

**EMPIRICAL STUDIES THAT USED THE
CHECKLIST OF INTERPERSONAL/PSYCHOTHERAPY TRANSACTIONS
(ORIGINAL¹ OR REVISED² VERSION)**

AN ANNOTATED BIBLIOGRAPHY

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REFERENCES FOR THE CHECKLIST OF INTERPERSONAL/PSYCHOTHERAPY TRANSACTIONS

¹Kiesler, D. J. (1984). Check List of Psychotherapy Transactions (CLOPT) and Check List of Interpersonal Transactions (CLOIT). Richmond: Virginia Commonwealth University.

²Kiesler, D. J. (1987). Check List of Psychotherapy Transactions-Revised (CLOPT-R) and Check List of Interpersonal Transactions-Revised (CLOIT-R). Richmond: Virginia Commonwealth University.

CLOIT/CLOPT MANUALS

Kiesler, D. J., Goldston, C. S., & Schmidt, J. A. (1991). Manual for the Check List of Interpersonal Transactions-Revised (CLOIT-R) and the Check List of Psychotherapy Transactions-Revised (CLOPT-R). Richmond, VA: Virginia Commonwealth University.

TRANSLATIONS OF THE CLOIT/CLOPT INTO OTHER LANGUAGES

Vandenberghe, L. (1991). The Check List of Interpersonal Transactions-Revised (CLOIT-R), translated into French. Brugge, Belgium.

INTRODUCTION

The purpose of this annotated bibliography is to assemble the most complete set of references to empirical investigations that have used the Checklist of Interpersonal Transactions (CLOIT, CLOIT-R) and/or the Checklist of Psychotherapy Transactions (CLOPT, CLOPT-R) as one of their study measures. To locate these studies, I used four primary search sources: Kiesler, Goldston and Schmidt's (1991) Manual, Psych Info (Psychological Abstracts), Dissertation Abstracts International, and the Social Sciences Citation Index (CLOIT or CLOPT citations listed under D. J. Kiesler). I discontinued my search as of September 1, 2001.

The yield of CLOIT/CLOPT publications included 21 Ph.D. dissertations, 16 journal articles, 3 unpublished master's theses, 9 unpublished studies, and 3 paper or poster presentations at annual conferences B a grand total of 52 CLOIT/CLOPT publication references. Since the CLOIT/CLOPT inventory was derived directly from the 1982 Circle (Kiesler, 1983) and the 1985 Acts Version (Kiesler, 1985), I have included in this list three studies that used act-by-act codings of interpersonal behavior based on the 1985 Acts Version of the circle (McMullen & Conway, 1994, 1997; Wilkie, 1987).

The reader is urged first to peruse the Subject Index at the end of this Annotated Bibliography. The most popular study topics found there include: multiple aspects of psychotherapy, DSM mental disorders, group psychotherapy and counseling, interpersonal complementarity in psychotherapy and other transactions, maladjusted personalities, the marital relationship, and therapist or counselor variables.

Undoubtedly, I did not locate some CLOIT/CLOPT studies that are absent from this bibliography. I regret these omissions and would appreciate notification by authors of any omitted studies (and copies, if possible, of the study's complete reference, abstract, and/or report). I can be contacted at: dkiesler@saturn.vcu.edu.

Most of all, I hope that this compilation will assist researchers in designing, conducting, and reporting future empirical and other applications of the Checklist of Interpersonal/Psychotherapy Transactions.

ANNOTATED BIBLIOGRAPHY

Bingi, R. B. (1994). International students= perceptions of counselor credibility and willingness to self-disclose as a function of the counselor=s interpersonal style. Dissertation Abstracts International, 55, 3746-A.

Despite controversies, some professionals conclude that cognitive-behavioral theories are more appropriate than any other theories with Asian (Chinese and Indian) students, while some others view that humanistic and eclectic theories could be better applied. Others claim that counseling is effective irrespective of the counseling theory being applied. The present author asked if new directions of inquiry might prove more effective, looking at factors in counseling that are not therapy specific. Bingi=s study sought to determine if the counselor=s interpersonal style is one of the significant factors operative in effective counseling. Using Kiesler=s (1983) interpersonal theory and the CLOIT-R circle measure, the study investigated Chinese and Indian international students= preferences for counselor=s interpersonal style (measured by the students= scores on counselor credibility and willingness to self-disclose). In addition, the interaction of the students= level of cultural adaptation with their preferences for the counselor=s interpersonal style was measured. Results showed no significant differences between the preferences of Chinese and Indian students for counselor interpersonal style. Both country groups preferred counselor interpersonal styles that were friendly-dominant, friendly-submissive and hostile-dominant, over the interpersonal styles that were hostile-submissive or eclectic. The effects of cultural adaptation were also not significant indicating that, irrespective of the subjects= level of cultural adaptation, subjects= preferences for counselor style remained the same.

Campbell, S. R. (1990). The relationship of interpersonal complementarity to marital satisfaction and security. Dissertation Abstracts International, 52, 1051-B.

Campbell, S. R., & Brown, R. A. (1990, August). The relationship of interpersonal complementarity to marital satisfaction and security. Paper presented to the annual meeting of the American Psychological Association, Boston, MA.

The authors examined the relationship of interpersonal complementarity to marital satisfaction and security within a large sample of married couples. One-hundred-three married couples completed three forms of the CLOIT: one measured interpersonal behavior within marriage; a second measured style outside marriage; a third measured perception of the spouse=s style within the marriage. AObjective@ complementarity was assessed using the spouses= CLOIT-R self-reports of their interpersonal behavior when interacting with each other. APerceived@ complementarity was assessed using an index calculated from a spouse=s self-report of his or her own behavior together with the spouse=s perception of the marital partner=s interpersonal behavior during their transactions. Also, the difference in CLOIT-R interpersonal patterns manifested by the spouses within and outside their marriage was also calculated. Subjects completed the Attachment Styles Questionnaire, Traditional Sex Role Orientation subscale of the Marital Satisfaction Inventory, and Satisfaction subscale of the Dyadic Adjustment Scale. Results provided support for the complementarity hypothesis in that both objective and perceived

complementarity showed a significant positive relationship with marital satisfaction and security. Exploratory analyses of attachment theory showed that complementarity was related to avoidant attachment and, to a lesser degree, to anxious/ambivalent attachment. The greater the departure from complementarity in a couple, the higher was the avoidant attachment style within the marital relationship. Traditional sex role orientation was not a moderating variable. For a secure, satisfactory marital relationship, complementary interactions that occurred within the hostile hemisphere were more important. Complementary interactions in the Friendly hemisphere may not be as necessary in order to achieve a friendly, affectionate relation@ (Campbell & Brown, 1990, p. 72).

Carson, R. C., & Shapiro, J. H. (1985). Mood, gender-typing, and interpersonal orientation: On "masculine" imperturbability. Unpublished manuscript, Duke University, Durham, NC.

[No description available.]

Chewning, M. F. (1990). A comparison of adolescent male sex offenders with juvenile delinquents and nonreferred adolescents. Dissertation Abstracts International, 51, 3557-B.

The study employed interpersonal theory and measurement in exploring possible differences among male adolescent sex offenders (n= 20), delinquents (n= 20), and nonreferred (n= 20) adolescents. Each adolescent was interviewed by a male therapist who gathered demographic, school, family, peer and sexual information. The interviewer then completed a CLOIT-R to characterize each adolescent's overall interpersonal style. Findings indicated that sex offenders differed from both control groups in a number of ways. Their overall interpersonal style was more submissive and hostile-submissive; in particular, unassured-inhibited and inhibited-detached were the most descriptive octants. Sex offenders were more likely to have less intimate relationships, fewer friends, and fewer female friends. They tended to be diagnosed as passive-aggressive, narcissistic, or dependent personality disorders. Relative to both control groups, they also tended to reside in special education classes, to have been molested, to spend more time thinking about sex, and to have engaged in a number of sexual behaviors and at a younger age. Chewning concluded that interpersonal diagnosis offers considerable utility with adolescent sex offenders and other clinical populations.

Coulter, L. P. (1993). Effects of therapist experience and interpersonal style on complementarity of responses. Dissertation Abstracts International, 54, 2891-A.

Coulter used an analogue design to explore the effects of therapist experience and interpersonal style on therapist response complementarity during the middle stage of counseling (the stage during which the theoretically effective therapist needs to have shifted to noncomplementary reactions). Coulter conceptualized that, during the middle phase of therapy, a therapist should not always respond with the anticomplement to a client's statement since indiscriminate anticomplementary responding to all client statements regardless of their similarity to the client's problematic style would likely result in angering or confusing the client, and might constitute a global rejection of the client. Instead, she suggested that the therapist needs to consider client problematic interpersonal style as a central variable in determining the appropriateness of therapist complementary levels during the middle stage. Therapists should demonstrate the least complementarity in response to statements that are consistent with the problematic style of the patient. In order to discourage such behavior, the therapist should respond with anticomplementarity. Conversely, therapists should offer complementary communications in response to client statements that represent the opposite of their identified problematic style... Statements emitted by the client that are complementary to the client's interpersonal style... should be met with complementary responding geared toward complementing the style-deviant aspect of the patient's communication and challenging the style-characteristic aspects of the patient's communication. For example, in middle stages of counseling with a hostile-dominant client, the therapist's complementarity of response ideally should be lowest in response to hostile-dominant client statements, greatest in response to friendly-submissive statements and at intermediate levels with either hostile-submissive or friendly-dominant client statements (Coulter, 1993, p. 9). Coulter further hypothesized that, during the middle stage of therapy, therapists with greater experience and with more flexible interpersonal styles would offer the lowest levels of complementarity to client problematic style. She showed a videotape (developed by Gonick, 1987) portraying a client with either a hostile-submissive or hostile-dominant interpersonal style (as determined by CLOIT-R ratings) to 90 therapist subjects (30 each at beginning, intern and professional levels of experience). She then gave the therapists 16 client statements and instructed them to respond to these statements as they would if the statements were being made to them by that client during the middle stage of counseling. The 16 client statements represented the circular range of interpersonal behaviors, with four statements characterizing hostile-dominant, hostile-submissive, friendly-dominant, and friendly-submissive behaviors respectively. Classification of client statements and therapist responses were coded using Strong, Hills, and Nelson's (1988) ICRS. (1) Findings indicated that therapist experience level did not affect the degree of non-complementarity that therapists offered to problematic aspects of client interpersonal style. (2) Therapists did offer different levels of complementarity to different types of client statements; complementarity to F-S client statements was greater than complementarity to F-D and H-S client statements, which in turn was greater than complementarity to H-D client statements. (3) Obtained patterns suggested that, regardless of quadrant of the client's problematic statements, therapists relied most heavily on friendly-dominant responding. Hence, although therapists responded to H-D clients with high levels of appropriate F-D anticomplementarity, they responded to H-S clients also with F-D (instead of F-S anticomplementary) responses.

Crowder, D. A. (1999). Early termination status in adult outpatient psychotherapy: Relationship to interactional variables. Dissertation Abstracts International, 60, 4212-B.

Crowder's study was the first to examine the relationship between the therapeutic alliance, interpersonal complementarity, and early premature termination from psychotherapy. Following the first, second, and third therapy sessions, patients and therapists recorded their perceptions using the Working Alliance Inventory (WAI), rated each other's in-therapy interpersonal behavior on the CLOIT-R, and recorded their covert reactions to the other's in-session behaviors on the IMI. Crowder tested the following hypotheses. (a) Patients who rated alliance lower than did their therapist would be more likely to terminate therapy prematurely. (b) Significant differences would be found on level of alliance and degree of interpersonal complementarity between patients who continued beyond the eight session (therapy continuers) versus those who terminated prematurely according to the therapist's judgment (premature terminators). (c) Premature termination would be predicted by low patient SES, low patient educational level, and number of no-shows and cancellations by patients and/or therapists. Analyses revealed the following results. (1) The number of patients in the premature terminator group decreased across the three sessions as a function of patient dropout; at session one, 24; at session two, 15; and at session three, eight. (2) Patient continuers= did not differ significantly from premature terminators on level of perceived alliance and degree of interpersonal complementarity scores (averaged across the first three sessions). (3) The majority of patients rated the alliance higher than did their therapists. At session three, the absolute differences between patients= and therapists= perceptions of the alliance significantly differentiated continuers versus premature terminators. (4) For premature terminators, the more the patients= and therapists= friendly behavior was complementary, the lower the patients= alliance score; the more their hostile behavior was complementary, the higher the patients= alliance scores. (4) Patient continuers= therapist alliance scores were weakly associated with their complementarity scores. (5) Premature terminators= therapist alliance scores were either weakly associated with their complementarity scores or negatively associated with their friendly hemisphere complementarity scores. (6) Patient educational level, patient family income, and the number of no-shows and cancellations by patient and/or therapist were not predictive of patient termination status.

