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Research report

Interpersonal problems and impacts: Further evidence for the role of interpersonal functioning in treatment outcome in major depressive disorder☆

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ABSTRACT

Introduction: Empirical research has converged to support the concurrent association between social difficulties and psychiatric symptoms; yet, longitudinal associations between interpersonal problems and treatment outcome require clarification. The current investigation evaluated the influence of interpersonal problems assessed prior to treatment on interpersonal impacts assessed during treatment as well as on treatment outcome in outpatients with major depressive disorder (MDD).
Method: 125 participants with a primary diagnosis of MDD were randomized to receive cognitive behavioural therapy or interpersonal therapy. Participants completed the Beck Depression Inventory-II, Hamilton Depression Rating Scale, and Inventory of Interpersonal Problems Circumplex before and after treatment. Therapists completed the Impact Message Inventory during and after treatment.
Results: Interpersonal distress improved over the course of treatment; all other interpersonal changes were non-significant when distress was taken into account. Pre-treatment rigidity and agentic problems predicted less reduction in depressive symptoms, whereas agentic and communal impacts upon therapists during treatment predicted greater symptom change. Overall interpersonal distress was only indirectly associated with treatment response later in treatment, through its association with agentic style. Results did not differ across therapy type, and were replicated across self-report and interviewer-rated measures of depression severity.
Limitations: Limitations include the brief duration of treatment, lack of medication arm, and potentially restricted generalizability of patients in a randomized control trial to those in routine practice.
Conclusions: Interpersonal style demonstrated a trait-like stability over treatment, and appears to fluctuate due to co-occurring distress. Yet, specific interpersonal styles were negative prognostic indicators, even within therapy specifically targeting interpersonal functioning.

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1. Introduction

Interpersonal problems are associated with a broad range of psychopathology; yet, empirical research has yielded inconsistent evidence for the link between social difficulties and patient response to treatment (Borkovec et al., 2002; Hardy et al., 2011; Holtforth et al., 2006; Ruiz et al., 2004). Major depressive disorder (MDD) in particular has been associated with a number of interpersonal problems, including social isolation, avoidance, and submissiveness (Barrett and Barber, 2007; Vittengl et al., 2003). Such social behaviours are likely to impact patient relationships not only in personal and professional domains, but also in a healthcare setting. Recently, Hirsh et al. (2012) and Kushner, et al. (under review) demonstrated that interpersonal traits have direct effects on therapeutic alliance, and through alliance, indirect effects on treatment response. The assessment of interpersonal behaviours has been facilitated by Kiesler's (1996) interpersonal communications theory, which has yet to be applied to the fulsome investigation of interpersonal problems and treatment process and outcome in patients with MDD. In the current study, we evaluate the clinical relevance of interpersonal difficulties as conceptualized by this theoretical model within this clinical context.

According to interpersonal communications theory, the interpersonal behaviours of two interacting people are causally interconnected, such that the social behaviours of one individual pull for specific responses from the other in predictable ways as

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specified by "the principle of complementarity" (Kiesler, 1996). This principle can be operationalized using interpersonal behaviours as captured by the interpersonal circumplex (Kiesler, 1983, 1992). The interpersonal circumplex is comprised of two independent dimensions known as communion and agency. Communal interpersonal behaviours vary between the poles of warmth vs. coldness, and tend to pull for complimentary behaviours from others (e.g., warmth tends to pull for kindness and affection, whereas coldness tends to pull for hostility and interpersonal distance). Agentic interpersonal behaviours vary between the poles of dominance vs. submissiveness, and tend to pull for reciprocal responses from others (e.g., dominant behaviour tends to elicit submissiveness, and vice versa) (Kiesler, 1983', 1992).

Maladaptive interpersonal behaviours associated with a wide range of psychopathology can be usefully represented according to the interpersonal circumplex. Problems related to communion range from being cold and inhibited to being intrusively involved. In contrast, problems associated with agency range from being non-assertive and exploitable to being domineering and authoritarian (Horowitz et al., 1988). Ravitz et al. (2008) explored the interpersonal dynamics that contribute to maladaptive relational patterns in those with depressive difficulties. Specifically, adults with MDD have a tendency to withdraw from social supports and to exhibit timid, acquiescent behaviours. This interpersonal style is not likely to recruit social proximity or support, and instead creates even greater interpersonal distance during times of need (Ravitz et al., 2008). Thus, social impairment in adults with depressive difficulties is exacerbated by "a cycle of maladaptive interpersonal transactions that act to amplify depressogenic processes" (p. 13).

