with the contention that internalization is the complement of externalization.

Overall, the Generalized Interpersonal Theory generalizes classical interpersonal theory by including two additional traits from the Big Five personality dimensions, and it provides a method for testing whether common mental disorders

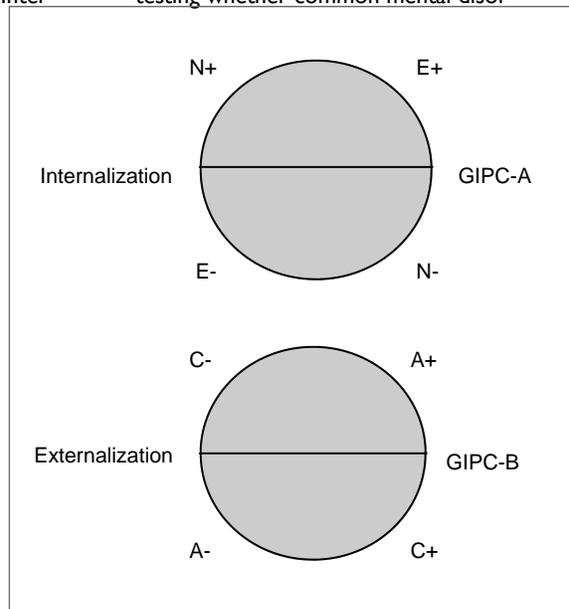


Figure 1. The Generalized Interpersonal Structural Model. Top circumplex represents affect; bottom circumplex represents behavior.

are only extreme manifestations of these dimensions. It also provides a framework for predicting affect and behavior in interpersonal interactions based on the same predisposing personality dimensions.

References

- Acton, G. S. (1998). Classification of psychopathology: The nature of language. *The Journal of Mind and Behavior, 19*, 243-256.
- Acton, G. S. (2003). Measurement of impulsivity in a hierarchical model of personality traits: Implications for substance use. *Substance Use & Misuse, 38*, 67-83.
- Acton, G. S., Kunz, J. D., Wilson, M., & Hall, S. M. (2004). The construct of internalization: Conceptualization, measurement, and prediction of smoking treatment outcome. Revised and resubmitted. *Psychological Medicine*.
- Acton, G. S., & Revelle, W. (2002). Interpersonal personality measures show circumplex structure

- based on new psychometric criteria. *Journal of Personality Assessment, 79*, 456-481.
- Acton, G. S., & Revelle, W. (2004). Evaluation of ten psychometric criteria for circumplex structure. *Methods of Psychological Research, 9*, 1-27.
- Acton, G. S., & Zodda, J. J. (2004). Classification of psychopathology: Goals and methods in an empirical approach. Accepted pending revision. *Theory & Psychology*.
- Butzlaff, R. L., & Hooley, J. M. (1998). Expressed emotion and psychiatric relapse: A meta-analysis. *Archives of General Psychiatry, 55*, 547-552.
- Carson, R. C. (1969). *Interaction concepts of personality*. Chicago: Aldine.
- Coyne, J. C. (1976). Depression and the response of others. *Journal of Abnormal Psychology, 85*, 186-193.
- De Boeck, P., Wilson, M., & Acton, G. S. (in press). A conceptual and psychometric framework for distinguishing categories and dimensions. *Psychological Review*.
- Kiesler, D. J. (1983). The 1982 interpersonal circle: A taxonomy for complementarity in human transactions. *Psychological Review, 90*, 185-214.
- Krueger, R. F. (1999). The structure of common mental disorders. *Archives of General Psychiatry, 56*, 921-926.
- Krueger, R. F., Caspi, A., Moffitt, T. E., & Silva, P. E. (1998). The structure and stability of common mental disorders (DSM-III-R): A longitudinal-epidemiological study. *Journal of Abnormal Psychology, 107*, 216-227.
- Krueger, R. F., & Finger, M. S. (2001). Using item response theory to understand comorbidity among anxiety and unipolar mood disorders. *Psychological Assessment, 13*, 140-151.
- Krueger, R. F., Hicks, B. M., Patrick, C. J., Carlson, S. R., Iacono, W. G., & McGue, M. (2002). Etiologic connections among substance dependence, antisocial behavior, and personality: Modeling the externalizing spectrum. *Journal of Abnormal Psychology, 111*, 411-424.
- Krueger, R. F., Markon, K. E., Chentsova-Dutton, Y. E., Goldberg, D., & Ormel, J. (2003). A cross-cultural study of the structure of comorbidity among common psychopathological syndromes in the general health care setting. *Journal of Abnormal Psychology, 112*, 437-447.
- Leary, T. (1957). *Interpersonal diagnosis of personality*. New York: Ronald Press.
- McCrae, R. R., & Costa, P. T., Jr. (1989). The structure of interpersonal traits: Wiggins's circumplex and the five-factor model. *Journal of Personality and Social Psychology, 56*, 586-595.
- Saucier, G., & Goldberg, L. R. (2001). Lexical studies of indigenous personality factors: Premises, products, and prospects. *Journal of Personality, 69*, 847-880.
- Vollebergh, W. A. M., Iedema, J., Bijl, R. V., de Graaf, R., Smit, F., & Ormel, J. (2001). The structure and stability of common mental disorders: The NEMESIS study. *Archives of General Psychiatry, 58*, 597-603.
- Watson, D., Wiese, D., Vaidya, J., & Tellegen, A. (1999). The two general activation systems of affect: Structural findings, evolutionary considerations, and psychobiological evidence. *Journal of Personality and Social Psychology, 76*, 820-838.
- Widiger, T. A. (1993). The DSM-III-R categorical personality disorder diagnoses: A critique and an alternative. *Psychological Inquiry, 4*, 75-90.
- Wiggins, J. S. (1979). A psychological taxonomy of trait-descriptive terms: The interpersonal domain. *Journal of Personality and Social Psychology, 37*, 395-412.
- Yik, M. S. M., & Russell, J. A. (2001). Predicting the Big Two of affect from the Big Five of personality. *Journal of Research in Personality, 35*, 247-277.