Fleitas, D. S. G. (1992). Bulimics in relationship: An examination of the interpersonal perceptions bulimic females hold of themselves and their spouses. Dissertation Abstracts International, 54, 1095-B.

Thirty married females, diagnosed with bulimia nervosa, rated themselves and their spouses using the CLOIT-R. Findings did not show a statistically significant relationship between the spouses= self-ratings and their spouse-ratings. Composite profiles that were plotted for both the bulimic patients and their spouses seemed to generate coherent profiles. Interpretations of each

composite and the relationship between them were discussed in relationship to theoretical expectations and in regard to the dynamics of family transactions. An argument was made for the use of the interpersonal circle and the CLOIT-R for research into addictive disorders and as tools within the fields of marriage and family therapy.

Foote, D. B. (1996). Attachment and interpersonal theories: An application in the therapy setting. Dissertation Abstracts International, 57, 7224-B.

The study investigated attachment theory and interpersonal theory in the applied setting of a university counseling center. Two-hundred-ten clients started the study, while only 38 eventually provided complete data sets. Clients filled out measures of attachment including the Adult Attachment Scale and, following the third session, three measures of therapeutic process: the Working Alliance Inventory (WAI, filled out by the therapist) and the Session Impact Questionnaire (SEQ, filled out by the client), and the CLOIT-R, filled out by the therapist on the client. Hypotheses were that clients with insecure attachment styles and hostile interpersonal styles would show lower scores on positivity of alliance and session impact. Results of a canonical correlation contradicted the hypotheses, showing instead that clients who rated themselves as avoiding close relationships and who were rated by their therapists as more hostile rated their session as deeper and received higher working alliance ratings from their therapists. However, a second set of analyses using multiple regression yielded results that were somewhat inconsistent with those from canonical correlation. The discussion focused on the importance of hostile behaviors in therapist-client complementarity.

Friedman, N. E. (1994). A preliminary study of the measurement of objective and subjective countertransference. Dissertation Abstracts International, 55, 5066-B.

Friedman's study was one of the first to use the IMI and the CLOPT to operationalize countertransference (CT) as it arises during psychotherapy. She tested the following hypotheses. The power, rather than affiliation, dimension would determine which type of CT response (subjective vs objective) was experienced. Also therapists would experience more CT when working in an interpersonal treatment modality (Metacommunication) than when working in the traditional analytic modality (interpretation). Results offered no support for the hypothesized relationship between patient power behavior and counter-transference. However, more subjective CT was recorded as treatment progressed. Contrary to prediction, the affiliation dimension appeared to play a larger part than the power dimension in determining which type of CT was experienced. Finally, only weak support was found for the hypothesis that therapists would experience more CT while in the metacommunicative modality than in the interpretive modality. Friedman concluded that her results support continued use of the IMI and CLOPT in the important measurement of countertransference phenomena during psychotherapy.

Gillis, M. M. (1999). Perceptions of psychotherapeutic response modes: The role of attachment style. Dissertation Abstracts International, 59, 3690-B.

Gillis=analogue study explored a theoretical link between attachment style and reactions to psychotherapy interventions. The level of intervention chosen for study was the verbal response mode. Excerpts were edited and spliced from recorded demonstrations of different types of psychotherapy so that various therapist response modes were grouped in theoretically meaningful ways. The groups identified were responses clarifying the therapist's expectations, responses ambiguous about the therapist's expectations, responses providing general supportiveness, and responses conveying overt approval. Subjects viewed each of six excerpts B two contrasting excerpts for each of three therapist-patient dyads and scored each therapist response mode using the CLOPT-R. Based on currently known impacts of specific response modes and on characterizations of the four currently accepted types of adult attachment style, predictions were made for four of the 16 CLOPT-R scales: dominance, submission, friendliness, and unassuredness. For example, subjects with fearful-preoccupied (in contrast to those with secure-dismissing) attachment styles were expected to rate interventions that clarified therapist expectations as more assured and friendly than interventions that left therapist expectations ambiguous. Results revealed differences in subjects= CLOPT-R ratings of the response modes for two of the three contrasts. Other analyses generally produced insignificant results. Gillis suggested methodological and theoretical reasons for the negative results, including the possibility that attachment schema may not have been activated in subjects and that attachment may be relationship specific rather than a global personality trait.

Golden, B. R. (1988). Mechanisms of change in a model of short-term dynamic psychotherapy. Dissertation Abstracts International, 49, 4538-B.

Golden studied Mann's model of short-term dynamic psychotherapy by investigating two clients who participated in a 12-session course of treatment conducted by the same therapist (who systematically applied Mann's model). Process and outcome data were obtained from the vantage point of client, therapist, and independent judges. (1) Results showed that clients=perceptions of alliance were positive in the beginning phase of treatment, decreased in the middle phase of treatment, and increased again in the last phase of treatment. (2) Contrary to prediction, however, the therapist's perceptions of the working alliance for both clients showed a gradual increase over the course of therapy (with the exception of a drop following Session 6). (3) Outcome measures indicated significant improvement for both clients after the last session, while data from the two month follow-up indicated some degree of relapse for both clients. (4) The CLOIT-R was used, after the second session, to obtain interpersonal assessments from the perspective of both the client and the therapist. The therapist perceived the two clients

differently: Client 1 peaked in the friendly-submissive quadrant (highest score was Deferent), Client 2 in the hostile-submissive quadrant (with highest scores being Inhibited and Submissive with a minor peak on Cold). The therapist was perceived by both clients as predominantly friendly with the highest scores on the Trusting, Warm, and Sociable scales; however, Client 1 saw the therapist as strongly friendly on these scales, while Client 2 rated the therapist much less positively and included some minor hostile perceptions of the therapist as being cold and detached.

Goldston, C. S. (1989). The Checklist of Psychotherapy Transactions as a self-report measure of covert and overt interpersonal complementarity. Dissertation Abstracts International, 50, 3695-B.

Goldston extended Sullivan's notions of good-me, bad-me, and not-me to interpersonal circle measurement. An interactant's predicted self-reported covert and overt responses to the Apull@ of the other's evoking message (Kiesler, 1983) was conceptualized in terms of the respondent's self-reported self-system based on a continuum of anxiety operationalized by Sullivan's good-me and bad-me constructs and measured by the CLOIT-R. According to Goldston, Athe individual's security operations, including selective inattention, seek interactions reinforcing of the Good Me while avoiding interactions which bring attention to Bad Me, and disowning interactions bringing attention to the Not Me... Arriving at so called rules of complementarity for selected dyads is crucially dependent upon an assessment of each individual's Good Me, Bad Me, and Not Me interpersonal anxiety continuum@ (1990, pp. 45-46). Subjects first completed a self-report CLOIT-R targeted to their interactions with casual acquaintances; the resulting data were used to define a good-me to bad-me anxiety continuum. Stimulus descriptors for each subject were then determined using the two extreme ends of the resulting continua of CLOIT-R scores. Subjects were then divided into three groups: one third received Acomplementary@ (good-me, defined by each subject's peak CLOIT-R scale) stimulus descriptors, one third received Aanticomplementary@ (bad-me, defined by each subject's nadir scale), and one third Atraditional anticomplementary@ (determined by circle geometry from the good-me peak scale) stimulus descriptors. (1) Results showed that most subjects=good-me self-definitions (peak CLOIT-R scales) were in the friendly circle hemisphere, while bad-me self-definitions (nadir scales) were in the hostile circle hemisphere. (2) Subjects responded with predicted interpersonal scores following traditional complementary stimuli designed to pull for good-me self-definitions; they responded with diffuse quadrant responses following anticomplementary stimuli designed to pull for bad-me self-definitions. (3) Differences between covert and overt responses were found for those subjects whose good-me self-definitions were located in the hostile hemisphere, and

whose bad-me self-definitions were located in the friendly hemisphere. Goldston presented advantages for using nadir-defined anticomplementary predictions in future studies of interpersonal complementarity.

Gonick, J. (1987). The effects of interpersonal complementarity and clinician characteristics on clinical judgments of diagnostic severity and prognosis. Dissertation Abstracts International, 48,1512-B.

Gonick studied the effects of interpersonal complementarity and clinician characteristics on clinical judgments of diagnostic severity and prognosis. A sample of clinicians viewed videotaped simulations of a psychotherapy intake interview; half the clinicians viewed a client whose interpersonal style was hostile-submissive (as determined by CLOPT ratings), while the other half viewed a friendly-submissive client. After viewing a videotaped session, clinicians made judgments concerning the diagnostic severity and prognosis of the client. Findings were several. (1) For the entire sample, clinicians who liked the client more, who were less experienced, and who had a non-psychodynamic orientation made less severe diagnostic, and more optimistic prognostic, judgments. (2) For the hostile-submissive client, male clinicians made more optimistic prognostic judgments than did female clinicians. (3) Among clinicians who viewed the friendly-submissive client, female clinicians whose interpersonal (CLOIT/CLOPT) behavior toward the simulated client was more complementary made less severe diagnostic judgments. Hence, although sex of clinician was not related overall to clinical judgments of diagnostic severity and prognosis, male clinicians were less severe in their diagnoses of the hostile-submissive client; female clinicians were less severe in their diagnoses of a friendly-submissive client. (4) Non-psychodynamic clinicians whose interpersonal behavior toward the client was more complementary made more optimistic prognostic judgments. Gonick concluded that although interpersonal complementarity was not found to be as strongly associated with clinical judgments of severity of diagnosis and prognosis as predicted, the interaction of clinician sex x client interpersonal presentation x diagnostic severity does offer indirect support for the complementarity hypothesis (1987, p. 63).

Heffner, K. P. (1988). The effects of help-seeker role labels on subjects' recognition memory and perceptions of interpersonal behaviors. Unpublished master's thesis, Virginia Commonwealth University, Richmond, VA.

In Heffner's study, a male interviewee was trained to portray a submissive hemisphere pattern of interpersonal behavior using behavioral descriptors from the mild-moderate range of the 1985 Acts Version of the 1982 Interpersonal Circle. Inhibited, Submissive, and Trusting behaviors were given heavy emphasis in the videotaped portrayal. After viewing the simulated interview, each of four groups of subjects (n= 24 in each group) rated the interviewee using the

CLOIT-R Transactant version. The means of the 16 CLOIT-R scales, calculated for each of the four groups, constituted four separate CLOIT-R profiles. Each profile (16 scales) was then correlated with each of the other three group profiles. The resulting six r 's ranged from .97 to .98, providing strong evidence for the profile reliability of the CLOIT-R scales.

Heffner, K. P. (1992). Alcohol expectancies and self-perceived interpersonal behaviors attributed to drinking for interactions with same-sexed peers. Dissertation Abstracts International, 53, 6551-6552B.

The study examined the relationships between alcohol expectancies and self-perceived interpersonal behaviors. It was predicted that individuals holding stronger expectations that alcohol produces globally positive experiences would also attribute more changes in their interpersonal behavior to the drinking of alcohol; this relationship was predicted to hold even when drinking severity was held constant. (1) Results successfully replicated previous findings that heavier and problematic drinkers hold stronger expectations for a full range of alcohol effects. (2) Individuals of both sexes who experienced more lifetime alcohol-related problems anticipated increased hostile-dominant interpersonal behaviors (measured by the CLOIT-R) during drinking interactions; globally positive expectations of imbibing were related primarily to perceived increases in friendly-dominant behaviors. (3) Among males, specific expectations for increased arousal and aggression were associated with perceived increases in dominant behavior; in contrast, for females, perceived increases in dominant behavior were associated with stronger expectations for social assertiveness. In males, the same expectancy was associated with perceived increases in friendly interpersonal behaviors. Hence, men and women appear to hold different interpersonal conceptions of social assertion. Heffner concluded that his findings provide external validation of the expectancy construct as well as important extensions that incorporate specific patterns of interpersonal behavior.

