

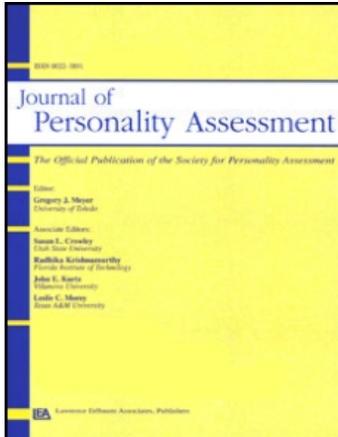
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### An Interpersonal Perspective on the Personality Assessment Process

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## SPECIAL SERIES: Integrating Personality, Psychopathology, and Psychotherapy Using Interpersonal Assessment

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# An Interpersonal Perspective on the Personality Assessment Process

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Many aspects of therapeutic approaches to the personality assessment process derived from or are consistent with Sullivan's interpersonal approach to clinical practice, but the link between such approaches and contemporary interpersonal theory remains underdeveloped. In this article, I argue that contemporary interpersonal theory provides a valuable framework within which to conceptualize the personality assessment process. Specifically, I argue that interpersonal models can parsimoniously represent client behavior and can facilitate discussions of assessment data with assesseses. Further, I show that hypotheses on the therapeutic mechanisms of personality assessment can be reframed in contemporary interpersonal metatheory so that they can be compared and tested directly.

If the patient is "in touch," if I guess correctly what is profoundly important to him [sic] at the time, and if I express it in language that is meaningful to him . . . I have achieved the objective of the interview . . . not primarily my obtaining information, but the patient receiving some durable benefit.

—Sullivan, 1954, p. 195

Personality assessors have long been interested in the clinical value of the personality assessment process (Finn, 2007; Finn & Tonsager, 1997; Fischer, 1985; Gorske & Smith, 2009; Handler, 1995, 2006; Purves, 2002). In addition to a number of instructive case studies (e.g., Finn, 2007; Fischer, 1985; Smith, Wolf, Handler, & Nash, 2009), recent evidence from controlled quantitative research suggests that personality assessment can promote better therapeutic alliance and treatment retention (Ackerman, Hilsenroth, Baity, & Blagys, 2000; Hilsenroth, Peters, & Ackerman, 2004), enhance psychotherapy treatment outcomes (e.g., Jobs, Wong, Conrad, Drozd, & Neal-Walden, 2005), and deliver direct therapeutic benefits (Finn & Tonsager, 1992; Newman & Greenway, 1997). In fact, in one study (Newman, 2004), a 2-hr Therapeutic Assessment (TA) was more effective than 5 hr of individual psychotherapy for decreasing distress and increasing self-esteem. There is also emerging evidence that therapeutic assessment is an effective intervention with young children and their families (Smith et al., 2009; Tharinger et al., 2009) and in inpatient psychiatric settings (Little & Smith, 2009).

The purpose of this article is to show how contemporary interpersonal theory can help contextualize and operationalize the concepts and mechanisms of the personality assessment pro-

cess.<sup>1</sup> Developing a clearer understanding of the interpersonal mechanisms of personality assessment would assist clinicians to selectively adopt demonstrably effective techniques in their practice. Doing so would also facilitate the dissemination of effective practice by providing clear recommendations to clinicians who are less familiar with therapeutic approaches to personality assessment. A clearer articulation of potentially active mechanisms of the assessment process would furthermore guide researchers interested in testing hypotheses regarding the clinical benefits of personality assessment. More broadly, and to the extent that the trajectories of popular psychotherapy packages are applicable, the development of a more precise understanding of the therapeutic mechanisms of assessment could promote effective personality assessment practice to a wider audience of health professionals and consumers.

The view that an interpersonal approach can be useful for conceptualizing the assessment process is supported by a long legacy linking therapeutic approaches to personality assessment and Harry Stack Sullivan's interpersonal theory (Finn, 2007; Fischer, 1985; Handler, 2005). However, many of the most significant developments in interpersonal theory over the past 50 years (e.g., Benjamin, 1996; Horowitz, 2004; Kiesler, 1996; Pincus, 2005; Pincus, Lukowitsky, & Wright, 2010; Wiggins, 1991; 2003) have not been integrated into the theories, practice, or investigation of the personality assessment process. In this

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<sup>1</sup>Various terms have been used to describe therapeutic approaches to personality assessment. Finn (2007) defined *therapeutic assessment* as the general attitude among assessors that assessment might derive clinical benefit, in contrast to Therapeutic Assessment (TA; all capitals), which refers to his specific, semistructured approach. I use TA as Finn (2007) defined it, but I otherwise refer to the personality assessment process as involving personality assessment and its potential clinical benefits. This accommodates variants of therapeutic assessment (e.g., Fischer, 1985) and any aspects of "information-gathering" assessment that could have therapeutic (or countertherapeutic) effects.