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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.

News and Announcements

EXECUTIVE OFFICER WANTED—Steve Strack has notified the Executive Council of his desire to step down from the job of Executive Officer (EO) when his term expires in May 2005. As outlined in the By Laws, the EO serves in a number of important roles. Among these are: (1) Serve as the Secretary-Treasurer General of the Society; (2) serve as member of the Executive Council; (3) supervise the timely collection and circulation of minutes of the annual session of the Convention and of Executive Council meetings; (4) maintain the official records of the Society; (5) receive, manage, and disburse the funds of the Society; and (6) handle legal correspondence concerning SITAR's incorporation and tax exempt status.

Interested persons are encouraged to contact Steve Strack as soon as possible to discuss the position and their qualifications. Steve may be reached at snstrack@aol.com

Abstracts (continued from p. 4)

Changes in Interpersonal Functioning Following Interpersonal Therapy vs. Pharmacotherapy

Author(s): Paula Ravitz, Carolina McBride, Martha McKay, & R. Michael Bagby
Affiliation: Centre for Addiction and Mental Health

Interpersonal Psychotherapy (IPT; Klerman et al., 1984) is a brief psychotherapy developed to treat depression as understood from an interpersonal perspective. IPT assumes that psychiatric disorders, regardless of etiology occur within an interpersonal context. Since its inception, the efficacy of this approach for treatment of major depression has been demonstrated in numerous controlled trials, however the mechanisms of change remain unclear. In IPT therapeutic interventions are specifically designed to address interpersonal problems, self-esteem and issues of affiliation with others. An interpersonal pattern noted in depressed patients is a tendency towards disengaged and submissive behaviours (Joiner & Coyne 1999). The goal of the present study was twofold: 1) to examine whether there are changes in interpersonal behaviours of depressed patients treated through IPT towards a more affiliative and assertive stance; 2) to examine whether these changes

in interpersonal functioning are treatment specific or, alternatively, whether they are mood state dependent. Validated measures commonly used to assess interpersonal behaviours are the Impact Message Inventory (IMI; Keisler, 1982) and the Inventory of Interpersonal Problems (IIP; Horowitz, Rosenberg, Baer, Ureno, & Villaseñor, 1988). To answer these questions, we examined 26 outpatients with SCID diagnosed major depressive disorder who were randomized to receive either pharmacotherapy ($n=11$) or interpersonal psychotherapy ($n=15$). We hypothesized that remitted patients in the IPT group, where interpersonal change was targeted, would exhibit a greater shift in interpersonal stance, towards greater affiliation and agency, than would remitted patients in the PHT group. Response to treatment was defined as a 50% decrease in HAM-D scores from pre- to post-treatment along with a score of ≤ 8 on the HAM-D. Baseline characteristics revealed no significant differences between levels of depression, chronicity, age, or gender. Analyses were conducted separately for each treatment group comparing sessions 3 and 15 IMI scores and pre-post treatment IIP scores. Paired t -tests showed significant pre-post treatment changes in IIP scores for both treatment groups in differing subscales, however in overall scores only the IPT group reached significance. The IPT group revealed a statistically significant de-

crease in the cold and non-assertive scales along with significant overall change in scores. The PHT group revealed a significant decrease in vindictive, social inhibition and non-assertive subscales post treatment, however the change in the overall score was not significant. In the clinician rated IMI, there was a significant increase in the affiliative, dominant subscale between early and late sessions for the IPT group. No significant differences were revealed for the PHT group between early and late sessions. We conclude that occurrence of interpersonal change may be mood state dependent in addition to treatment specific, with differing magnitude and qualitative patterns of change. Taken together, these results suggest that depressed, remitted patients treated with IPT have significant change in interpersonal functioning towards greater affiliation and agency compared to those treated with pharmacotherapy. These results are preliminary and future research could include larger sample size, external raters for the IMI along with the inclusion of ratings of observed relational behaviors outside of the therapeutic milieu. These results are important as they begin to inform the mechanism and qualitative nature of interpersonal change in IPT.