Kiesler, D. J. (1996). From communications to interpersonal theory: A personal odyssey. Journal of Personality Assessment, 66, 267-282.

Kiesler presented his conceptualization of a communications approach to psychotherapy which concentrates on the relationship between Δ evoking Δ and Δ impact Δ message exchange during ongoing dyadic interpersonal transactions. Development of the Impact Message Inventory (IMI) necessitated the author's immersion within the interpersonal circumplex measurement tradition and resulted in an interpersonal communication theory combining concepts from both traditions. Subsequent research has concentrated on circumplex refinement of both the IMI and a

second inventory, the Check List of Interpersonal Transactions (CLOIT), which was derived directly from the Interpersonal Circle. A continuing theme is the notion that precise and replicable tests of contemporary interpersonal theory require circle inventories that possess ideal psychometric and circumplex properties.

Kiesler, D. J., & Goldston, C. S. (1988). Client-therapist complementarity: An analysis of the Gloria films. *Journal of Counseling Psychology*, 35, 127-133.

The study found that CLOPT ratings by groups of undergraduate observers (n-s ranged from 9 to 15 in six groups) significantly differentiated the interpersonal behavior of three prominent psychotherapists (Rogers, Perls, Ellis) who interviewed the same woman patient (Gloria), and also significantly differentiated Gloria's behavior with the three therapists. (1) CLOPT ratings of the therapists showed that, on the control dimension, Rogers was more unassured with Gloria than were both Perls and Ellis, and more submissive than Ellis; Perls and Ellis were equally dominant, and both were more dominant, competitive, and mistrusting than Rogers. On the affiliation dimension, CLOPT findings showed that Perls and Ellis could not be differentiated in terms of hostility but both were more hostile than Rogers, while Perls was also colder than Rogers. In sum, Rogers was characterized primarily as friendly-submissive, Ellis as dominant-neutral, and Perls as hostile-dominant. (2) Findings for Gloria revealed that on the control dimension she was more competitive and mistrusting with Perls than with both Rogers and Ellis, more dominant with Perls than with Rogers, and equivalently submissive with Rogers and Ellis. On the affiliation dimension, Gloria was less warm and friendly (and remarkably more cold, hostile, and detached) with Perls than with both Rogers and Ellis. In sum, Gloria was primarily friendly-submissive with both Rogers and Ellis, but hostile-dominant with Perls. (3) Analyses of the fit of CLOPT profiles between Gloria and each therapist showed that Gloria's actual behavior with all three therapists departed from perfect complementarity. Axes analyses showed that Gloria's behavior on the control dimension was complementary (reciprocal) only to Ellis (Ellis, dominant; Gloria, submissive), but markedly nonreciprocal to both Rogers (Rogers, submissive; Gloria, submissive) and to Perls (Perls, dominant; Gloria, dominant). On the affiliation dimension, Gloria's behavior was complementary (correspondent) to both Rogers (Rogers, friendly; Gloria, friendly) and to Perls (Perls, hostile; Gloria, hostile), but was not correspondent to Ellis (Ellis, neutral; Gloria, friendly).

Kiesler, D. J., Goldston, C. S., Paddock, J. M., & Van Denburg T. F. (1986). An initial validation of the Check List of Interpersonal Transactions. Unpublished study, Department of Psychology, Virginia Commonwealth University, Richmond, VA.

Kiesler, Goldston, Paddock and VanDenburg used the 1984 CLOIT: Transactant Form

for a study in which 325 undergraduates rated the interpersonal behavior of same sex acquaintances. For the 16 CLOIT scales, alpha coefficients ranged from .43 to .81 (median of .63), with only two of the coefficients below .50, indicating good reliability for the sixteenths. They obtained alphas for quadrant scores (HD= .89, HS= .71, FS= .88, FD= .69) and for hemisphere scores (DOM= .81, SUB= .81, FRI= .87, HOS= .86), indicating very good internal consistency reliability for the quadrant and hemisphere combinations.

Kiesler, D. J., Heffner, K. P., Larus, J. P., & Radecki-Bush, C. (1989). Interpersonal interview behavior of a sample of psychiatric outpatients. Unpublished study, Department of Psychology, Virginia Commonwealth University, Richmond, VA.

Kiesler, Heffner, Larus and Radecki-Bush had clinical interviewers in a mental health setting use the 1984 CLOIT: Transactant Form to rate the intake interview behavior of 117 male and female outpatients. Internal consistency reliability coefficients for the sample ranged from .24 to .68 (median of .50), with eight coefficients below .50. The authors felt these coefficients represented moderately poor evidence of internal consistency reliability for the patient sample.

Kiesler, D. J., Paddock, J. M., Goldston, C. S., & Schmidt, J. A. (1989). Interpersonal complementarity among close friends. Unpublished study, Department of Psychology, Virginia Commonwealth University, Richmond, VA.

Kiesler, Paddock, Goldston and Schmidt used the 1984 CLOIT: Transactant Form in a study in which 425 undergraduates rated the interpersonal behavior of same gender close friends who, in turn, rated the behavior of the 425 undergraduates. Internal consistency coefficients were calculated on the combined undergraduates and close friends sample (n= 850). Cronbach alphas obtained for the 16 scales ranged from .39 to .65 (median of .55), with only one coefficient below .50. The authors concluded that these values represent good reliabilities for the 16 CLOIT scales, and even better reliabilities for the octant combinations.

Kiesler, D. J., Schmidt, J. A., & Larus, J. P. (1988). Internal consistency and test-retest reliability of the self-report version of the Check List of Interpersonal Transactions (CLOIT). Unpublished study, Department of Psychology, Virginia Commonwealth University, Richmond, VA.

Kiesler, Schmidt and Larus used the 1987 CLOIT-R: Self-Report Form in a study in which 167 undergraduates characterized their own typical interpersonal behaviors with others. They found alpha internal consistency reliabilities for the 16 scales ranging from .44 to .64 (median of

.44), with only one alpha coefficient below .50. They concluded that these values represent good internal consistency for the CLOIT-R sixteenths scale, and better consistency for the octant combinations of the 16 scales.

Kiesler, D. J., Schmidt, J. A., & Larus, J. P. (1989). The Interpersonal Adjective Scales (IAS) and the Check List of Interpersonal Transactions-Revised (CLOIT-R): Convergent validity evidence. Unpublished study, Department of Psychology, Virginia Commonwealth University, Richmond, VA.

Kiesler, Schmidt and Larus administered the 1987 CLOIT-R: Self-Report Form and the IAS/IAS-R to a sample of 326 undergraduates (86 males, 223 females). They calculated Intercorrelations between the CLOIT-R octants and both Wiggins= IAS and IAS-R octants. For the total sample, octant correlations ranged from .00 to .54 for IAS (PA= .38, BC= .29, DE= .31, FG= .54, HI= .49, JK= .00, LM= .35, NO= .20) and from .00 to .57 for IAS-R (PA= .45, BC= .24, DE= .32, FG= .47, HI= .57, JK= .00, LM= .31, NO= .20). These values suggested that there is minimal to moderate relationship between the octant scales of the two measures for the same sample of subjects. The authors also had 196 of the 326 undergraduates characterize their typical interpersonal behavior at two time points (n= 126 at retest). Internal consistency coefficients, calculated for the octant scores, were as follows: at time one, r_s ranged from .63 to .74 (median of .72); at time two, r_s ranged from .53 to .80 (median of .72).

Kiesler, D. J., Van Denburg T. F., Sikes-Nova, V. E., Larus, J. P., & Goldston, C. S. (1990). Interpersonal behavior profiles of eight cases of DSM-III personality disorder. *Journal of Clinical Psychology*, *46*, 440-453.

The authors conducted the first study to provide objective ratings (in contrast to self-report characterizations) of the interpersonal behavior of patients with personality disorder. The study used CLOIT-R ratings of patients= interpersonal behavior by relatively large groups of clinical trainees and undergraduates to test Kiesler= (1986) a priori classifications of prototypical DSM-III personality disorders onto the 1982 Interpersonal Circle. A sample of eight videotaped personality disorder patient interviews was obtained from two psychiatric training tape series. The eight vignettes represented seven personality disorders: histrionic (2 cases), passive-aggressive, schizoid, schizotypal, compulsive, antisocial, and narcissistic. A panel of 10 clinical diagnosticians provided independent checks on the DSM diagnoses assigned to the eight patients by the training series and also rated the degree of prototypicality@each case exhibited. Interpersonal characterizations of the interview behavior of the eight patients were obtained from CLOIT-R ratings by 240 undergraduates (30 per each vignette) and 22 graduate psychology students (who sequentially rated four of the eight tapes). A test of Kiesler= (1986) predictions was obtained by ascertaining whether the predicted peak scales actually occurred among the top-five highest

ranked scales for each of the eight patients, as rated by the undergraduates and graduates. (1) Results showed that predictions were clearly confirmed for two cases (narcissistic and schizoid) and mostly confirmed for two others (compulsive, schizotypal). For the antisocial disorder predictions were clearly not confirmed; for the remaining three cases (passive-aggressive, histrionic A, histrionic B) confirmations were partial (one peak scale confirmed, the other not). (2) CLOPT-R interpersonal ratings significantly differentiated the interpersonal behavior of the sample of patients with principal diagnoses on DSM-III Axis II **B** confirming empirically that patterns of overt interpersonal behavior were indeed different for patients diagnosed with various personality disorders. (3) Prototypic interpersonal profiles for the various personality disorders seemed more complex and subtle than previous a priori translations, which focused on octant patterns, suggested **B** since findings of the study showed that important core features for a particular disorder may include three or more sectors, from more than one circle quadrant. (4) Observer sex had minimal effects on the CLOPT-R ratings; undergraduate women rated all patients as more trusting and warm than did undergraduate men. (5) In all cases where significant differences existed, regardless of scale location on the circle, undergraduates rated the patients' interpersonal behavior as more extreme or intense than did graduates. The authors drew the following conclusions. (a) Systematic interpersonal ratings can provide statistically reliable discriminations of the interpersonal behavior of patients diagnosed with personality disorder. (b) Quite brief (5- to 9-minutes long) videotaped patient vignettes can provide reliable and valid ratings of patients' interpersonal behaviors. (c) Psychology graduate student versus undergraduate status contributed important effects to the intensity or extremeness of interpersonal ratings of patient behavior, although yielding highly correlated profiles or patterns.

The authors examined Ebel intraclass coefficients for the 22 graduate students who sequentially rated the tapes of the four cases of DSM-III personality disorders. The estimated average reliabilities for all pairs of the 22 raters (r_{11}) ranged from -.024 to .899, with a median of .238. Any pair among the 22 graduate raters, then, produced very unreliable CLOPT-R ratings. But the reliabilities of the scale score averages obtained from all 22 judges (r_{kk}) ranged from .000 to .995, with a median of .873. Eleven of the 16 scales obtained coefficients above .800, while only four were less than .488 (these four were for scales used very infrequently to characterize the patient cases with a resulting minimal variance for the scores). In sum, the average graduate student CLOPT-R scale ratings for the four patients were highly reliable for all but five (cold, hostile, trusting, warm, friendly) of the sixteen scales. In addition, 22 graduate student clinical trainees sequentially viewed and rated videotapes of four patients, and eight separate groups of undergraduates ($n=30$ each) viewed and rated one of the eight personality disorder cases. Since MANOVA analyses had revealed no significant sex effects on the CLOPT-R ratings for graduate observers and only minimal effects for the undergraduates, one easily calculated split-half reliability estimate resulted from intercorrelating the mean profile of 16 scores obtained for male observers with the mean profile obtained for females. The CLOPT-R profiles obtained for each patient were highly reliable. The twelve corrected r values are all above .925 with only two exceptions: antisocial (for graduates) at .847, schizoid (for undergraduates) at .763. These r 's represent very high reliabilities for the eight patients' CLOPT-R profiles. A second split-half estimate of interobserver agreement was obtained by intercorrelating the mean profiles obtained by the graduate and undergraduate observers for each of the four PD cases rated by both groups. The

two sets of four mean profiles produced r 's of .640 for compulsive, .906 for schizotypal, .973 for narcissistic, and .945 for antisocial. These coefficients represent impressive evidence of generalizability of CLOPT-R ratings between undergraduates and clinical-trained graduate observers.