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article, I focus on how these advances have put contemporary interpersonal theory in a unique position to integrate multiple perspectives on the potentially therapeutic aspects of personality assessment. In this context, I operationalize several theories on putative factors in personality assessment in interpersonal terms to show how interpersonal metatheory can represent a general model within which to test specific hypotheses about the assessment process.

#### CONTEMPORARY INTERPERSONAL THEORY AND THE PERSONALITY ASSESSMENT PROCESS

There are at least four reasons why the personality assessment process can be profitably construed in contemporary interpersonal theory: The interpersonal model can structure the personality assessment process, assessment occurs in a relational context, interpersonal models can structure assessment data, and interpersonal models facilitate communication about assessment results.

#### *The Interpersonal Circumplex (IPC) Can Structure the Personality Assessment Process*

One of the most important post-Sullivanian developments in interpersonal theory was the organization of interpersonal behavior around the IPC (Leary, 1957; see Figure 1). The IPC represents a circular configuration of the orthogonal dimensions agency and communion. *Agency* refers to the tendency toward power, mastery, and assertion of self as opposed to weakness, failure, or submission. *Communion* refers to the tendency toward intimacy, union, and solidarity as opposed to remoteness, hostility, and disaffiliation. The circular properties of this model allow for the description of specific blends of these tendencies in addition to several other important properties of interpersonal behavior as described following. More important, within clinical psychology generally and personality assessment in particular, the IPC provides a common language for inferences that can overcome theoretical differences and allow clinicians and researchers to talk to, rather than past, one another (Pincus, 2005; Pincus et al., 2010; Wiggins, 1991). This flexibility can also

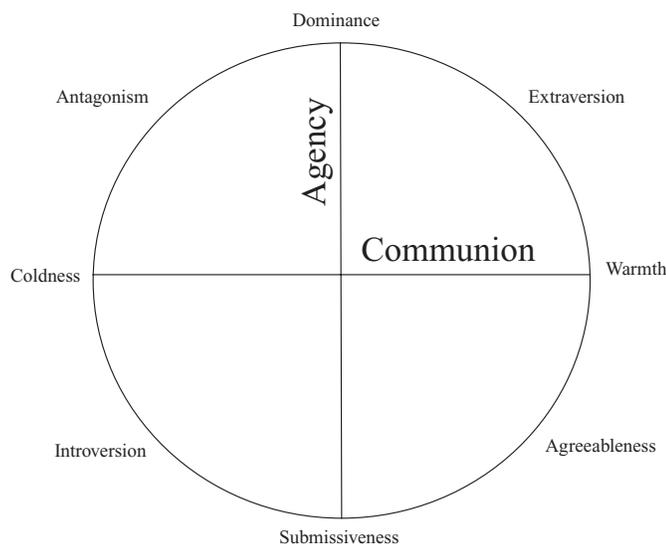


FIGURE 1.—The interpersonal circumplex with trait descriptive octant labels.

serve the purpose of integratively framing hypothesized mechanisms of the assessment process in interpersonal theory. As a demonstration of this flexibility, I reformulate some hypothesized mechanisms of therapeutic assessment from an interpersonal perspective.

Finn and Tonsager (1997) proposed three therapeutic mechanisms of the assessment process: self-verification, self-enhancement, and self-efficacy. *Self-verification* involves the motive to “confirm that the way assesseees view themselves and the world around them is accurate” (Finn & Tonsager, 1997, p. 382). The practice in Finn’s (1996) TA (see footnote 1) of ordering feedback according to its likely accessibility given the assessee’s self-concept is one example of an innovative clinical technique guided by the desire to respect this need to self-verify. Self-verification can be understood in interpersonal terms as the agentic need to feel as though one knows one’s self and the world. Assesseees come to clinicians, even if damaged, with some sense of self-worth and self-understanding that they would like to maintain. If the initial encounter is self-verifying, the threat of “disintegration anxiety” (Kohut, 1977) diminishes, and motives toward self-enhancement can arise.

