

Romina Shtini, Phd Candidat

PSYCHOLOGIST AND INTERPERSONAL PROBLEMS

Abstract

Interpersonal problems are the characteristic difficulties that an individual experiences in relating to others and are sources of subjective distress (Homey, 1950; Horowitz, 1994; Leary, 1957). Can interpersonal problems affecting the daily work of psychologists? It seems that, the "therapeutic alliance," or the bond between therapist and patient, a factor generally regarded as instrumental to the success of therapy (Orlinksky et al., 1994), may be impaired by certain kinds of characterological interpersonal problems (Horvath & Luborsky. 1993; Moras & Strupp, 1982). This study targets psychologist women who worked as counseling therapist or psychologist in Durres city. In this study participate 20 psychologist who completed the Inventory of Interpersonal Problems (IIP-C) Shortform to measure common problems that participant report in relating to other people. Demographic data of the women psychologist was also considered in relation to interpersonal problems. Scores of the Inventory of Interpersonal Problems (IIP-C) were evaluated to see if the interpersonal problems would affect their work as psychologist. This study suggests that interpersonal problems can interfere the process of therapy.

Keywords: Interpersonal problems, Albanian psychologist, negative work effects, NGO's, public institutions

LITERATURE REVIEW

Interpersonal Problems

Harry Stack Sullivan introduced the term “interpersonal” in 1920, and described the human personality as “the relatively enduring pattern of recurrent interpersonal situations which characterize a human life” (Sullivan, 1953, pp. 110-11). Leary (1957) proposed that interpersonal behavior and traits may be arranged within a (Cartesian) circle, with the basic coordinates (along the horizontal (x-)axis) of affiliation, corresponding to Sullivan’s concept of security regarding love, and dominance (along the vertical (y-)axis), corresponding to Sullivan’s concept of self-esteem (Horowitz et al. 2000). Most interpersonal theoreticians now seem to agree on the terms communion and agency, with reference to the metaconcepts introduced by Bakan (1966).

Psychotherapy is fundamentally an interpersonal enterprise in which the immediate relationship between therapist and patient is the primary medium for influence and change (Frank, 1961).

Interpersonal problems would play a critical role in how therapy proceeds, its quality, and its eventual outcome (Garfield, 1986). Interpersonal problems may shape the interactional patterns that emerge in therapy, leading to particular kinds of "complementarity" patterns that may either facilitate or impede the work of therapy (Friedlander, 1993; Henry, Schacht, & Strupp, 1986; Tracey, 1993).

Interpersonal relationships at work are a natural part of the work environment and are usually pleasant and creative, but sometimes the source of tension and frustration (De Dreuet al., 2003) . Social support is probably the most studied dimension of interpersonal relationships at work (De Lange et al., 2003; Appelberg et al., 1996; Dorman & Zapf, 1999; Bjarte et al., 2005).

Generally social support is defined as helpful social interactions often divided into instrumental support, e.g., the individual is given the resources or the information needed to do the requested tasks, and emotional support, e.g., backup, personal feedback and appreciation (Karasek et al., 1990; Waldenstrom et al., 2008; Appelberg, 1996).

Interpersonal problem solving is one area of functioning that is thought to impact on coping, and moderate the deleterious effects of stressful life-events (D'Zurilla & Chang, 1995). Interpersonal problem solving skills affect people's self-efficacy expectations. Self-efficacy is one's belief about one's skills in organizing and changing them into behaviors (Bandura, 1986, 1989).

METHODS

Sample

A survey questionnaire was distributed to psychologist who work in NGO's and public institutions in Durres city. Psychologist's and therapist's must to provide direct client care either on a one to one to adult individuals with mental health needs. The current data were obtained from a sample of 20 psychologist . All of these were female. With regard to current workplace, 60% of the therapists work in public institutions and 40% work in NGO's in Durres city. Years of experience ranged from less than 1 year (20% of the participants) to more than 5 years (80% of participants).