Kiesler, D. J., & Watkins, L. M. (1989). Interpersonal complementarity and the therapeutic alliance: A study of relationship in psychotherapy. *Psychotherapy*, 26, 183-194.

Kiesler and Watkins were the first to examine the hypothesis that a complementary transactional pattern between patient and therapist operates as a mediating mechanism for establishment of a positive working alliance in psychotherapy. After the third therapy session, 36 pairs of patients and therapists from a variety of outpatient settings recorded their perceptions of the therapeutic alliance and rated each other's therapy behaviors using the CLOIT-R interpersonal circle inventory. (1) Results revealed positive associations between patient-therapist interpersonal complementarity on the hostile half of the circle and both patients' and therapists' perceptions of the alliance. The stronger the complementary fit between patient and therapist hostile behavior, the stronger was the therapeutic alliance. This finding indicated that compatible interpersonal behaviors within the hostile hemisphere of the circle may be crucial for development of a positive working alliance as perceived by either patient or therapist, at least during early sessions. (2) Findings also revealed that the more extreme a patient's behavior within the hostile half of the circle, the less positive is the working alliance perceived by that patient. (3) Therapists' perceptions of the alliance were related to extremeness of patient behavior on both halves of the circle; in contrast, extremeness of the therapist's interpersonal behavior was essentially unrelated to either the patient's or the therapist's perceptions of the working alliance.

Kivlighan, D. M. Jr., & Mullison, D. (1988). Participants' perception of therapeutic factors in group counseling: The role of interpersonal style and stage of group development. *Small Group Behavior*, 19, 452-468.

Participants of Kivlighan and Mullison's study were 18 (13 women, 5 men) 20 to 32 year old undergraduates who had indicated they had personal problems on which they were willing to work in a group counseling setting. Group leaders selected subjects they judged amenable to an interpersonal/interactive group counseling setting and formed three counseling groups with six, six, and five members respectively. Groups were led by three male/female co-leader pairs who were graduate students in counseling psychology and who received 6-8 hours of group therapy

training and supervision per week. The leaders followed a process-oriented model described by Yalom (1985), as modified for short-term groups by Budman, Bennett and Wisneski (1980). Groups met for an hour and a half each week for 11 weeks. After the third group session, the group leader pairs filled out a CLOIT-R on each member of their group; their CLOIT-R inventories were averaged to yield a single classification score for each group member: affiliative (n= 6), nonaffiliative (n= 11), dominant (n= 5), or submissive (n= 12). Since no differences on measures were found for the three groups, data were combined in subsequent analyses, which revealed the following results. (1) The CLOIT-R data showed that affiliative members placed greater importance on self-understanding as an important therapeutic factor, while nonaffiliative members placed greater relative emphasis on self-disclosure, learning through interpersonal actions, and altruism. Although both CLOIT-R groups equivalently emphasized the importance of affect, affiliative members placed relatively greater emphasis on cognitive factors, nonaffiliative members on behavioral factors. (2) Participants differing on the CLOIT-R control dimension (dominance vs submission) did not hold different views of the relative importance of specific therapeutic factors. Kivlighan and Mullison concluded that Yalom's hypothesis that group participants' views of the relative importance of therapeutic factors would be a function of individual differences received partial support. Also, they suggested that in future studies the combination of control and affiliation dimensions would better predict how group participants perceive the therapeutic factors ... our small sample precluded such an analysis. @

Kivlighan, D. M. Jr., Mullison, D. D., Flohr, D. F., Proudman, S., & Francis, A. M. R. (1992). The interpersonal structure of A good versus A bad group counseling sessions: A multiple-case study. *Psychotherapy, 29*, 500-508.

The authors selected good and bad sessions from three short-term personal growth groups on the basis of group members' ratings of session depth and engagement. For each good and bad session, speaking turns were determined by summing the number of times one speaker (member or leader) directed a comment to another (member or leader). Speaking turns among the groups members and leader were converted to proportions (the number of speaking turns for each dyad as a proportion of the total interaction for that interview). (1) Multidimensional scaling was used to provide a map of the latent structure of the speaking turns within these sessions. A two-dimensional solution, interpreted as control (dominance vs. submission) and affiliation (friendliness vs. hostility), provided the best fit for the data for each of the six (a good and a bad session for each of the three groups) sessions examined. (2) To verify these MDS labelings, the authors had a group of 20 graduate students (15 women, 5 men) fill out CLOIT-R's, after viewing the entire sessions, on group members and the group leader. Each participant's affiliation and control axis score was calculated and averaged over the 10 raters who completed a CLOIT-R on that individual. The axis scores were then correlated with the two-dimension scores obtained from the MDS analysis. Correlations for the six sessions ranged from .78 to .96 for affiliation, and from .82 to .92 for control, confirming that the dimensions (in both good and bad sessions) loaded highly on the same variables. (3) The leader's position in the good sessions was less extreme

(more moderate) on the control and affiliation dimensions, which suggested greater interpersonal flexibility of the leader. The authors elaborated: ADuring the good sessions, the leader=s behavior seemed more variable. He/she would sometimes direct (dominant) and at other times sit back (submissive). Likewise, he/she would at times challenge (unfriendly) and at other times support (friendly). Not only did the leader exhibit this flexibility across the group members, he/she also interacted flexibly with the same member at different times during a single session@ (Kivlighan, Mullison, Flohr, Proudman & Francis, 1992, p.506). (4) During bad sessions the group leader occupied a more extreme position on the two dimensions. The authors speculated that in these instances the leaders may have remained hooked in extreme and rigid enactments to groups members= maladjusted interpersonal behaviors; as a result, the leader abdicated his or her responsibility to use the group as the medium for change. Also, in the bad sessions the leaders interacted with only one or a few members, and their interactions involved only a narrow range of behaviors. The authors concluded that Aleaders could be aware of when they are communicating in only one manner and work to incorporate other styles of interacting@ (p. 507).

Knight, T. A. (1991). Client role preferences, complementarity and attraction in the initial psychotherapy session. Dissertation Abstracts International, 53, 0565-B.

Knight=s study examined the role of client pre-therapy role preferences and client-therapist interpersonal complementarity in predicting the client=s attraction to the therapist after the initial psychotherapy session. Four rural Midwestern treatment centers, with a total of seven therapists and 66 clients, participated in the study. Client pre-therapy role preferences, clients=perceptions of therapist interpersonal behavior, and therapists=perceptions of clients=behavior were all assessed using the CLOIT-R, which permitted plotting of responses onto Kiesler=s (1983) Interpersonal Circle. In addition, clients completed the Counselor Rating Form-Short Version (CRF-S) after the initial session. (1) Results showed that the greater the agreement between clients=pre-therapy role preferences and their perceptions of the therapist=s behavior as complementary during the initial session, the stronger were clients=ratings of therapist attractiveness; agreement was also associated with clients=assessments of their therapist=s expertness, trustworthiness, and total CRF-S scores. (2) In contrast, clients=perceptions of their therapist=s attractiveness was not associated with perceived therapist interpersonal complementarity. (3) While the client=s pre-therapy role preferences were associated also with the client=s interpersonal behaviors during the initial session, no strong pattern could be discerned. (4) Finally, multiple regression analyses showed that therapist sex exerted a modest influence on the clients=perceptions of their therapist=s attraction and total CRF-S scores.

Liggett, A. S. (1993). Shame, guilt and childhood abuse as factors in interpersonal behavior style of male spouse abusers. Dissertation Abstracts International, 54, 5394-B.

Liggett examined the factors of shame, guilt, and childhood abuse as associated with the self-reported interpersonal behavior patterns of male spousal abusers. The study targeted 88 men who had been arrested for assaulting their domestic female partners and who subsequently were sentenced to complete a domestic violence diversion program. Subjects completed a demographic questionnaire, Tangney's Test of Self-Conscious Affect, and Kiesler's CLOIT-R. Results showed that the interpersonal profile for the sample of abusive males was that of the stereotypical male; the predominant interpersonal behavior reported by the male spousal abusers was assured-dominant. Liggett pointed out that assured-dominant behavior is consistent with the literature that identifies control and dominance as the central issue in spouse abuse; it also is consistent with interpersonal diagnosis of the narcissistic personality disorder, an often-cited characteristic of abusive men. Second and third highest octant peaks obtained on the CLOIT-R circle profile were sociable-exhibitionistic and competitive-mistrusting. High scores on the three octants also were associated with a greater likelihood that the abusive subject had himself been abused in childhood and currently experienced shame (but not guilt) for his spouse abuse. In sum, Liggett found that spouse abusers describe themselves as exhibiting primarily dominant interpersonal behaviors, as being shame (but not guilt) prone, and as being heavy drug and alcohol users; they also admitted to a high rate of childhood abuse in their own early background.

Mahalik, J. R. (2000). Gender role conflict in men as a predictor of self-ratings of behavior on the Interpersonal Circle. *Journal of Social & Clinical Psychology, 19*, 276-292.

The study examined men's gender role conflict in relations to self-rated behavior on the Interpersonal Circle. One-hundred-one, mostly single and Caucasian, college-aged men (mean age = 21.5) completed the Gender Role Conflict Scale (GRCS) and the self-report version of the CLOIT-R. Canonical analyses indicated that two significant roots accounted for 34% of the variance. The first root found GRCS success/power/competition to be related to dominant, hostile, and rigid (maladjusted) interpersonal behavior. The second root found GRCS restrictive emotional expression (restrictive emotionality and restrictive affectionate behavior) between men to be related to hostile and rigid interpersonal behavior. As predicted, then, gender role conflict in men was associated with certain patterns of interpersonal behavior and with psychopathology (rigid and extreme presentations of that behavior). Mahalik concluded that gender role conflict factors can be conceptualized along the two dimensional interpersonal circle, with success/power/competition falling at the dominance pole of the dominance-submission axis and restrictive emotional expression between men falling at the hostile pole of the friendly-hostile axis. The author stressed the importance of interpersonal psychotherapy for men who rigidly enact stereotypical male gender roles.

Mahalik, J. R., Hill, C. E., O'Grady, K. E. & Thompson, B. J. (1993). Rater

characteristics influencing rating on the Checklist of Psychotherapy Transactions-Revised. Psychotherapy Research, 3, 47-56.

Using the CLOIT-R, 25 untrained, clinically inexperienced raters judged therapist and client interpersonal behavior during 127 sessions of brief psychotherapy. Rater bias was examined by relating several individual differences variables to the control and affiliation ratings of therapists and clients on the CLOIT-R. Several rater individual differences measures predicted interpersonal ratings especially on the affiliation axis (for both therapist and client ratings). Mean differences were found to exist between raters= CLOIT-R ratings, even after adjustment for the individual differences variables.

McMullen, L. M., & Conway, J. B. (1994). Dominance and nurturance in the figurative expressions of psychotherapy clients. Psychotherapy Research, 4, 43-57.