According to Finn and Tonsager (1997), *self-enhancement* involves the “desire to be loved and praised by others and to think well of ourselves” (p. 382). The existence of this motive would appear to prescribe clinician warmth, which has three potentially therapeutic benefits. First, warmth is likely to be directly symptom relieving, particularly for distressed people who purposely seek out human contact, as is the case with many assesseees. Second, clinician warmth can be internalized by clients who will begin to feel warmly toward themselves (Benjamin, 1996). Third, warm interactions can become a model for clients in shaping the nature of future relationships or rearranging old patterns in current relationships. Assessor warmth can contribute to self-enhancement and security on the part of clients, and these resources are likely to assist clients in managing information emerging from the assessment that may be distressing. That is, self-enhancement leads to a motive for increased self-efficacy.

Finn and Tonsager (1997) described *self-efficacy* as the need to grow, strive, learn, and develop mastery. In personality assessment, this often takes the form of incorporating new information into existing, only partly self-verified, schemas based on a shared understanding of assessment data. Interpersonally, this corresponds to the agentic motive to master one’s psychological environment and thereby one’s external environment. Overall, Finn and Tonsager’s (1997) analysis suggests that the agentic motives on the part of clients to self-verify and to experience increased self-efficacy need to be balanced for TA to be effective and that self-enhancement, facilitated by trust in and communion with the assessor, may assist in maintaining this balance. Consistent with this formulation, Allen, Montgomery, Tubman, Frazier, and Escovar (2003) showed that effective TA is driven by therapeutic rapport (i.e., communion between assessor and assessee) and an enhanced understanding of self (i.e., agency) among assesseees.

#### *Personality Assessment Occurs in Relationships*

Sullivan’s (1953) interpersonal theory asserts that humans are generally motivated to maintain self-esteem and avoid anxiety. The interaction of these motives imposes the need for considerable balance on the part of personality assessors. On one hand,

the assessor is compelled to help the assessee maintain self-esteem and limit undue distress. Success in this regard may promote the assessee's trust and openness and facilitate the assessment. On the other hand, anxiety is thought to motivate change, including changes in the direction of greater adaptation and increased self-awareness. The likelihood of therapeutic change should therefore be enhanced when the assessor can use test data and the clinical process to introduce and make use of anxiety. This anxiety, then, should be both sufficiently strong to encourage change but also sufficiently mild to maintain an effective and trusting relationship and to allow the assessee to accept and make use of new information (Anchin & Pincus, 2010; Evans, 1996; Kiesler, 1996; Tracey, 1993). In Finn and Tonsager's (1997) words, assessor behaviors that limit client anxiety might help satisfy self-verification motives, whereas tactfully increasing client anxiety may increase client self-efficacy. The transition between these poles is likely to be eased by self-enhancement on the part of the assessee. A warm, autonomy-granting position by the assessor is likely to promote this self-enhancement.

Specific predictive hypotheses about the effects of social interaction, such as those hypothesized to be mutative in the personality assessment process, can be organized around the interpersonal principle of complementarity (Carson, 1969; Horowitz et al., 2006; Kiesler, 1996; Sadler & Woody, 2003; Sadler, Ethier, Gunn, Duong, & Woody, 2009). *Complementarity* proposes that interactants will generally behave similarly on communion and dissimilarly on agency. Using this principle as a guide, the interpersonal behavior of both assessors and the assessees can be quantified, as can interactive effects between the two parties, and these patterns can be linked to other important interpersonal patterns in the assessee's life. Complementarity can also be used to predict the effects of clinicians' behaviors.

In other words, the structure of the IPC and implications of complementarity can be useful for conceptualizing clinical interventions such as when to try to decrease as opposed to increase client anxiety and how to facilitate movement between the goals of enhancing security and the therapeutic alliance and increasing anxiety to provoke therapeutic change. Consider the example of an adult assessee who politely but perhaps somewhat regressively asks the assessor whether he can take a multiscale self-report questionnaire in two sittings rather than all at once. In this scenario, the assessee may perceive that the assessor holds power over him, and this request may represent a recapitulation of his behavior with interpersonally dominant caregivers (Benjamin, 1993, 1996). If the assessor would like to encourage his trust, the assessor should be warm, understanding, and give him permission to complete the questionnaire in two sittings. That is, the assessor should complement his warm submissiveness with warm dominance. The assessor might say "Sure, complete up to this question now, and we will finish up next time you are here." Issues of standardized test administration aside,<sup>2</sup> if the assessor complies with complementarity and reinforces the relational dynamic initiated by the assessee, the assessor would presumably reinforce the assessee's internal representation of the power

differential between them. This could be expected to enhance the assessee's comfort by satisfying his interpersonal goal to receive authoritative concern, consistent with his motive for self-verification.