Instruments

Inventory of Interpersonal Problems (IIP) Shortform

The original Inventory of Interpersonal Problems (IIP) is a 127-item measure developed by Horowitz, et al. (1988). Items are rated on a 0 (not at all) to 4 (extremely) scale, in which they

respond how hard it is for them to do particular things, or things they do too much of. The original factor analysis of the scale revealed six factors, described as Assertive, Sociable, Intimate, Submissive, Responsible, and Controlling. The scale has good psychometric properties, with subscale alphas of internal consistency between 0.82–0.94, and test-retest reliability of the full scale of 0.98 and between 0.80 and 0.87 for the subscales. In its initial development with a clinical population, the mean IIP score was found to be 1.36 for the first sample and 1.48 for the second. Horowitz et al. (2000) chose to call the same instrument IIP-64, reflecting its 64 items. In this study, a 64 item shortened version of the scale was used (Alden, Wiggins, & Pincus, 1990). There are eight circumplex scales included in this version, including Domineering, Vindictive, Cold, Socially Avoidant, Nonassertive, Exploitable, Overly Nurturant, and Intrusive. Alphas for the subscales were found to range from .72-.85 (Alden et al., 1990). The total score is thought to represent a measure of overall interpersonal distress. The development of the Inventory of Interpersonal Problems emphasized change on various dimensions of interpersonal problems in psychotherapy, and has been used in a number of treatment outcome studies of therapies of various theoretical orientations (Hughes & Barkham, 2005). The IIP-64 has been used extensively in research on psychopathology and psychotherapy (Ruiz et al., 2004; Salzer et al., 2011).

RESULTS

INVENTORY OF INTERPERSONAL PROBLEMS (IIP – C) SHORTFORM SCORES

Since I am a psychologist and conducted the test, I personally collected the data and collaborated with colleagues to achieve my goal, which shows interesting results collected from the inventory. For the first statement of the inventory “It is hard for me to trust other people.”, 60% of the respondents indicate the items “Quite a bit”. The second statements “It is hard for me to say “no” to other people” is indicated by 50% of respondents to the issue “not at all”. The

statements “It is hard for me to introduce myself to new people” is indicated by 40% of respondents to the issue “quite a bit”. Another interesting result is the fact that the statement “It is hard for me to let other people know when I am angry.” is indicated by 80% of respondents to the issue “extremely”. As regards to the statement that “It is hard for me to be aggressive toward someone when the situation calls for it.”, 50% of respondents indicate the issue ‘a little bit’. The statements “It is hard for me to show affection to people” is indicated by 60% of respondents to the issue “quite a bit”. The same issue “quite a bit” is indicated by 50% of respondents for the statement “It is hard for me to feel close to other people.”. The statements “It is hard for me to express my feelings to other people directly.” is indicated by 30% of respondents to the issue “extremely”.

In the part II, of the Inventory of Interpersonal Problems, the following are things that you do too much. For the statement of the inventory “I fight with other people too much..”, 40% of the respondents indicate the items “moderately”. The statement of the inventory “I try to change other people too much..”, 50% of the respondents indicate the items “quite a bit”. The statement of the inventory “I tell personal things to other people too much.”, 80% of the respondents indicate the items “not at all”. The items “moderately” is indicated by 60 % of respondents for the statement “I am too suspicious of other people”. The statements “I try to control other people too much” is indicated by 50 % of respondents to the item “moderately”.

Conclusion

The objective of the study was to provide information about the correlations between interpersonal problems and psychologist works. The primarily results, collected from the Inventory of Interpersonal Problems, show that the counseling psychologist working in nongovernmental organization or in public institutions in Durres city, indicate significant level of interpersonal problems. Demographic data are also taken into consideration to derive the most efficient results related to the effect of interpersonal problems to counseling psychologists. The majority of respondents indicated the item “quite a bit” for the following statements: “It is hard

for me to introduce myself to new people”; “It is hard for me to trust other people.”; “It is hard for me to introduce myself to new people”; “I try to change other people too much..” etc.

Results suggest that psychologists work has significant levels of interpersonal problems related to other people. It is important to look at ways to reduce levels of this interpersonal problems among psychologists, because this can affect the process of counselling. Further research would be beneficial by continuing data collection on what specific factors contribute to this results.

REFERENCES

Alden, L. E., Wiggins, J. S., & Pincus, A. L. (1990). Construction of circumplex scales for the Inventory of Interpersonal Problems. *Journal of Personality Assessment*, 55, 521-536.

Appelberg K, Interpersonal conflicts at work: impact on health behavior, psychiatric morbidity and work disability, Finnish Institute of Occupational Health, Helsinki. 1996.

Appelberg K, Romanov K, Heikkila K, Honkasalo ML, and Koskenvuo M, Interpersonal conflict as a predictor of work disability: a follow-up study of 15,348 Finnish employees. *Journal of Psychosomatic Research*, 1996. 40: (2): p. 157-67.

Bandura, A. (1986). *Social foundations of thought and actions: A social cognitive theory*. Englewood Cliffs: Prentice-Hall.