The authors followed up an earlier study by McMullen (1989) which concluded that many of the figurative, metaphoric expressions produced by clients in psychotherapy are representations of their views of self, others, and the self-in-relation to others. McMullen and Conway set out to determine the utility of employing an interpersonal coding scheme to organize the meanings of clients= figurative expressions in therapy. They hypothesized that, in cases of better outcome, the clients= perceptions of self and/or others as represented in figurative language would be less rigid (distributed more evenly around the segments of the interpersonal circle); in contrast, the metaphors for self or others produced by clients with poorer outcomes would be more rigidly located on the circle, with metaphors clustered at a few segments. They also expected that more of the figurative language of clients with poorer outcomes would be coded on the hostile half of the circumplex. Subjects were cases of depression, anxiety, and mixed personality disorder drawn from the Vanderbilt II psychotherapy research project, a 5-year study of time-limited dynamic psychotherapy (Strupp & Binder, 1984). Each of 471 audiotaped psychotherapy sessions were audited and every therapy-related instance of figurative language used by clients that pertained to the clients= actions with others was identified. Some typical examples were: "There= a brick wall; I=I go so far and that= it;" "Don= get too close;" "I=I felt like that I had sort of brushed her [friend] aside." Each of these instances of "Acts of self" (n= 2,243) and "Acts of other" (n= 1,611) were then coded, with very good interrater reliability, using Kiesler= (1985) Acts Version of the 1982 interpersonal circle (which has heavy overlap with the CLOIT-R measure). On the basis of these codings, each of the 3,854 instances of figurative language was coded first in 1 of the 16 segments of the 1982 Circle, then in one of the eight circle octants. The study found that the interpersonal meanings of the clients= metaphors, particularly those metaphors of the self,

as coded on the interpersonal circumplex were generally quite consistent with the predictions in three areas. (1) The most frequent codes assigned to the figurative expressions of the clients as a whole were those in the hostile-submissive quadrant; octants HI, FG, and DE contained 67.9% of the metaphors of self actions (and 63.2% of the metaphors of others= actions). (2) The self metaphors of the high-change clients fell primarily in the dominant to friendly-dominant portion of the circumplex and were more evenly distributed around the octants: this latter pattern was present both early and late in therapy. (3) Compared with high-change clients, the metaphors of self-actions of clients with poorer outcomes tended to fall primarily on the hostile half of the circumplex and to be less evenly distributed around the octants of the circumplex. McMullen and Conway concluded that **Athe results of the present project indicated that employing the interpersonal circumplex as a way of organizing clients= figurative expressions of self and others= actions can be quite useful@** (p. 55).

McMullen, L. M., & Conway, J. B. (1997). Dominance and nurturance in the narratives told by clients in psychotherapy. *Psychotherapy Research*, 71, 83-99.

McMullen and Conway studied the therapy cases of 20 (15 female, 5 male) 24-to-62 year olds diagnosed with major depression, dysthymic disorder, generalized or atypical anxiety disorder, mixed personality disorder, or other. They examined two early, two middle, and two late sessions of each of the 20 cases of short-term dynamically oriented psychotherapy. From these sessions, they initially identified all **Arelationship episodes@** (patient accounts of specific events involving the self and others), yielding a total of 95 episodes. Then, each interpersonal act of self and other depicted in the accounts was coded using Kiesler=s (1985) Acts Version of the Interpersonal Circle (which has heavy overlap with the CLOIT-R measure). Results revealed a significant association between psychotherapy outcome and the location on the interpersonal circumplex of patients= portrayal of self **B** but not by locations of the acts of the others in the patients= accounts. Specifically, the most successful patients tended to be located primarily in the friendly-submissive quadrant of the circumplex on the basis of codings of their self acts; the least successful clients tended to be located in the hostile hemisphere of the circumplex.

Morison, M. A. (1995). Distressed couples= interpersonal styles: A pretreatment assessment typology. *Dissertation Abstracts International*, 56, 0531-B.

The study analyzed interpersonal styles among distressed couples using Kiesler=s (1984) CLOIT-R. A sample of 100 VA married couples (mean age = 47; median income = \$25,000) provided demographic information, self-report measures including the Response to Conflict (RTC) Scale, and a 10-minute videotaped discussion of a conflictual topic. Analyses revealed the following findings. (1) While a majority of couples fell into the five predicted interpersonal styles predicted by Morison, the finding was not significant. (2) Contrary to prediction, women did not score significantly higher in the hostile-dominant and hostile-submissive quadrants of the

interpersonal circle. (3) Although couples' CLOIT-R scores in the hostile-dominant and hostile-submissive quadrants were associated positively with RTC scores, the finding was not significant. (4) Additional analyses yielded significant between group differences on the Locke-Wallace Marital Satisfaction Scale for women only. Hostile-submissive women (withdrawn, detached women who retreat emotionally from the relationship) reported lower marital satisfaction than did hostile-dominant women. Hostile-dominant women with friendly-submissive spouses reported greater psychological distress than hostile-dominant women with hostile-dominant spouses. Women reported significantly greater self-esteem than men, reflecting the atypical nature of the V.A. population studied.

Hostile men reported more physical complaints than did friendly men, confirming the association between interpersonal hostility and physical health.

Newton, T. L., & Banc, C. M. (1998). Behavioral dominance and cardiovascular reactivity during dyadic social interaction. Unpublished manuscript, Miami University, Oxford, OH.

Newton and Banc examined associations between behavioral dominance and cardiovascular reactivity (CVR) during dyadic social interaction. They studied whether previously observed associations between trait dominance and CVR could be extended to behavioral dominance; also whether associations between behavioral dominance and CVR would hold after controlling for hostile behavior (which also has been shown to make unique contributions to cardiac reactivity). Previously unacquainted men (n= 15) and women (n= 15) undergraduates participated with the same partner in three mixed-gender interactions while their blood pressure and heart rate were monitored. Videotaped records of the interactions were coded for interpersonal dominance and hostility using a modification of the CLOIT-R; that is, three women coders independently viewed one-minute segments of each videotaped discussion and, for each, made a yes-no decision as to whether each of six dominance and six hostility CLOIT-R descriptors described the target person. (1) Results showed that, consistent with their hypothesis, when men and women engage in problem-solving discussion, expressions of interpersonal dominance are significantly and positively associated with systolic blood pressure and heart rate reactivity, even after controlling for hostile behavior (a more well-recognized correlate of cardiovascular reactivity). Newton and Banc's results complement recent findings concerning trait dominance and cardiovascular reactivity and suggest that dominance merits attention as a correlate of cardiac stress reactivity during social interaction. (2) Behavioral hostility was significantly correlated only with heart rate reactivity. (3) Associations between behavioral dominance and cardiovascular reactivity were not moderated by gender.

Paddock, J. R., Potts, M. A., Kiesler, D. J., & Nowicki, S. P. Jr. (1986). Ipsative scoring

of interpersonal circle measures. Paper read at the annual Southeastern Psychological Association meeting Kissimmee, FL.

[No description available.]

Pilkonis, P. A. (1993). Studying the effects of treatment in victims of childhood sexual abuse. Journal of Interpersonal Violence, 8, 392-401.

Pilkonis, P. A., Heape, C. L., Smith, K. A., Stuart, S. P., & Fisher, B. W. (1989). Patient-therapist attachment: The nature of the relationship in psychotherapy. Pittsburgh, PA: Western Psychiatric Institute and Clinic.

Pilkonis and colleagues set out to conduct a series of naturalistic, descriptive studies on individual psychotherapy that relied on two theoretical positions for their conceptual basis: attachment theory (Ainsworth, Blehar, Waters, & Wall, 1978; Bowlby, 1979, 1988) and interpersonal theory (Kiesler, 1983, 1986). Pilkonis, Heape, Smith, Stuart and Fisher developed a clinical interview to identify characteristic interpersonal styles. The interview, the Interpersonal Relations Assessment (IRA), focuses on primary relationships in one's family of origin (both past and present), with additional questions about current patterns of relating to significant others outside the original family (e.g. spouse, children, friends). When the interview is completed, clinical judgments are made on a series of prototypes that describe individual differences in attachment behavior (Pilkonis, 1988). The prototypes are taken from the Bowlby-Ainsworth tradition of developmental research and represent the adult analogs of three attachment styles: Anxious-ambivalent, Anxious-avoidant, and Securely attached. Pilkonis and colleagues predicted that patients with different attachment styles would have characteristically different symptoms (as measured by the Symptom Checklist, SCL-90) and interpersonal problems (as assessed by the IIP); they also would display different face-to-face behavior in therapy sessions (as assessed by the CLOIT). The authors, further, expected the same patterns to be true of therapists (especially less experienced therapists). Finally, Pilkonis and colleagues examined the match between patient and therapist attachment styles and its consequences for treatment process and outcome. They predicted that dyads in which both persons are rated as Securely attached would display the greatest interpersonal complementarity, the most positive rating of therapy process, and the best outcome.

Pollock, T. E. (1990). Parallel process: An empirical investigation. Dissertation Abstracts International, 51, 3580-B.

Pollock provided the first analysis of parallel process from the perspective of contemporary interpersonal theory. He argued that an adequate investigation of parallel process requires that

the constructs of interpersonal behavior, interpersonal impact, and relationship anxiety be operationally defined. Further, circumplex measurement provides a method for operationally defining interpersonal behavior and interpersonal impact. In addition, interpersonal theory could provide a conceptualization of the equally important construct of relationship anxiety. His study tested three hypotheses. (a) A significant positive correlation would be found between therapists' ratings of the patient's interpersonal behavior and supervisors' ratings of the therapist's interpersonal behavior (as measured by an interpersonal circumplex inventory). (b) Occurrence of parallel process would increase as the experience of relationship anxiety increased. (c) As the degree of complementarity decreased in the therapy or supervision relationship, the probability of occurrence of parallel process would increase. Thirty client-therapist-supervisor triads were studied from three training sites. Each subject in a triad first completed a self-report version of the CLOIT-R. Then, at the end of a sampled therapy session, the patient and the therapist completed a state anxiety scale; the therapist also used the CLOIT-R to rate the interpersonal behavior of the patient during that session. Finally, at the end of the next scheduled supervision session, the therapist and supervisor completed a state anxiety scale; the supervisor also used the CLOIT-R to rate the interpersonal behavior of the therapist during their just completed supervision session. A first index of parallel process (Identical behaviors) was obtained by correlating the therapist's CLOIT-R ratings of the patient's behavior during the therapy session with the supervisor's CLOIT-R ratings of the therapist during the supervisory session. A second index of parallel process, (Opposite behaviors) was obtained by correlating the same two sets of CLOIT-R scores, but with the supervisor's ratings aligned to opposite categories (e.g. the score received by the patient in sector A was correlated with the score received by the therapist in the opposite sector, I). Analyses revealed the following findings. (1) A significant relationship was found between the behaviors of the patient during the therapy session and the behaviors of the supervisee during the supervisory session; the test for opposite behaviors, however, was not significant. Pollock speculated that the occurrence of Identical behaviors parallel process was likely due to the similarity in role relationship between the patient in therapy and the supervisee in supervision. (2) Correlations between patients' state-anxiety scores and patient-therapist complementarity demonstrated a tendency toward significance, but in the direction opposite to that predicted; the correlation between state-anxiety therapists' scores and complementarity was not significant. (3) A regression analysis indicated that the combined contribution of the state-anxiety scores for the participants of both relationships accounted for merely 11% of the variance in parallel process (which was not significant). (4) Finally, a two-way ANOVA (patients vs. therapist by four quadrant scores) with repeated measures showed that patients had significantly higher CLOIT-R scores than the supervisees; also all subjects obtained higher scores on the friendly quadrants than they obtained on the hostile quadrants. Pollock concluded: "The effort to validate parallel process occurrence was successful. Across all triads, 20 percent of the variation in patient behavior during the targeted therapy session could be accounted for by the variation in supervisee behavior during the targeted supervision session... The paralleling of opposite behaviors was not confirmed" (p. 55).

Radecki-Bush, C. (1989). On the nature of interpersonal problems: Instrumental and expressive traits, needs, and behaviors. Unpublished manuscript, Virginia Commonwealth University, Richmond, VA.