However, clinical effectiveness can also be linked to the clinician's ability to use noncomplementary responses for increasing client anxiety and changing client behavior (Kiesler, 1996; Tracey, 1993). Although giving the assessee permission to take the questionnaire in parts may increase trust, such a maneuver may not be therapeutically advisable. For instance, if trust had been sufficiently developed and if pathological submissiveness had been mutually identified as a core problem in the assessee's life, the assessor might alternatively consider asking the assessee if it makes sense to complete the full questionnaire in one sitting or to split it up. Submissively returning the question violates common social convention but also invites the assessee to enhance his self-efficacy by experimenting with a more assertive position. This would be anticipated to increase the assessee's anxiety somewhat, perhaps encourage him to consider his behavior in light of other assessment findings that suggest pathological passivity, and implicitly push him to deviate from his typical, submissive response. If he were to make a decision to either insist on taking only half of the questionnaire or completing the full measure in one sitting, and if the assessor accepted his decision, it would give the assessee some confidence that he could assert himself again, directly reinforcing positive behavior change. Conversely, given any difficulties making a decision, his accompanying anxiety would illuminate how difficult assertiveness must be for him and the need for further therapeutic exploration of this issue. Such exploration would likely be facilitated by the self-enhancement and trust that had been garnered as a result of the assessor's warmth.<sup>3</sup>

#### *The IPC Can Structure Conceptualizations of Psychological Assessment Data*

Varying associations can occur between diagnostic and interpersonal data, and the IPC can provide a structure for representing and organizing assessment findings. Some forms of psychopathology are directly linked to specific patterns of interpersonal behavior. For example, Leary (1957) asserted that personality disorders often reflect extreme and rigid interpersonal behavior and that different personality disorders usually reflect different mixtures of extreme and rigid agency and communion. This view has been supported by research showing that several *Diagnostic and Statistical Manual of Mental Disorders* (4th ed.; American Psychiatric Association, 1994) personality disorders can be differentiated with interpersonal circumplex measures (e.g., Wiggins & Pincus, 1989). However, Leary also described how some personality diagnoses may suggest maladaptive variability in interpersonal behavior. For example, borderline personality disorder appears to be associated with variable interpersonal functioning (Hopwood & Morey, 2007; Russell, Moskowitz, Zuroff, Sookman, & Paris, 2007).

Alternatively, many diagnostic variables are likely to show pathoplastic (Pincus et al., 2010; Pincus & Wright, in press)

<sup>2</sup>Note that any violations of standardized administration of psychological assessment instruments may have undesirable and often unknown consequences for test validity. As such, standardized test administration should generally not be violated in practice.

<sup>3</sup>Although not central to this article, aspects of the interpersonal process can also affect test data directly (see Lord, 1950; Luft, 1953; Masling, 1956, 1959).

relations to the IPC. *Pathoplasticity* assumes that interpersonal styles do not lead to psychopathology, but rather people with the same diagnoses differ in terms of their interpersonal characteristics. The orthogonality of psychopathology and interpersonal styles suggests that the IPC may be useful for understanding within-diagnostic heterogeneity, which can often be important for treatment planning. For example, whereas affective traits may largely predispose diagnostic conditions such as depression or anxiety, certain interpersonal stressors might exacerbate symptoms of these disorders, which would themselves be expressed in a manner that is predictable by the interpersonal context (Pincus, Lukowitsky, Wright, & Eichler, 2009). In contrast, other situations might limit or prevent the likelihood of symptoms.

Finally, relations between assessment variables and the IPC may be complex in a number of ways in the sense that varying patterns can emerge from different interpersonal assessment domains. For example, Pincus and Gurtman (2003) showed how self-report and other-report data from measures of interpersonal traits and problems instruments could augment clinical conceptualization in the context of an integrative case study of the same woman, Madeline, from multiple theoretical perspectives (Wiggins, 2003). In particular, whereas Madeline saw herself as basically warm and dominant and having a typical level of interpersonal problems, her partner saw her as much colder than she saw herself and as having a greater degree of interpersonal dysfunction. Complex patterns can also occur in terms of relations of diagnostic constructs to different levels of interpersonal behavior rated by the same person. For example, Hopwood, Koonce, and Morey (2009) presented data suggesting that people with identity problems tend to be cold and submissive as a general interpersonal style, but that identity problems are associated with interpersonal problems involving cold dominance. Such findings imply the promise of interpersonal batteries consisting of IPC measures of traits (Wiggins, 1979), problems (Alden, Wiggins, & Pincus, 1990), goals (Horowitz, Dryer, & Krasnoperova, 1997), values (Locke, 2000), efficacies (Locke & Sadler, 2007), and impacts (Kiesler, Schmidt, & Wagner, 1997) that could identify important, complex patterns in interpersonal functioning.