Bjarte S, Mykletun A, Dahl AA, Moen BE, and Tell GS, Testing the job demand-control-support model with anxiety and depression as outcomes: The Hordaland Health Study. *Occupational Medicine*, 2005. 55: p. 463-473.

De Dreu CWK, Van Dierendonck D, and De Best-Waldhober M, Conflict at Work and Individual Well-being in *The Handbook of Work & Health Psychology*. Schabracq MJ, JAM

Winnubst, and CL Cooper, Editors, 2003, Jon Wiley & Sons Ltd., West Sussex, England. p. 495-515.

De Lange AH, Taris TW, Kompier MAJ, Houtman ILD, and Bongers PM, The very best of the Millennium: Longitudinal research and the Demand-Control- (Support) model. *Journal of Occupational Health Psychology*, 2003. 8: (4): p. 282-305.

Dormann C and Zapf D, Social support, social stressors at work, and depressive symptoms: testing for main and moderating effects with structural equations in a three-wave longitudinal study. *J Appl Psychol*, 1999. 84: (6): p. 874-84.

D’Zurilla, J. & Chang, T. J. D’Zurilla, & L. J. Sanna (Eds.), *Social problem solving: Theory, research, and training* (pp. 202-274). Washington, DC: American Psychological Association.

Frank, J. D. (1961). *Persuasion and healing: A comparative study of psychotherapy*. New York: Schocken Books.

Friedlander, M. I. (1993). Does competence really promote or hinder client change in brief therapy? A review of the evidence from two theoretical perspectives. *The Counseling Psychologist*, 21, 457-486.

Garfield, S. L. (1986). Research on client variables in psychotherapy. In S. L. Garfield & A. E. Bergin (Eds.), *Handbook of psychotherapy and behavior change* (3rd ed., pp. 213-256). New York: Wiley.

Horowitz, L.M., Alden, L., Wiggins, J. & Pincus, A. (2000). *Inventory of Interpersonal Problems manual*. San Antonio, TX: The Psychological Corporation,

Horowitz, L.M., Rosenberg, S.E., Baer, B.A., Ureno, G. & Villaseñor, V.S. (1988). Inventory of interpersonal problems: psychometric properties and clinical applications. *Journal of consulting and clinical psychology*, 56, 885-892.

Hughes. J. & Barkham, M. (2005). Scoping the Inventory of interpersonal problems, its derivatives and short forms: 1988-2004. *Clinical psychology & psychotherapy*, 12, 475-496.

Henry, W.P., Schacht, T.E., Strupp, H.H. (1990) Patient and therapist introject, interpersonal process, and differential psychotherapy outcome. *Journal of Consulting and Clinical Psychology*, 58, 768-774.

Karasek R and Theorell T, Healthy work. Stress, productivity and the reconstruction of working life. 1990, New York, Basic Books.

Leary, T. & Coffey, H.S. (1955). Interpersonal diagnosis: Some problems of methodology and validation. *Journal of Abnormal and Social Psychology*, 50, 110-124.

Orlinsky, D. E., Grawe, K., Parks, B. K. (1994). Process and outcome in psychotherapy— Noch einmal. In A. E. Bergin & S. L. Garfield (Eds.), *Handbook of psychotherapy and behavior change* (4th ed., pp. 270–378). New York, NY: Wiley.

Ruiz, M.A., Pincus, A.L., Borkovec, T.D., Echemendia, R.J., Castonguay, L.G. & Ragusea, S.A.

(2004). Validity of the inventory of interpersonal problems for predicting treatment outcome: an investigation with the Pennsylvania Practice Research Network. *Journal of personality assessment*, 83, 213-222.

Salzer, S., Pincus, A.L., Winkelbach, C., Leichsenring, F. & Leibing, E. (2011). Interpersonal Subtypes and Change of Interpersonal Problems in the Treatment of Patients with General Anxiety Disorder: A Pilot Study. *Psychotherapy*, 48, 304-310.

Sullivan, H.S. (1953). *The interpersonal theory of psychiatry*, Norton, New York.

Tracey, T.J.G., Rounds, J. & Gurtman, M. (1996). Examination of the general factor with the interpersonal circumplex structure: Application to the Inventory of Interpersonal Problems. *Multivariate Behavioral Research*, 31, 441-466.

Waldenstrom K, Ahlberg G, Bergman P, Forsell Y, Stoetzer U, Waldenstrom M, and Lundberg I, Externally assessed psychosocial work characteristics and diagnoses of anxiety and depression. *Occupational & Environmental Medicine*, 2008. 65: p. 90-96