Empirical evidence supports the presence of interpersonal problems in depressed samples. Barrett and Barber (2007) found that patients with MDD reported moderate levels of interpersonal distress as compared to a normative sample. More specifically, depressed patients endorsed more problems associated with social coldness and submissiveness, including social avoidance, lack of assertiveness and interpersonal distance. Patients further endorsed *fewer* problems in being overly nurturing, which the authors attributed to the decreased opportunity for such behaviours inherent in their social isolation. However, it has also been suggested that patients with MDD endorse problems associated with social warmth. Vittengl et al. (2003) found that depressed patients were generally non-assertive, socially avoidant and exploitable. Thus, whereas patients in both of the studies cited above were characterized by submissive (or non-assertive) interpersonal styles, the patients in the latter study were more variable in terms of their degree of interpersonal warmth, ranging from socially avoidant (or cold submissive) to exploitable (or warm submissive).

Interpersonal problems as assessed by interpersonal circumplex instruments appear to improve over the course of both pharmacotherapy and psychotherapy for MDD (Huber et al., 2007; Markowitz et al., 1996). Evidence suggests that interpersonal circumplex instruments may assess both state-like interpersonal distress and trait-like interpersonal style, and that interpersonal style remains stable over the course of treatment when interpersonal distress is taken into account (Renner et al., 2012; Vittengl et al., 2003). Investigations incorporating more heterogeneous patient samples have revealed similar results (Ruiz et al., 2004) or have remarked upon the stability of interpersonal difficulties over the course of treatment (Berghout et al., 2012; Schauenburg et al., 2000).

At present, the prognostic utility of pre-treatment interpersonal problems for treatment outcome in MDD remains unclear. Research has demonstrated an inverse relation between pre-treatment overall interpersonal problems or distress and treatment outcome for MDD across treatment modalities (Markowitz et al., 1996; Vittengl et al., 2003). Most recently, Renner et al. (2012) replicated this effect, and further demonstrated a marginal association between agency and symptom severity after treatment. Investigations incorporating more heterogeneous patient samples as well as additional therapeutic modalities have generally supported a positive link between communal interpersonal difficulties and treatment response (Dinger et al., 2007; Filak et al., 1986; Gurtman, 1996; Schauenburg et al., 2000), although some exceptions exist (Puschner et al., 2004; Ruiz et al., 2004). Agentic interpersonal difficulties have been more inconsistently associated with treatment response (Borkovec et al., 2002; Filak et al., 1986; Gurtman, 1996; Ruiz et al., 2004; Schauenburg et al., 2000).

Interpersonal problems may influence treatment response *via* the therapeutic alliance. Renner et al. (2012) reported a positive relation between pre-treatment communal problems and alliance, and a negative relation between both agentic problems and alliance and interpersonal distress and alliance, over and above depressive severity. Further, in an earlier investigation of depressed patients with multiple sclerosis, results provided support for the mediating role of early working alliance in the association between overall interpersonal problems and treatment outcome (Howard et al., 2006). In a sample of patients with affective and anxious diagnoses, Muran et al. (1994) reported that cold dominant problems negatively predicted whereas warm submissive problems positively predicted alliance after three weeks of cognitive therapy. In another heterogeneous patient sample, Dinger et al. (2007) reported that communal problems were associated with better retrospectively assessed therapeutic alliance, and that therapeutic alliance was associated with better treatment outcome, in separate analyses. These investigations provide preliminary support for the influence of interpersonal problems on therapeutic alliance, and through alliance, on treatment response.

Therapeutic alliance is partially defined by the interpersonal impact of the patient on the therapist. Constantino and colleagues have led a research effort focused upon the "impact messages" of patients with depressive difficulties, wherein the principle of complementarity permits the assessment of patient interpersonal functioning through others' social responses to the patient. In an initial investigation, Constantino et al. (2008) reported that the interpersonal "impacts" of patients with chronic depression were characterized by therapists as cold and submissive, and that these impacts improved over the course of treatment. Subsequently, Constantino et al. (2010) reported that communal interpersonal impacts were associated with improved early therapeutic alliance in patients with acute depression (i.e., after three weeks of treatment). Most recently, Constantino et al. (2012) reported that decreased hostile and submissive impacts during treatment were associated with treatment outcome in patients with chronic depression. Taken together, this body of work strongly supports the prognostic utility of therapist-rated, patient interpersonal impact in therapy process and outcome.

1.1. The current investigation

Empirical research has thus converged to support the interpersonal impairment in those with depressive difficulties, which tends to manifest as submissive and cold social behaviours. Interpersonal function improves over treatment for depression; yet, the degree to which changes in interpersonal style occur over and above changes in interpersonal distress has been questioned. To date, investigations have evaluated the association between interpersonal problems and therapeutic alliance or response, and interpersonal impacts and therapeutic alliance or response; no

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