Schema theory has provided common ground for scientist-practitioners and cognitive researchers alike to explore representational structures, study their roots and development, and understand how schemas direct psychological functioning (Stein, 1992; Anderson & Cole, 1990; Bartlett, 1932). Cognitive constructivists may use the theory to frame psychotherapy through a scientific lens—for example, as a process of formulating and testing personal hypotheses, of reconstructing and revising early maladaptive schemas, or as a communicative action and conversational elaboration between therapist and patient (Martin & Sugarman, 1997). Similarly, the schema concept helps clinical researchers assess and explain the development of psychopathology as well as key aspects of psychotherapeutic process and outcome (Beck, 1967; Beck & Freeman, 1990; Horowitz, 1991; Eagle, 1984; Mitchell, 1988; Wachtel, 1997).

Since social-cognitive researchers have begun to investigate relational schemas, or how individuals represent their beliefs and expectations about interaction in significant relationships (for a review, see Baldwin, 1992), schema theory has allowed for even greater interplay between cognitive science and clinical research and theory. Such an integrative construct affords the opportunity to predict and explain psychological change from divergent perspectives and assessment methods. This chapter locates the historical foundations of relational schemas in the psychoanalytic theories of Sullivan and Bowlby—namely, in the dynamics of interpersonal behavior and the primacy of attachment needs. We also describe the develop-
ment and utility of a measure, the Interpersonal Schema Questionnaire (ISQ; Hill & Safran, 1994), which is particularly relevant to assessing how people represent interactions with significant others across various clinical theories and models. A summary of key findings culled from studies using the ISQ leads to the description of a clinical research program that proposes a more fine-grained and theoretically based investigation of the influence and ubiquity of interpersonal schemas.

**SULLIVAN'S INTERPERSONAL THEORY**

Harry Stack Sullivan, the father of interpersonal psychoanalysis, significantly enhanced our understanding of the relational self. He shifted focus from the traditional Freudian conception of the individual as self-contained and the mind as intrapsychically structured to the notion that the individual is embedded in a web of emotionally laden relationships. In Sullivan's view, the individual cannot be understood outside of an interpersonal context. This interpersonal web shapes one's perceptions of self at the same time it influences one's perceptions of others.

Many authors have acknowledged the ease with which Sullivan's basic concepts can be assimilated into social cognition theory, from schemas of self and of others to schematic processing (Carson, 1969, 1982; Kiesler, 1982; Safran, 1998; Baldwin, 1992). In fact, Sullivan's (1940, 1953) personifications are what may now be called self- and other schemas. Acquired in childhood through actual interactions with caregivers, these representational structures develop, differentiate, and help guide perceptions of oneself and the social world. In self-personifications, people experience and understand themselves in terms of characteristics that belong to a "good-me," a "bad-me," or a "not-me." Sullivan suggested that the good-me results from childhood experiences and personal qualities that were highly regarded and rewarded by caretakers, while aspects of the bad-me and the not-me consist of characteristics that were either not accepted or were punished by caretakers.

The nature of the personification that evolves depends on the level of anxiety that the child experiences in response to interactions with caretakers. Positive, predictable, and satisfying interactions result in representations of self as good. If early experiences are negative but only moderately anxiety-producing, they become associated with bad self-schemas or personifications. When the anxiety provoked is extreme or severe, overwhelming the child's capacity to tolerate and assimilate it—even as a representation of a bad self—such early experiences are then dissociated from the self. Personifications that are not-me remain unacknowledged or disowned; in fact, they are barely personified or are represented at a rudimentary level.
In this way, one’s sense of security is yoked to experience of the good-me or to self-esteem, whereas anxiety-provoking situations and anxiety-laden personifications are inversely related to self-esteem (reflecting the bad-me or disowned self). Sullivan (1953) proposed that individuals attempt to reduce anxiety and thus maintain and protect their sense of self through what he called security operations. For example, one might selectively ignore self-discrepant information, via selective inattention. This operation is consistent with findings in the early social cognition literature demonstrating that people process and recall adjectives relevant to their self-schemas faster and more accurately than characteristics that do not match their self-schemas (Markus, 1977; Rogers, Rogers, & Kuiper, 1979). Similarly, people actively seek social feedback that confirms their self-concept in preference to information that does not (Swann & Reade, 1981). Thus, personifications, like schemas, can be viewed as cognitive-affective mental structures that are developed and maintained through dynamic processes.