Interpersonal batteries are also well-suited to provide feedback in a therapeutic manner. Finn (1996) proposed that assessment feedback should be ordered according to the patient's self-concept, a practice with some empirical support (Schroeder, Hahn, Handler, & Nash, 1993). The self-concept could be considered in the context of the pattern of findings on IPC measures. For instance, feedback on interpersonal data might begin by stating how the assessee sees themselves (self-rated traits), proceed to how they wish to be (values and goals), then to areas of strength (efficacies, which are often difficult to accept and incorporate for distressed people; cf. Finn, 2007) and problems and finally to discrepancies between self and other views and between various levels of interpersonal behavior (e.g., traits and problems). Such an ordering could also be facilitated at each level by using carefully selected examples of the subjective impression of interpersonal impacts on the assessor. Given the potential benefits of interpersonal assessment data for the personality assessment process, the conjunctive use of IPC measures for clinical assessment should be explored in further practice and research.

### *The IPC Can Facilitate Metacommunication in Personality Assessment*

Personality assessors typically use multiple forms of data to inform diagnostic and evaluative considerations, and those with an eye toward potential therapeutic benefits of assessment often frame these data in the assessee's language. The interpersonal model provides a clear, integrative heuristic structure within which to organize this information (Lillie, 2007) for both the assessor and the assessee. As such, it may have considerable benefit in framing assessment feedback. One way to do this involves the assessor presenting a picture of the IPC to assessee and describing principles such as complementarity to them in the context of their general interpersonal tendencies, developmental patterns, and the clinical encounter. The IPC can then become a context within which other assessment findings can be discussed, just as researchers use the IPC as an integrative nexus for understanding relationships among personality, psychopathology, and interpersonal behavior (Pincus, 2005).

At other times it may be more prudent for assessors to simply keep the IPC in mind as they consider their experience of the assessee and their understanding of test data. For example, whereas presenting assessment findings as they relate to the IPC may enhance clarity for some assesseees, it may be confusing for others. The usefulness of presenting the IPC may also depend on the degree to which clients see their difficulties as related to their interpersonal functioning. Finally, this decision should be considered in the context of the interpersonal process itself. It may not make sense to present the IPC if the clinician wishes to avoid taking a warm and dominant position with the assessee but prefers instead for the client to develop his or her own personal cognitive representation of their experience. Whether or not the model itself is shared with clients, the elegant structure of the IPC facilitates the organization of psychological test data and thus the implementation of effective therapeutic strategies as Lillie (2007) discussed in detail.

#### INTERPERSONAL METATHEORY AS A HEURISTIC FRAMEWORK FOR CONCEPTUALIZING PERSONALITY ASSESSMENT

Therapeutic mechanisms of the personality assessment process have been conceptualized from multiple theoretical perspectives. For example, Finn and Tonsager (1997) linked the three mechanisms described previously to variants of psychoanalytic theory: self-verification corresponds to self psychology, self-enhancement to object relations theory, and self-efficacy to ego psychology. Finn (2007; see also Fischer, 1985) also argued that it is useful "to flexibly consider a variety of theoretical perspectives, and then compare the different insights that result" and to avoid "'one-size fits all' interpretations" in a given assessment (p. 242), because theoretical pluralism has the potential to correct for any biases that may prevent a full understanding of important assessment issues.

The intention of this article was not to add contemporary interpersonal theory to the list of potential theoretical frameworks that could be employed in understanding the personality assessment process. Instead, the contemporary interpersonal model has the potential to represent an integrative metatheory that can accommodate specific propositions from multiple other perspectives on personality assessment without losing the fidelity of those propositions (see Andrews, 1989, for an example of the use of interpersonal metatheory in the psychotherapy literature).

This potential exists because contemporary interpersonal theory is generally free from the kinds of strong and specific assumptions that tend to distinguish other models from one another. It can therefore be employed as a metatheoretical structure with the capacity to integrate and test differences among ostensibly incompatible theoretical perspectives that tend to embrace stronger and more specific assumptions. The broad heuristic capabilities of contemporary interpersonal metatheory can maintain the fidelity of more specific theoretical postulates and corresponding predictions regarding the process of personality assessment without requiring strong assumptions that would be inconsistent with other theoretical perspectives. To the extent that it can accommodate the principles of other systems without sacrificing their specificity, contemporary interpersonal theory can provide a language with which to concretely understand similarities and differences across those theories. For clinicians with a preferred theoretical orientation, interpersonal metatheory could facilitate cross-theoretical communication and empirical tests of theory-specific assumptions. For practitioners who variously employ multiple perspectives on a case-by-case basis, contemporary interpersonal metatheory could provide a foundation on which to move from one theory to the next. Furthermore, the IPC and associated interpersonal propositions such as complementarity can also be shared with clients and can be used to articulate complex principles from other models in a manner that is easy for nonprofessionals to understand. To illustrate the metatheoretical utility of the interpersonal model, I describe the following conceptualizations of therapeutic approaches to the personality assessment process from humanistic psychology, control-mastery theory, and intersubjectivity perspectives in a contemporary interpersonal metatheoretical framework.