Radecki-Bush administered four self-report measures to a large sample of undergraduates. She performed a discriminant function analysis using the four Bem Sex Role Inventory (BSRI) types (instrumental, expressive, androgynous, undifferentiated) as groups, and scores on the CLOIT-R, FIRO-B, and IIP as predictors. She identified two functions that accounted for about 82% of the variance: low instrumentality and low expressiveness, corresponding respectively to hostile-dominant and friendly-submissive patterns of interpersonal behavior. Other analyses showed that low instrumentality predicted interpersonal problems with self-assertiveness, self-independence, and self-esteem. Low expressiveness, in contrast, predicted problems in being interpersonally supportive. Low levels of both traits (instrumentality and expressiveness) were related to interpersonal problems in being intimate, supportive, sociable, and too aggressive. Finally, consistent with the thesis that persons with more flexible interpersonal behaviors are better adjusted, findings showed that subjects who displayed a wide range of both instrumental and expressive interpersonal behavior reported low levels of interpersonal problems. Radecki-Bush concluded that BSRI instrumentality and expressiveness are related to self-described interpersonal behaviors that reflect patterns of control and affiliation behaviors.

Robbins, S. B., & Dupont, P. (1992). Narcissistic needs of the self and perceptions of interpersonal behavior. *Journal of Counseling Psychology*, *39*, 462-467.

Robbins and Dupont studied whether broad patterns of interpersonal behavior within a sample of outpatient group therapy clients would relate to disturbances characterized within Kohut's (1971) grandiose-exhibitionistic or idealizing trends of self. Canonical correlations were calculated between a measure of the Kohut trends and client CLOIT-R interpersonal scores (both self-reports and counselor ratings). Results indicated a clear convergence between client narcissistic needs and therapists' perceptions of the clients' interpersonal behaviors. Clients with strong Kohutian grandiose-exhibitionistic needs were viewed as manifesting primarily assured, dominant, and exhibitionistic behavior; clients with idealizing needs were viewed as manifesting primarily deferent and submissive behavior. In contrast, clients' self-reports of their interpersonal behavior did not differentiate client narcissistic need type. Overall, the clients viewed themselves as exhibiting a wide range of interpersonal behaviors in a flexible manner; therapists, on the other hand, perceived these narcissistic clients as being primarily dominant and exhibitionistic. Robbins and Dupont concluded that the discrepancy between client and counselor perceptions supports the

notion that narcissistic individuals engage in ego-defensive operations that disavow and/or hide the meaning of maladaptive behaviors.

Russell, J. J. (1994). Interpersonal patterns and marital satisfaction in a group of alcoholic, diabetic, and control marriage partners. Dissertation Abstracts International, 55, 5594-B.

Russell sought to determine (a) whether complementary patterns of controlling and affiliative interpersonal behavior existed in marriages in which the husband was diagnosed as alcohol dependent; (b) which specific complementary patterns characterized the alcoholic marriage; and (c) whether interpersonal complementarity among marriage partners contributed to marital satisfaction. Fifty-seven couples (20 alcoholic couples, 17 diabetic, 20 control) served as subjects. Each subject completed the CLOIT-R, the Short Michigan Alcoholism Screening Test (SMAST), the Marital Adjustment Test (MAT), and a demographic questionnaire. Subjects were classified as complementary, acomplementary, or anticomplementary based on their CLOIT-R scores. Analyses of couple types failed to find a complementary or noncomplementary pattern which distinguished the alcoholic marriage couples from either the diabetic or control couples. Analysis of the MAT scores offered no support for the prediction that interpersonal complementarity in marriage partners contributes to higher marital satisfaction in those couples. Rather, hostility in one or both marriage partners was associated with significantly lower marital satisfaction scores in all three groups of couples.

Schmidt, J. A. (1989). Interpersonal ratings of channel incongruence of normal versus personality disordered individuals. Unpublished master's thesis, Virginia Commonwealth University, Richmond, VA.

The study examined the relationship between interpersonal maladjustment and incongruence across the visual, audiovisual, and content channels of communication. The specific prediction was that three individuals diagnosed with a DSM-III personality disorder would be perceived as significantly more incongruent across communication channels than would three matched normal controls. It was also predicted that correlations among channels would be higher for ratings of normals (vs. patients) and that patients' interpersonal behavior would be perceived as significantly more extreme than normals'. From a psychiatric training series three personality disorder tapes (schizoid, histrionic, passive-aggressive) were selected that previous CLOIT-R interpersonal ratings had demonstrated to be as dissimilar as possible. The three channel conditions (visual, audiovisual, content) were prepared for subjects from these 4- to 9-minute videotaped interviews. To obtain equivalent interviews with normal subjects, three control interviews designed to be as similar in format to the psychiatric intake interviews were conducted. The normal subjects were matched for age and gender and met criteria for being non-maladjusted

based upon a battery of psychometric measures. Seventy-two female undergraduates each rated one pair of matched interviews (one normal, one maladjusted) using three interpersonal circle measures: IAS, CLOPT-R, and the IMI. Results revealed that the extremeness of CLOPT-R ratings successfully differentiated between patients vs. normals for each pair of interviews. Tests of patient vs. normal differences in incongruity across communication channels revealed inconsistent support for the study's predictions.

Shean, G., & Uchenwa, U. (1990). Interpersonal style and anxiety. The Journal of Psychology, 124, 403-408.

The authors predicted that high-anxiety individuals would exhibit more stereotypically feminine patterns of interpersonal behavior than low-anxiety subjects; that these patterns would be evidenced by higher scores on the self-effacing/obedient and docile/dependent octant scale of the ICL and on the unassured, submissive, and deferent scales of the CLOIT-R. Also, ratings of partners by high anxiety subjects were predicted to reflect the complementary patterns of ICL (managerial/autocratic and self-confident/competitive) as well as of CLOIT-R (competitive, dominant, assured) scales respectively. Subjects were undergraduates who obtained very high versus very low scores on a questionnaire designed to measure DSM-III panic experience and agoraphobic fears. In high and low pairs, subjects were instructed to get acquainted during a 10-minute period, after which they filled out self-characterization versions of the CLOIT-R and ICL, and also rated their partners using the IMI. Results for both males and females revealed that, as predicted, self-reports of agoraphobic-like anxiety experiences correlated positively with interpersonal behavior associated with the female sex role stereotype: unassured, submissive, and deferent behavior. Mistrusting and inhibited styles were also positively related to the anxiety scores. Findings also showed significant negative relationships between high anxiety and a friendly-dominant interpersonal pattern (friendly, sociable, and exhibitionist-assured behaviors) as rated by interactants. Contrary to the authors' predictions, subjects' ratings of their partners did not confirm a complementary pattern of interpersonal behavior during the acquaintance process. The authors concluded that their results lend support to clinical reports that some individuals may be likely to develop agoraphobic problems because of the interaction between their interpersonal style and the relationship patterns (p. 407).

Shuler, A. (1994). Interpersonal transactions and the experience of panic of women: A study of membership. Dissertation Abstracts International, 55, 2573-A.

The author examined whether interpersonal transactions (measured by the CLOIT-R and IMI) with significant others differed between people who experience panic attacks and people who experience anxiety but no panic attacks. She predicted that the interpersonal behavior of

the person with panic: (a) as self-reported on the CLOIT would be more variable and more intense, reflecting the internal experience of loss of control and disintegration of self; (b) would reflect a nonintegrated self-concept (indicated by a discrepancy between the Aactual@self-presentation to the significant other versus the self-presentation reported by the subject that would represent his or her Areal@self); (c) would reflect greater incongruence between the subject=s self-concept and actual behavior (the difference between subject=s self-reported behavior and significant other=s rating of the subject); and (d) would reflect an absence of interpersonal complementarity (would show a pattern of noncomplementarity) between the subject and the significant other. Subjects consisted of samples of ADIS-R diagnosed nonclinical panic versus general anxiety female subjects (total n= 49) who volunteered in response to media announcements. The panic subjects reported an average of at least three attacks within the month immediately prior to the study. The general anxiety subjects reported a current experience of worry diffused across a number of life situations, or with no apparent cause; worries endured for at least a month immediately prior to the study. Analyses revealed the following results. (1) No significant differences were found between the two patient groups= profiles, number of peak scores, or average profile intensities of interpersonal transactions. The phenomenon of panic per se did not have a differential effect on interpersonal transactions with significant others. (2) No differences were found between the two patient groups for incongruency and complementarity. (3) Contrary to prediction, it was the women in the general anxiety group who showed a significant discrepancy between the subject=s actual impact on the significant other and the impact on the significant other reported by the subject if she were to show her Areal self@ to the other. (4) All high-anxiety (questionnaire) subjects reported more hostile-submissive and friendly-submissive (and to a lesser degree also more dominant) interpersonal behaviors in transactions with their significant others. High levels of anxiety, then, were associated with a bipolar pattern of interpersonal behavior reflecting primarily submission, but at times also dominance. (5) The incongruity between the subjects=s self-perceived impact and the impacts reported by significant others on the IMI-C was significant for the general anxiety group women. Multivariate analyses revealed that, although overt behavioral transactions tended to vary with the level of anxiety, covert impact messages explained 52% of the variability in level of anxiety. (6) Complementarity of interpersonal transactions was not related to the experience of panic, level of anxiety, or anxiety sensitivity. (7) Finally, higher anxiety sensitivity was positively correlated with hostile-submissive and dominant impact messages.

Sofair-Fisch, M. S. (2000). Countertransference: Therapists= and raters= discrepancies and their effect on treatment outcome. Dissertation Abstracts International, 60, 4252-B.

Sofair-Fisch adopted a contemporary interpersonal perspective that offers opportunities to explore the use of metacommunication and impact disclosure in the Ahere and now.@ His study attempted to integrate the methods, data, and findings of two previous studies: a countertransference study by Friedman (1994) and an intervention study by Everett (1994); both studies were part of a larger brief treatment psychotherapy process study (Safran, Jackson, Everett, Legow, & Spivak, 1993). Sofair-Fisch=s study used the data from the CLOPT-R and IMI collected

by the process study to determine whether therapist versus rater discrepancies in characterizing clients= interpersonal behavior affected the outcome (SCL-90-R and IIP) of brief strategic psychotherapy. The study tested the following hypotheses. (1) Countertransference as measured by the IMI would be stronger in therapists than raters, and particularly so as treatment progressed.

(2) Agreement amongst therapists and raters on the IMI and CLOPT-R interpersonal ratings of clients would predict better treatment outcome. Results supported both hypotheses. Therapists reported stronger impact scores to patients than did raters. Better treatment outcomes occurred for patients when therapists and raters showed greater agreement regarding their ratings of patients= CLOPT-R behaviors. Other analyses showed that patients whose interpersonal behavior was rated as more hostile recorded significantly greater improvement in treatment outcome; patients who exhibited greater friendly behavior recorded less favorable outcome.

Stuart, S., Pilkonis, P, Heape, C., Smith, K., & Fisher, B. (1992, June). The patient-therapist match in psychotherapy: Effects of security of attachment and personality style. Paper presented at the annual meeting of the Society for Psychotherapy Research, Denver, CO.

Stuart, Pilkonis, Heape, Smith and Fisher adopted a theoretical framework which combined attachment theory and interpersonal theory to study 50 psychotherapy outpatients with diagnoses of depression, anxiety disorder, and adjustment disorder, with many patients having a primary diagnosis of personality disorder. Average age was 31.6 years (range= 19-66); 32 patients were female and 18 were male. Thirty psychiatric residents served as therapists, with an average age of 31.0 years; 8 were female and 22 were male. No restrictions were placed on the type of therapy to be used. At intake, patients and therapists were evaluated with a battery of questionnaires, including the Interpersonal Relations Assessment (IRA), a semi-structured interview which focuses on the subject's past and present relationships. Attachment ratings were obtained assessing the degree to which each subject fit each of the three attachment prototypes described by Bowlby: Asecurely attached, @Anxious-avoidant, @and Aanxious-ambivalent.@ Patients and therapists rated each other's in-therapy behavior using the CLOIT-R; these ratings were done at the end of session seven, and every 10 sessions thereafter. Analyses revealed the following results. (1) Significant differences were found in patient and therapist interpersonal qualities, with patients being less securely attached than therapists and more dependent in personality style. (2) The attachment profiles correlated well with the in-therapy interpersonal behavior displayed by patients. Therapists consistently described the in-therapy behavior of their patient as more warm and sociable when their patient had been rated as more dependent in personality type. Therapists described patients rated as dependent as significantly more mistrusting than those rated as autonomous or mixed in personality style. (3) Patients= perceptions of their therapists also were affected by patients= attachment/personality styles. Patients with dependent personality rated their therapists as more dominant and inhibited than did patients with more autonomous personalities. Therapists were predominantly (28 of 30) rated as having autonomous personality styles; patients were typically rated (26 of 50) as having dependent personality styles. (4) Evaluation of patient and therapist security of attachment identified a pattern of early dropout

(prior to seven session) from therapy. High rates of dropout or early termination occurred for matches of insecurely attached patients with less securely attached therapists, and dependent patients with autonomous therapists. The authors concluded that important differences are present between patients and therapists with respect to their personality styles and security of attachment; these attachment styles are reflected in the patients= and therapists= in-therapy interpersonal behaviors; and the match between the attachment styles of the patient and therapist appears to have an impact upon the rate of early dropout from psychotherapy.

