

Interpersonal Problems and the Therapeutic Alliance in Psychodynamic Psychotherapy

BY ASHLEY JAKSA

Abstract

One facet of alliance formation between client and therapist that has not seen much attention is the client's interpersonal problems. This study's goal was to further this research using the Inventory of Interpersonal Problems, the Combined Alliance Scale, and the Newthall metrics to measure interpersonal problems, client rated alliance, and therapist rated alliance, respectively. Results showed that therapists reported better alliance with female patients with relatively more concerns in the Exploitable and Overly Nurturant domain and worse alliance with those with more concerns relating to the Vindictive domain. For males, an overall level of interpersonal distress was negatively correlated with Confident Collaboration and Goal Task agreement.

Introduction

The topic of the therapeutic alliance is an influential issue within the clinical psychology field. Edward Bordin developed a comprehensive account of the alliance, which he defined as having two main components: the alliance is a mutual agreement between client and therapist regarding the goals and tasks of therapy, and further, it is a bond involving confidence and trust.¹ The alliance is an interpersonal relationship between the therapist and the client as well as a reflection of the client's relationship with others. Therefore, the study of how the clients' interpersonal problems affect the alliance is important for the exploration of the alliance.

An important tool for measuring the effect of interpersonal problems on the alliance is the Inventory of Interpersonal Problems (IIP), which is a measure used to describe a person's impaired interactions with others. The majority of studies that have investigated the Inventory of Interpersonal Problems and the alliance have associated client IIP scores with client-rated alliance, but have not examined therapist ratings of the alliance.²⁻⁴ One of these, by Paivio and Bahr, examined the relationship between interpersonal problems and the alliance using a relatively small sample of 33 clients receiving short-term experimental therapy.² They concluded that IIP octant scores of Vindictive and Exploitable were predictive of a poor alliance as rated by clients. Furthermore, Mary Gibbons *et al.* used a larger sample of 201 participants to study client ratings of the alliance and IIP scores, and found that the Domineering, Vindictive, Cold, and Socially Avoidant octants correlate negatively with the alliance.³ Both of these studies used a relatively small sample size, which may not give a clear view of the overall trends within the data.

This study replicated and extended Gibbons *et al.* by using a larger sample of participants and including the rating of the alliance by therapists as well as by clients. Therapists' perspectives of the alliance differ from those of their clients, which is important to note because the therapists' views of the alliance "can affect their conduct of treatment."⁵ One study even found that the most stable ratings of the alliance are from therapist-based measures.⁶ These studies highlight the importance of using therapists' ratings to study the alliance.

In the present study, we hypothesized that therapist ratings and client ratings of the alliance would be similar. For effective therapy, the client and therapist have to agree to work together on the goals they set

and must trust each other to reach these goals; thus, their perspective of the alliance should reflect these shared qualities. Like previous studies, this study expected to find that clients with more concern in the Overly Nurturant and Submissive areas would form stronger alliances, while clients with more concern about being Domineering, Vindictive, and Cold would form weaker alliances.

Methods

Participants

This study used 291 participants receiving psychodynamic psychotherapy from the University of Michigan Psychological Clinic. Of the 291 participants, 68.4% were female and 31.6% were male. Each client completed both the Inventory of Interpersonal Problems and the Combined Alliance Scale (CAS) while in therapy, while their therapist completed the Newthl.

Measures

The IIP is a 64-item self-report “used to identify dysfunctional patterns in a person’s interpersonal interactions.”⁷ The IIP identifies a person’s overall level of interpersonal difficulty as well as a person’s most severe interpersonal difficulty. The questions are organized into eight subsets, called octants, (Domineering, Intrusive, Overly Nurturant, Exploitable, Nonassertive, Socially Avoidant, Cold, and Vindictive) which describe the spectrum of interpersonal problems a client can have.

The Combined Alliance Scale is a measure of alliance. This self-report questionnaire contains 25 items with five subscales: Confident Collaboration, Goal-Task Agreement, Bond, Idealized Relationship and Dedicated Patient. The Confident Collaboration subscale measures how confident the client is that the work that he or she does in therapy is a collaborative effort between him or her and the therapist. Goal-Task Agreement is the sense of clarity and agreement between clients and therapists on goals, tasks and duties. Bond measures how close the client feels with the therapist and the degree to which the client is open to expressing feelings. The aspect of the scale that asks clients if they tend to express negative feelings toward therapists is measured by the Idealized Relationship scale, while the Dedicated Patient scale measures how well clients are willing to face the difficult tasks of therapy.

The Newthl measures a therapist’s view of the alliance. It is a 30-item self-report questionnaire created from the factor analysis of the therapist version of the WAI-T and the CALPAS-T reported by Hatcher.⁸ The Newthl has six subscales: Therapist Confidence, Goal-Task Disagreement, Bond, Confident Collaboration, Shared Goals, and Patient Commitment. In addition to the subscales on the CAS, the Newthl has a rating of the therapist’s confidence in the client; a rating of the disagreement between the therapist and the client on goals and tasks; a rating on the degree to which the therapist believes that he or she shares the same goals as the client in regards to treatment goals; and finally, a therapist rating of to what extent the client is committed to the goals of therapy.