### *Humanistic Psychology*

Several authors have conceptualized TA from the perspective of humanistic psychology (Dana, 1966; Finn & Tonsager, 2002; Fischer, 1985; Gorske, 2008). The overall implication of this framework, in interpersonal terms, involves what might be regarded as the fundamental interpersonal distinction between information gathering and therapeutic models of assessment (Finn & Tonsager, 1997): the assessor's focus on controlling the situation (and thus, the assessee) versus the assessor's focus on relating to the assessee in the context of shared purposes. In information gathering assessment, the point is to gather data that will help answer referral questions, which are often formulated by third parties. The assessor is implicitly in charge, and the assessee is expected to comply, much as would be the case at a medical doctor's office in which patients are not generally expected to understand their diagnosis or the procedures by which it was obtained. In assessment cases in which assessee themselves present obstacles to this goal—for example, by yielding assessment data that are heavily influenced by response sets—the information gathering assessor should try to get better data from them, often by admonishing the assessee and then readministering instruments. Given the time pressure that often exists in psychological assessment settings, assessors in this case may only pay cursory attention to the possibility that a warmer and more autonomy-granting stance may lead to more valid data or at least to an understanding of why such data were not provided in the first place.

In more collaborative approaches, the baseline position of the clinician shifts from control to one of affiliation. As described previously, with respect to interpersonal control, the assessor should generally complement the client's behavior in the early stages of the assessment to enhance self-verification and should begin to provide less complementary control-related behavior to enhance self-efficacy later in the assessment. In other words, the assessor's level of dominance or submission depends on the assessee's interpersonal style and interactive developments that occur in the encounter. This shift in baseline interpersonal orientation corresponds to a shift from an instrument-centered to a client-centered approach. However, the link can also be understood in terms of more specifically humanistic techniques in personality assessment.

For instance, Finn and Tonsager (2002) discussed their development of several techniques that they viewed as congruent with and perhaps emanating from humanistic principles. These include (a) ordering test feedback from that which will be most to least acceptable to capitalize on assessee's inner resources in accepting and making use of the experience, (b) not insisting on the absolute validity of test results but instead treating them as indicating potentially useful hypotheses, (c) developing personally meaningful questions for the test data prior to collecting it, (d) regarding tests as "empathy magnifiers" rather than objective sources of data, (e) sharing personal reactions to the encounter with assessee, (f) bringing assessment data into the here and now with assessment intervention sessions, and (g) generally believing in the inner potential of humans to adapt and excel. Each of these specific techniques can be regarded as reorienting the assessor from an interpersonal position of dominance to a position of warmth. Assessment intervention sessions further highlight the utility, for both the assessor and the assessee, of making the interpersonal process more explicit. Again, in some cases, such sessions may be facilitated by actually presenting the IPC and denoting the various interpersonal motivations and maneuvers signified by test data or observed in the clinical encounter.

Fischer (1985) described the fundamentals of human science as involving the recognition of uniquely human characteristics including consciousness, purposiveness, and reflexivity. Each of these characteristics can be represented and addressed in interpersonal metatheory. In general, *consciousness* refers to the degree to which a person is aware of certain features of themselves or their environment. This could be operationalized as the degree of correspondence between one's personal views and the consensual views of others. For example, Pincus and Gurtman (2003), as discussed previously, described a case in which the assessee saw herself as warmer than she was seen by her partner and by the assessors. This apparent blind spot in her awareness about her own interpersonal behavior and its effects on others could be easily and directly plotted on self-report and other-report versions of IPC measures. *Purposiveness* generally indicates the capacity for people to freely make decisions based on what is meaningful to them, and for meaning to be, in part, a function of decisions people make. Horowitz (2004; Horowitz et al., 2006) has discussed the place of interpersonal motives in psychopathology extensively and has created a measure to assess interpersonal goals (Horowitz et al., 1997). This measure has not often been used in a treatment or assessment context, but it has considerable potential for personality assessment, particularly in cases in which assessee seem unsure about how they

would like to be in relationships. Finally, *reflexivity* generally refers to the degree to which people are thoughtful about their behavior and motives and the behavior and motives of others. The lack of reflexivity is often regarded as a major obstacle to therapeutic success. Interpersonal measures can be used to encourage this capacity when this appears to be an issue. For instance, presenting the IPC as a guiding framework to assessees and noting how various assessment findings relate to their interpersonal behavior, motives, problems, goals, and the way others see them can encourage curiosity about how their own behavior leads to some of their difficulties.