Thompson, B. J., Hill, C. E., & Mahalik, J. R. (1991). A test of complementarity hypothesis in the interpersonal theory of psychotherapy: Multiple case comparisons. *Psychotherapy, 28*, 572-579.

Thompson, Hill and Mahalik obtained CLOPT-R ratings of the interpersonal behavior of eight therapists (aged 34-78 years) and 24 clients (aged 19-50 years) during 127 sessions of brief psychotherapy. Three interpersonal hypotheses specifying interpersonal complementarity between therapists and clients were tested. Results indicated that, during half of the initial sessions, therapists= and clients= interpersonal behaviors were complementary, occurring most often when clients were friendly dominant (rather than friendly submissive, as hypothesized). Pretreatment symptomatology did not predict which cases demonstrated more complementarity in initial sessions; no systematic patterns of complementarity were found across the course of treatment. Overall, the study found only partial support for the complementarity hypothesis.

Thompson, J. M., Whiffen, V. E., & Blain, M. D. (1995). Depressive symptoms, sex and perceptions of intimate relationships. *Journal of Social and Personal Relationships, 12*, 49-66.

Thompson, Whiffen and Blain examined gender differences in dysphoric individuals= perceptions of themselves and their intimate partners and whether depressive symptomatology had differential effects on nondysphoric persons depending on their dysphoric partner=s gender. Measures included the Beck Depression Inventory (BDI), the CLOIT-R, and the Dyadic Adjustment Scale. Study 1 examined 145 female and 99 male university students. Dysphoric vs nondysphoric subjects of both sexes perceived both themselves and their partners as being more hostile, and particularly more submissive-hostile. Study 2 examined 136 cohabiting heterosexual couples. Results revealed that when the husband was dysphoric, both partners described their behavior as more submissive-hostile; when the wife was dysphoric, both partners also described their behavior as more submissive-hostile but, in addition, as more dominant-hostile. The authors interpreted this pattern as suggesting that when the husband was dysphoric, the couple seemed to exhibit hostile withdrawal; whereas when the wife was dysphoric, there were higher levels of both hostile withdrawal and explicit conflict. No striking sex differences emerged in dysphoric partners= perceptions. However, dysphoric wives perceived themselves to be primarily submissive-hostile,

whereas their husbands perceived themselves to be both dominant-hostile and submissive-friendly (approving, unguarded, and warm). The gender of dysphoric subjects was associated differentially with depressive symptoms and marital satisfaction in the partner.

Tracey, T. J., & Schneider, P. L. (1995). An evaluation of the circular structure of the Checklist of Interpersonal Transactions and the Checklist of Psychotherapy Transactions. *Journal of Counseling Psychology*, 42, 496-507.

The circular structure of the CLOIT-R and the CLOPT-R were evaluated in samples of 219 college students and 26 therapy dyads, respectively. The CLOIT-R was found to fit a circular structure for all scoring methods, equally well for women and men, and similarly to the fit of the IAS-R. The CLOPT-R also was found to fit the circular model for both therapists and clients. The authors concluded that the support generated for the CLOIT-R and CLOPT-R upholds the use of these measures in empirical examinations of interpersonal theory.

Van Denburg, T. F. (1988). Transactional escalation in rigidity and intensity of interpersonal behavior under stress. *Dissertation Abstracts International*, 49, 4069-B.

Van Denburg, T. F., & Kiesler, D. J. (1993). Transactional escalation in rigidity and intensity of interpersonal behavior under stress. *British Journal of Medical Psychology*, 66, 15-31.

According to Van Denburg and Kiesler, an implicit assumption of interpersonal theory, the principle of transactional escalation, holds that an individual's typical interpersonal behavior (style) will become more rigid and extreme under stressful conditions. Subjects were 30 white females between the ages of 17 and 30 whose interpersonal style was primarily friendly-submissive (as calculated from average CLOIT-R profiles obtained on each subject from three acquaintances). Half of the subjects were randomly placed in a low-stress structured interview; half were placed in a high-stress condition. In the first half of the interview, which was identical for both groups, the interviewer assumed a complementary (friendly-dominant) posture and asked questions designed to elicit low-intimacy responses. In the second half of the interview for the low-stress group, the interviewer maintained the identical conditions; for the high-stress group, the interviewer's style change to the anticomplementary position (hostile-submissive) and the questions asked of the interviewee had significantly higher intimacy ratings. A group of 10 female observers viewed 10-minute samples of the first and second halves of each interview in such a manner that each sample was rated by five judges using the CLOPT-R. Results provided strong confirmatory evidence that subjects' interpersonal behavior became more extreme under the stressful condition. Analyses of subjects' friendly-submissive behaviors showed significant increases

in the submissive, deferent, and trusting scales in the second half of the interview for high-stress subjects only. A second hypothesis stated that subjects' interpersonal behavior would also become more rigid in the high-stress condition B that is, not only should the friendly-submissive quadrant scores increase, but the other three quadrant scores should also decrease. Results showed the predicted pattern for the high-stress subjects' hostile-dominant quadrant score only. A third hypothesis, that a subject's self-reported anxiety would increase during the stressful interview condition was not supported. The authors concluded that their study was the first to provide empirical support for the interpersonal principle of transactional escalation, although only partial support was found for the prediction that the subjects' behavior would also become more rigid under stress.

For the study, two interviewers were trained to portray friendly-dominant and hostile-submissive styles of interpersonal behavior. The interviewers then conducted high and low stress interviews with the subjects. As an experimental check on the validity of the interviewers' style portrayals, three observers viewed a sample of 20 videotaped interview samples and independently filled out CLOIT-R observer forms on the interviewers' behavior. Cronbach alphas were calculated for each of the 16 scale scores obtained from the 3 observers. Five scales (dominance, mistrusting, unassured, submissive, assured) were bypassed in the analyses because of zero variance as a result of too few items being endorsed by the raters on these scales. For the remaining eleven scales alphas ranged from .33 to .97, with a median coefficient of .68. Five coefficients were .74 or higher, while only four (competitive, inhibited, deferent, trusting) were below .50.

Watkins, L. M. (1990). Interpersonal complementarity and the therapeutic alliance: Relationship in the intake interview. Dissertation Abstracts International, 51, 3586-B.

During outpatient intake sessions, 30 pairs of interviewers and clients were rated on their interpersonal behavior (using the CLOIT-R) and the quality of their therapeutic alliance (using the Working Alliance Inventory, WAI). Unlike for a previous study (Kiesler & Watkins, 1988), correlations between overall complementarity and the working alliance were not significant. However, replicating the previous findings, correlations between extremeness of interviewer interpersonal behaviors and therapeutic alliance were significant, revealing that the more extreme the clients' interpersonal behaviors, the less positive the therapeutic alliance established with the interviewer.

Weinstock-Savoy, D. E. (1986). The relationship of therapist and patient interpersonal styles to outcome in brief dynamic psychotherapy. Dissertation Abstracts International, 47, 2638-B.

Weinstock-Savoy investigated the interpersonal assumption that high levels of interpersonal complementarity early in treatment will be positively related to patient

improvement. (1) Study 1 investigated the psychometric properties of the IAS and CLOPT. Fifty-three college students, in groups of about ten, viewed a 15-minute segment from one of four videotapes of role-played psychotherapy interviews and used the ICL and CLOPT to rate either patient or therapist interpersonal behavior. Each videotape portrayed a single extreme style of patient interactions (e.g. hostile-dominant). Results revealed good interrater reliability and indicated that the two measures discriminated well between the four patient styles and that 15-minute middle segments constituted an adequate sample of interpersonal behaviors. Correlations between CLOPT and IAS scores revealed moderate to high levels of association for the respective octant scales (r 's ranged from .46 to .80, all significant at .05 or better); quadrant r 's ranged from .62 to .81; while axis scores were highly correlated (r 's were .86 and .88). In sum, Weinstock-Savoy's first study showed that both the CLOPT and the IAS octants significantly differentiated four role-played therapy interactions designed to represent the quadrants of the interpersonal circle. (2) Study 2 involved 39 outpatients treated by six therapists in 10-15 session individual psychodynamic psychotherapy as part of a larger comparative outcome study (Budman, Demby, Feldstein, & Redondo, in preparation). A wide variety of outcome measures were obtained, including the Hopkins Symptom Checklist-90, the Social Adjustment Scale, and patient, therapist, and independent rater evaluations of treatment. For each patient-therapist dyad, pairs of independent raters used the IAS and CLOPT to rate a middle segment of an early videotaped therapy session. Results showed interrater reliabilities to be highly variable for this sample. The complementarity hypothesis was supported for a number of outcome measures, especially the evaluations of treatment by patient, therapist, and independent raters. Post-hoc analyses indicated that patient-therapist similarity on the love-hate axis was most often associated with improvement as was flexibility in therapist interpersonal behavior. Finally, the obtained interpersonal data conformed well to a postulated circumplex structure. In sum, Weinstock-Savoy's second study demonstrated that high patient-therapist complementarity, as measured by both CLOPT and IAS, during initial sessions was positively associated with successful patient outcome. Outcome was assessed by post-treatment evaluations by the patient, therapist, and independent raters as well as by change in target problem behavior. Her finding, however, was related primarily to complementarity that occurred on the affiliation (friendly-hostile) axis.

Whiffen, V. E., Dudley, D., & Sasseville, T. (1990). Interpersonal relations and vulnerability to depression. Unpublished manuscript, University of Ottawa, Ontario, Canada.

Whiffen, Dudley and Sasseville explored the interpersonal patterns associated with Blatt's (1974) dependent versus self-critical depressive character structures. Hypothesizing that depression would be associated with marital relationship complementarity, they had female undergraduates complete measures of dependency, self-criticism, and depressed mood; the students also rated themselves and their boyfriend or spouse on the CLOIT-R. The authors found that the self-critical women described themselves as more cold, and their partners as more cold and more dominant, than did either the dependent or control subjects. Self-critical women also reported greater feelings of depression when they perceive their partner's behavior to be complementary to

their own behavior. Whiffen, Dudley and Sasseville concluded that the latter finding is consistent with Andrews' (1989) view that depression is more likely to occur when the partner's behavior confirms a vulnerable person's self-concept.

Whiffen, V. E., Aube, J. A., Thompson, J. M., & Campbell, T. L. (2000). Attachment beliefs and interpersonal contexts associated with dependency and self-criticism. *Journal of Social and Clinical Psychology*, 19, 184-205.