Results

To analyze the relationship between client and therapist ratings of the alliance and the client IIP scores, we conducted bivariate correlations. We adjusted for overall level of distress by ipsitizing the IIP scores. This ipsitization focused our data on how much a particular item on the IIP is the focal point of the person’s concern, removing how distressed the person was. This allowed us to determine which octant is the client’s primary concern without taking into account the overall distress they feel in interpersonal situations. Previous studies have also taken related steps to control for distress levels in IIP scores.^{2,3} Partial correlations to control for session count revealed no significant differences with the correlations that did not control for session count. Therefore, clients that have had more sessions with their therapist are no different in our correlations from clients that have had fewer sessions.

Our results (Table 1) revealed that there was a positive overall total therapist rated alliance with women who have more concerns in the Exploitable octant ($r = .26$) and the Overly Nurturant octant ($r = .22$), but that there was an overall negative correlation with females who expressed more concerns in the Vindictive octant ($r = -.26$). Within

the overall therapist rated alliance, males showed no significant correlations (Table 1). The lack of many significant male correlations is of particular interest and will be examined in more detail shortly. Similarly, there were no significant correlations between the CAS and the octants of the IIP for either males or females. Furthermore, Table

	Domineering	Intrusive	Overly Nurturant	Exploitable	Nonassertive	Socially Avoidant	Cold	Vindictive
NEWTHAL								
Female n=199	-.10	.11	.22*	.26*	.07	-.11	-.20	-.26*
Male n=92	-.02	-.12	.12	.22	.22	-.25	-.07	-.06
CAS								
Female	-.06	.01	-.03	.03	.02	-.07	.10	.01
Male	-.01	.07	-.04	-.03	.09	-.05	-.02	-.03

Table 1: Overall mean alliance correlations from both therapists (Newthall) and clients (CAS) correlated with the IIP octants; the Newthall and CAS column is further broken down into female and male groups.

** Correlation is significant at the .01 level (2-tailed)

* Correlation is significant at the .05 level (2-tailed)

2 shows the mean IIP score correlated with each subscale of the CAS. This table shows that the mean IIP correlated negatively with each subscale of the CAS for the female group ($r = -.31, -.23, -.21, -.37,$ and $-.41$) and with the Confident Collaboration ($r = -.23$) and Goal-Task Agreement ($r = -.38$) subscales for the male group.

	Confident Collaboration	Goal Task Agreement	Bond	Idealized Relationship	Dedicated Patient
IIP Mean					
Females n=199	-.31**	-.23**	-.21**	-.37**	-.41**
Males n=92	-.23*	-.38**	-.12	-.10	-.13

Table 2: IIP mean correlated with each of the 5 subscales of the patient rated CAS. The IIP mean column is further broken down into female and male groups.

Discussion

Our patient rated alliance results did not show any similar correlations to what we expected. The lack of significant patient rated data is unexplained by our data. However, in accordance with our predictions and similar to previous client rated research, our therapist rated data concluded that females with relatively more concerns of being exploitable and/or overly nurturant form stronger alliances with their therapists. Furthermore, females who are concerned with anger and irritability are more likely to form weaker alliances with their therapists. The male group did not reveal any significant data for these correlations. As Gibbons³ reported, the overall level of interpersonal distress had a negative affect on alliance for all female rated CAS subscales and only the Confident Collaboration and Goal-Task Agreement subscales for males. This result suggests that clients view the alliances as being weak when they feel more interpersonal distress. In contrast to the client rated CAS, the therapist rated Newthall did not show any significant correlations. This leads us to suspect that the level of distress only affects the client's view of the alliance, but not the therapist's view.

Within our correlations, there is a distinct difference between scores of female and male clients. While female client correlations show many significant findings, there is a lack of significant findings within the male group. One reason for the insignificant male correlations could be the low number of males that participated in the study (N=92). It appears that some of the male correlations are close in pattern to the significant female correlations, but the findings are lost due to the low number of males. Finally, our study did not take into account the gender of the therapist, which might also account for some of the gender difference that our correlations showed.

We have no explanation for the lack of correlation between CAS and IIP scores along with the gender difference and feel that these issues warrant further study. Using a larger number of male clients and taking into account the gender of the therapist might shed some light on these unresolved issues. In addition, the need to replicate and further prove our therapist rated alliance data would give solid clinical application to our findings. Our data shows a possibility that therapists will be able to explain why some people are more likely to form positive alliances while others are not. The ability to identify clients' tendencies in interpersonal relationships could lead to a better plan to change their behavior.

References

1. Bordin, E. *Psychotherapy: Theory Research and Practice*. **1976**, 16, 252-260.
2. Pavio, S.; Bahr, L. *Psychotherapy Research*. **1998**, 8, 392-407.
3. Gibbons, M.; Crits-Christoph, P.; de la Cruz, C.; Barber, J.; Siqueland, L.; Gladis, M. *Psychotherapy Research*. **2003**, 13, 59-76.
4. Muran, J, Segal, Z, Samstag, L, Crawford, C. *Journal of Counseling and Clinical Psychology*. **1994**, 64, 185-190.
5. Hatcher, R. *Psychotherapy Research*. **1999**, 9, 405.
6. Horvath, A.; Symonds, B. *Journal of Counseling Psychology*. **1991**, 38, 139-149.
7. Horowitz, L. *Journal of Personality Assessment*. **1996**, 66, 283.
8. Hatcher, R. L. "Therapists' Views of Treatment Alliance and Collaboration in Therapy." *Psychotherapy Research*. **1999**, 9, 405-423.