### *Control Mastery*

From a control-mastery perspective (Finn, 2007; Weiss, 1993), clients, typically without conscious awareness, “test” their clinicians by presenting in such a way that gives clinicians a choice to either reinforce or challenge their pathogenic beliefs. That is, clients adopt a role that they had formerly taken in a past pathological relationship in interactions with the clinician. They do so to implicitly test whether the clinician will reenact the earlier, pathological relationship—this is why these interchanges are referred to as “transference tests.” This pattern closely corresponds to the interpersonal developmental principle of recapitulation (Benjamin, 1996) in which people tend to adopt roles that were learned in past relationships and that typically complement the behavior of early attachment figures (Critchfield & Benjamin, 2008). When these roles were maladaptive, they serve the function of extending pathology into new, adult, relationships. The goal of the sensitive caregiver, clinician, or assessor should be, from this perspective, to undo the pattern by adopting an unexpected response that disconfirms the pathogenic belief.

A second proposition of control-mastery theory is that clients tend to treat therapists as they were treated, to test whether therapists can demonstrate a more effective way of handling this treatment. This corresponds closely to the interpersonal developmental principle of identification (Benjamin, 1996; Critchfield & Benjamin, 2008; see also Loevinger, 1966) in which adults do to others what was done to them in earlier relationships. In control-mastery theory, it is assumed that a passed test could model a new way of relating for the client.

Both of these tests can be represented on the IPC as involving two sets of interpersonal schemas. Consider an assessee who presents as cold and submissive, for example, by communicating in some way that she doesn’t know what she is going to do about her problems and that she doubts the assessor will be able to help her. By the principle of complementarity, this should provoke cold dominance on the part of the assessor, and the principle of recapitulation would suggest that this maneuver likely reflects a recapitulated relationship with a cold and dominant caregiver. If the assessor were to comply with the interpersonal pull, for example, by relating that his experience has shown he can be helpful but only when the assessee does her fair share of the work, he will have played into the recapitulation and failed the test. This failed test would reinforce the client’s expectation of cold dominance in her social environment. On the other hand, if the assessor were to adopt a warm and dominant position, such as empathizing with the client’s doubts and concerns, but also gently asserting that he felt that assessment could help her, he would pass the test. In TA terms, this position would be most

likely to capitalize on the assessee’s motives to self-verify (via complementarity on control) and self-enhance (by introducing warmth).

Now consider the same assessee who later takes the cold and dominant position of former caregivers in a “passive-to-active” test. Several sessions into an assessment, she may declare that she has some real doubts about the assessor’s ability to help her in any meaningful way. This remark, according to complementarity, should pull the assessor in the direction of cold submissiveness. He may, based on this comment, begin to doubt himself and relay this doubt to her, explicitly (e.g., “Hmm, maybe I should rethink my approach”) or otherwise (by an awkward pause or defensive transition). Such a reaction would support her stated concerns that he wouldn’t be able to help her, but more important, from a control-mastery perspective, it would reinforce the cold and submissive strategy that she learned in her early relationships, given that this is the same strategy her clinician has now adopted. However, if the assessor were able to accurately perceive this comment as a test, he could provide a corrective, warm, and dominant (anticomplementary) response. For instance, he could say that he shares the assessee’s focus of helping her in a way that is really meaningful to her and believes that together they can do this and that he would be interested in whether she felt that some of his interpretations of the data seem inconsistent with the way she sees herself. This reaction would gently challenge the client’s assertion that the assessment was not going to help her, but more important provide her with a model for how she could manage this relational pattern in future relationships as well as a deeper understanding of her tendency to identify with caregivers from previous pathological relationships.

Both of these tests highlight the importance of warm attunement on the part of clinicians in the service of “reading between the lines” of client communications (Pincus & Cain, 2008). They also demonstrate the value of a simple heuristic tool that can help organize process-level data. The test behavior of the client as well as the pathology-reinforcing and corrective response options for the clinician can easily be plotted on the IPC. Internalization of the IPC by clinicians can facilitate more rapid and appropriate responding in the here and now because the common organizational metric makes it easier to anticipate both assessee’s tests as well as what responses will most likely be therapeutically beneficial.