Rude and Burnham (1995) demonstrated that questionnaires used to measure dependency in studies of vulnerability to depression tend to confuse healthy attachment needs with the extreme and generalized need to obtain others' approval (Neediness). The first goal of Whiffen, Aube, Thompson and Campbell's study was to extend Rude and Burnham's findings by assessing the relations between neediness and such theoretical correlates as attachment beliefs and depressive symptoms. Their second goal was to explore the interpersonal contexts associated with neediness and self-criticism in a sample of couples. They hypothesized that (a) a married individual's neediness and self-criticism would be associated with their partners' ratings of attachment insecurity and marital dissatisfaction, and that (b) high levels of neediness and self-criticism would render individuals vulnerable to depressive symptoms when their marriages are unhappy. One-hundred eight married heterosexual couples (at least 25 years old, and living together for at least one year) were mailed packages that included four questionnaires, one set for each partner. Included as questionnaires were the Depressive Experiences Questionnaire (DEQ) measuring dependency, self-criticism, and efficacy; the Revised Adult attachment Scale (RAAS) measuring anxiety about attachment, comfort with closeness, and belief in the dependability of others; the BDI; and two CLOIT-R's (filled out by each subject, first, on self-while-interacting-with-his-or-her-spouse; second, on spouse-while-interacting-with-him-or-her). Analyses revealed the following results. (1) As predicted, neediness (vs. connectedness) was correlated with more problematic individual and interpersonal functioning. Neediness in men was associated with submissive-cold behavior, as reported by both partners; in contrast, men high in connectedness reported trusting their attachment figures. Neediness in women was associated with greater depression, and both partners perceived the needy woman to be more submissive-cold; in contrast, women high in connectedness reported feeling comfortable with closeness. The authors concluded that the connectedness and neediness subscales of the dependency measure assess different patterns of individual and interpersonal functioning. (2) Contrary to theory, self-criticism was more strongly correlated than neediness with interpersonal variables. In both sexes, self-criticism was associated with anxiety about attachment figures, submissive-cold interpersonal behavior, and marital dissatisfaction. Self-critical women, in addition, were less trusting of attachment figures and more depressed. (3) Neediness in women, but not in men, was associated

with depressive symptoms. Neediness was not depressogenic for men in the sample, even though it was associated, as in women, with insecure attachment and submissive-cold behavior. Men high in neediness were vulnerable to depression only if they were married to women who did not seek intimacy. (4) Self-critical women were married to men who reported being more critical of and more competitive with their wives.

In line with interpersonal theory, the authors interpreted these husband behaviors in

reciprocal terms, as both a response to the wives' self-criticism and an interpersonal confirmation of her self-criticism.

Wilkie, C. F. (1987). Interpersonal complementarity in dyadic interaction. Unpublished master's thesis, University of Saskatchewan, Saskatoon, Canada.

Conway, J. B. (1987, November). A clinical interpersonal perspective for personality and psychotherapy: Some research examples. Paper presented to the Department of Psychology, University of British Columbia, Vancouver, British Columbia.

Conway reported a study by Wilkie (1987) for which an act-by-act CLOIT-CLOPT coding system was adapted from Kiesler's (1985) Acts Version of the 1982 interpersonal circle. Interrater reliabilities for quadrant placement of octant scores, using a weighted kappa, ranged from .50 to .92 over 24 dyads, with a mean of .74.

SUBJECT INDEX

Adolescents B Chewning (1990)

Alcoholism B Heffner (1992), Russell (1994)

Attachment theory B Campbell (1990), Campbell and Brown (1990), Foote (1996), Gillis (1999), Pilkonis (1993), Stuart, Pilkonis, Heape, Smith and Fisher (1992), Whiffen, Aube, Thompson and Campbell (2000)

Blatt=s dependent vs self-critical depressive character structure B Whiffen, Dudley and Sasseville (1990)

Bulimics B Fleitas (1992)

Cardiovascular reactivity

and dominance **B** Newton and Banc (1998)

and hostility **B** Newton and Banc (1998)

Checklist of Interpersonal/Psychotherapy Transactions (CLOIT/CLOPT)

inventory development, psychometric and circumplex properties **B** Heffner (1988), Kiesler (1996), Kiesler, Goldston, Paddock and Van Denburg (1986), Kiesler, Heffner, Larus and Radecki-Bush (1989), Kiesler, Schmidt and Larus (1988, 1989), Paddock, Potts, Kiesler and Nowicki (1986), Tracey and Schneider (1995), Weinstock-Savoy (1986), Wilkie (1987)

relationship to other circumplex measures **B** Kiesler, Schmidt and Larus (1989), Schmidt (1994), Tracey and Schneider (1995), Weinstock-Savoy (1986)

CLOIT/CLOPT raters

acts codings **B** McMullen and Conway (1994, 1997), Newton and Banc (1998), Wilkie (1987)

rater bias **B** Mahalik, Hill, O=Grady and Thompson (1993)

CLOIT/CLOPT publication references

journal articles **B** Kiesler and Goldston (1988), Kiesler, Van Denburg, Sikes-Nova, Larus and Goldston (1990), Kiesler and Watkins (1989), Kivlighan and

Mullison (1988), Kivlighan, Mullison, Flohr, Proudman and Francis (1992), Mahalik (2000), Mahalik, Hill, O-Grady and Thompson (1993), McMullen and Conway (1994, 1997), Pilkonis (1993), Robbins and Dupont (1992), Shean and Uchenwa (1990), Thompson, B. J., Hill and Mahalik (1991), Thompson, J. M., Whiffen and Blain (1995), Tracey and Schneider (1995), Whiffen, Aube, Thompson and Campbell (2000)

paper/poster presentations **B** Campbell and Brown (1990), Paddock, Potts, Kiesler and Nowicki (1988), Stuart, Pilkonis, Heape, Smith and Fisher (1992)

Ph.D. dissertations **B** Bingi (1994), Campbell (1990), Chewning (1990), Coulter (1993), Crowder (1999), Fleitas (1992), Foote (1996), Friedman (1994), Gillis (1999), Golden (1988), Goldston (1989), Gonick (1987), Heffner (1992), Knight (1991), Liggett (1993), Morison (1995), Pollock (1990), Russell (1994), Shuler (1994), Watkins (1990), Weinstock-Savoy (1986)

unpublished master's theses **B** Heffner (1988), Schmidt (1989), Wilkie (1987)

unpublished studies **B** Carson and Shapiro (1985), Kiesler, Goldston, Paddock and Van Denburg (1986), Kiesler, Heffner, Larus and Radecki-Bush (1989), Kiesler, Paddock, Goldston and Schmidt (1989), Kiesler, Schmidt and Larus (1988, 1989), Newton and Banc (1998), Radecki-Bush (1989), Whiffen, Dudley and Sasseville (1990)

Childhood abuse **B** Liggett (1993), Pilkonis (1993)

Clinical judgment **B** Gonick (1987)

Control and affiliation stimulus conditions **B** Coulter (1993), Gonick (1987), Heffner (1988), Weinstock-Savoy (1986)

Counselor

countertransference **B** Friedman (1994), Sofair-Fisch (2000)

experience level **B** Coulter (1993), Gonick (1987)

interpersonal style **B** Bingi (1994), Coulter (1993)

prominent counselors, with Gloria **B** Kiesler and Goldston (1988)

Cross-cultural differences **B** Bingi (1994)

DSM mental disorders [diagnosed clinic outpatients, inpatients]

alcohol/substance abuse **B** Heffner (1992), Russell (1994)

bulimia nervosa **B** Fleitas (1992)

mental health outpatients **B** Kiesler, Heffner, Larus and Radecki-Bush (1989), McMullen and Conway (1987), Stuart, Pilkonis, Heape, Smith and Fisher (1992)

personality disorders **B** Kiesler, Van Denburg, Sikes-Nova, Larus and Goldston (1990), Schmidt (1989), Stuart, Pilkonis, Heape, Smith and Fisher (1992)

Gender role conflict B Mahalik (2000)

Gender/Sex roles B Gonick (1987), Radecki-Bush (1989), Thompson, J. M., Whiffen and Blain (1995)

Group psychotherapy and counseling B Kivlighan and Mullison (1988), Kivlighan, Mullison, Flohr, Proudman and Francis (1992)

Instrumental and expressive traits B Radecki-Bush (1989)

Intake interview B Watkins (1990)

Interpersonal behavior

control and affiliation **B** McMullen and Conway (1994)

dominance and cardiovascular reactivity **B** Newton and Banc (1998)

hostility and cardiovascular reactivity **B** Newton and Banc (1998)

perception of **B** Heffner (1988), Heffner (1992), Robbins and Dupont (1992)

Interpersonal circle: 1985 Acts Version coding system B McMullen and Conway (1994, 1997), Wilkie (1987)

Interpersonal complementarity [and noncomplementarity] B Campbell (1990), Campbell and Brown (1990), Coulter (1993), Crowder (1999), Goldston (1989), Gonick (1987), Kiesler and Goldston (1988), Kiesler, Paddock, Goldston and Schmidt (1989), Kiesler and Watkins (1989), Knight (1991), Russell (1994), Shean and Uchenwa (1990), Thompson, Hill and Mahalik (1991), Watkins (1990), Weinstock-Savoy (1986), Wilkie (1987)

Interpersonal problems B Radecki-Bush (1989)

Interpersonal rigidity and maladjustment B Radecki-Bush (1989), Van Denburg (1988), Van Denburg and Kiesler (1993), Watkins (1990), Weinstock-Savoy (1986)

Kohut=s trends of self B Robbins and Dupont (1992)

Maladjusted (maladaptive) personalities [subclinical populations, psychometric selection, analogue conditions]

anxious (general anxiety)/agoraphobia **B** Shean and Uchenwa (1990), Shuler (1994)

depressive **B** Thompson, J. M., Whiffen and Blain (1995), Whiffen, Dudley and Sasseville (1990), Whiffen Aube, Thompson and Campbell (2000)

narcissism **B** Robbins and Dupont (1992)

panic disorder **B Shuler (1994)**

Mann=s short-term psychodynamic psychotherapy B Golden (1988)

Marriage (marital relationship, marital satisfaction, intimate relationship) B

Campbell (1990), Campbell and Brown (1990), Fleitas (1992), Morison (1995), Russell (1994), Thompson, J. M., Whiffen and Blain (1995), Whiffen, Dudley and Sasseville (1990), Whiffen, Aube, Thompson and Campbell (2000)

Medical disorders [health care patients]

coronary heart disease [cardiovascular reactivity] **B Newton and Banc (1998)**

Metaphors (figurative expressions) in therapy B McMullen and Conway (1994)

Narcissism (narcissistic needs) B Robbins and Dupont (1992)

Nonverbal behavior

channel incongruence **B Schmidt (1989)**

Parallel process in supervision B Pollock (1990)

Psychotherapy (Counseling)

countertransference **B Friedman (1994), Sofair-Fisch (2000)**

early termination and drop-out **B Crowder (1999), Stuart, Pilkonis, Heape, Smith and Fisher (1992)**

interpersonal complementarity **B Crowder (1999), Kiesler and Goldston (1988), Kiesler and Watkins (1989), Knight (1991), Thompson, Hill and Mahalik (1991), Watkins (1990)**

metacommunication [impact-disclosure] **B Friedman (1994)**

metaphors (figurative expressions) **B McMullen and Conway (1994)**

narratives (relationship episodes) **B McMullen and Conway (1997)**

patient outcome **B Weinstock-Savoy (1986)**

patient-therapist match **B Stuart, Pilkonis, Heape, Smith and fisher (1992)**

prominent therapists= interpersonal profiles with **AGloria@B Kiesler and Goldston (1988)**

role preferences **B Knight (1991)**

short-term psychodynamic psychotherapy **B Golden (1988), McMullen and Conway (1994, 1997), Weinstock-Savoy (1986)**

stages of therapy **B Coulter (1993)**

therapeutic [working] alliance **B Crowder (1999), Foote (1996), Golden (1988), Kiesler and Watkins (1989), Knight (1991), Watkins (1990)**

Sex offenders B Chewning (1990)

Spouse abuse B Liggett (1993)

Sullivan

A Good-me, @ A Bad-me, @ A Not-me @ B Goldston (1989)

Supervision in psychotherapy and counseling B Pollock (1990)

Therapist

countertransference B Friedman (1994), Sofair-Fisch (2000)

experience level B Coulter (1993), Gonick (1987)

interpersonal style B Bingi (1994), Coulter (1993)

prominent therapists, with Gloria B Kiesler and Goldston (1988)

Transactional escalation B Van Denburg (1988), Van Denburg and Kiesler (1993)

Yalom=s group psychotherapy B Kivlighan and Mullison (1988)