### *Intersubjectivity*

It is not difficult to identify parallels between interpersonal theory and a third theoretical perspective that has been employed by therapeutic assessors (e.g., Finn, 2007): intersubjectivity (Stolorow, Atwood, & Brandchaft, 1994). As in Sullivan’s interpersonal model, this approach asserts that psychological constructs cannot be meaningfully separated from interpersonal systems because psychological processes manifest in interpersonal situations. Also, like Sullivan, intersubjectivity insists that clinicians represent participants, rather than objective observers, and that the meaning of interpersonal situations is subject to perceptual distortions, so that each person is likely to have a slightly different take on the same interaction.

Finn (2007) described one implication of intersubjectivity for the personality assessment process as involving the need to go beyond client and therapist individual influences on their own

behavior to more fully appreciate their interaction. Again, the convergence with interpersonal theory is obvious. Sadler and Woody (2003) conducted a sophisticated study on complementarity in which dyads worked together to describe a fictional person based on that person's responses to five Thematic Apperception Test (Murray, 1943) cards. Sadler and Woody found that, for both agency and communion, the influences of each person's trait levels and of the other persons' interpersonal pulls were roughly similar. That is, both interpersonal traits and interpersonal situations influence social behavior in essentially equivalent and meaningful ways.

The implications of intersubjectivity for the personality assessment process can be reframed in contemporary interpersonal terms. For example, Finn (2007) stated that referral questions that involve both the person's behavior and the context in which it is most likely to manifest are more useful than those that request a static assessment, such as a diagnostic label. Interpersonal assessment facilitates the description of a person's general interpersonal tendencies, but complementarity and developmental principles of identification, recapitulation, and introjection (Benjamin, 1996) also indicate the contexts in which such problematic behaviors are most likely to manifest. For example, if a patient was deemed by assessment data to be inclined toward controlling others, this would also suggest that this inclination could become problematic in cases where others were dominant, in which case a power struggle may ensue. Conversely, in cases where others were submissive, the patient's controlling behavior could become excessive or even abusive.

### Summary

Its capacity to account for principles from diverse theoretical perspectives is perhaps the single most important strength of the interpersonal model. Contemporary interpersonal theory in general, and the IPC in particular, represents a tool that is specific enough to make predictions about behavior and indicate the developmental and social influences on a person's personality but general enough to accommodate other theories that are, at least in part, philosophically incompatible with one another. Finn (2007) argued that different clients may be more or less effectively described by different theoretical models. However, these theories are themselves different at the level of irreconcilable (but often testable) philosophical assumptions. For example, humanistic psychologists might argue that not all clients try to test their clinicians, as is proposed by control-mastery theory, and intersubjectivists might argue that all people do not have a natural tendency toward growth as proposed by humanistic psychologists but rather grow as a function of the match between their own goals and environmental constraints. Contemporary interpersonal theory takes no sides on these issues but rather serves as a metatheoretical model that could accommodate the specific predictions that emanate from each perspective (Horowitz et al., 2006; Pincus, 2005). Furthermore, interpersonal metatheory represents a practical framework for testing assumptive difference across these theories.

### CONCLUSION

Contemporary interpersonal theory has significant potential as a framework within which to explore the personality assessment process, refine the clinical process for personality assessors, and integrate multiple theoretical approaches to technical

aspects of personality assessment. Beyond sharing a philosophical forefather, contemporary interpersonal theory and therapeutic approaches to personality assessment have much to learn and benefit from one another. At the most concrete level, interpersonal assessment measures have considerable potential for personality assessment that should be explored in future clinical practice and empirical research. The clinical process of personality assessment can also be understood in interpersonal terms, and doing so allows assessors and researchers to draw on evidence from the psychotherapy literature showing the effects of particular interpersonal patterns on clinical outcomes (e.g., Binder & Strupp, 1997). Patterns identified in psychotherapy research also appear to link to the putative mechanisms of personality assessment as an intervention. Furthermore, assessment data can be effectively organized in an interpersonal framework, reducing the cognitive burden of multivariate assessment for both clinician and client. Interpersonal considerations can also help organize feedback strategies (Lillie, 2007). Finally, contemporary interpersonal theory represents an elegant and economical heuristic metatheory within which more circumscribed and specific approaches to the practice of personality assessment can be integrated and proposed techniques of the assessment process can be tested.

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