Sullivan suggested that anxiety not only resides in the individual, as when a child is punished by a caregiver, but can be transmitted directly. If a mother feels anxious in the process of breast feeding, the infant would also feel anxious and could represent the interaction as a bad-me or, in cases of overwhelming anxiety, a not-me personification. Conversely, if the mother feels calm, confident, and loving, the infant would be more likely to internalize feelings of goodness and safety in relation to others.

For Sullivan, interpersonal expectations arise in early childhood, evolve over time, and provide a structure to guide and facilitate processing of new social information. While experiences of security and satisfaction with others as a child form a basis for expectations of positive interactions in adulthood, negative and anxious early experiences can result in biased or rigid ways of interpreting new information, particularly regarding perceptions of others. In this way, a person with a cold and rejecting mother may come to expect and therefore view all women as rejecting. Sullivan (1954/1970) referred to this commonly occurring phenomenon as parataxic distortion. It is a feature of all relationships that individuals elaborate on and distort reality, including “the real characteristics of the other fellow” (p. 25). These distortions and misconceptions are especially germane to therapeutic process:

In other words, parataxic distortion may actually be an obscure attempt to communicate something that really needs to be grasped by the therapist, and perhaps finally to be grasped by the patient. Needless to say, if such distortions go unnoted, if they are not expected, if the possibility of their existence is ignored, some of the most important things about the psychiatric interview may go by default. (1954/1970, p. 25)
Sullivan (1940) believed that one's self-understanding and self-esteem are inherently interpersonal. The infant constructs a sense of self out of what Sullivan called reflected appraisals, knowledge about the self derived from feedback from another, based on how the caretaker communicates and responds to the infant's needs. These appraisals result in self-worth contingencies, or rules for how one should behave in interactions in order to maximize the possibility of human relatedness, and therefore self-esteem.

More specifically, Sullivan theorized that people, in an effort to remain securely related to others, acquire "me-you" patterns of representations that consist of the self and the other interacting in a complementary fashion. For example, a positive personification may include a belief that informs the person to act submissively in social situations. At the same time, he or she may perceive or personify the other person in the interaction as controlling or dominant. These representations of submissive self and dominant other serve to provide a sense of security in the world, as they help the person predict and guide future interactions in ways that the individual believes will preserve key relationships. Clearly, in Sullivan's view, self and other personifications were not two different concepts; rather, they were intertwined in a dynamic interpersonal representation of self with other.

**Bowlby's Attachment Theory and Internal Working Models**

Both Sullivan and John Bowlby believed that humans are relational by nature, and that the self is defined and shaped through interactions with others. They both emphasized the importance of connection and proximity to others, and they both suggest that anything that poses a potential threat to key attachment relationships will cause intense anxiety for an individual. Bowlby's (1969, 1973) attachment theory, however, by employing an ethological perspective, provides a greater elaboration of why such a need for connection exists.

The link between anxiety and the loss, or threat of loss, of key relationships is given primary status in attachment theory. Bowlby argued that humans are genetically predisposed to a wired-in or biological feedback system that triggers anxiety in the face of danger. Considering the essential role that maintaining closeness to others plays in the continuation of the human species, as particularly evident in the profound dependency needs of human infants, it makes sense that people would feel anxious when faced with cues signaling a potential threat to their interpersonal relationships.

He further proposed the concept of internal working model to explain how the individual attempts to maintain proximity to key attachment fig-
ures (Bowlby, 1969). An internal working model is a cognitively based strategy for facilitating attachment; it provides information about the conditions under which attachment to the caregiver, who is the source of safety and sustenance, are likely to occur. Similar to Sullivan’s personifications, internal working models are templates of relational patterns that are formed through early experiences with caregivers. Such encoding of representations of early interpersonal experiences is critical to human adaptation, in that they help guide and plan interpersonal encounters. As Bowlby wrote,

Each individual builds working models of the world and of himself in it, with the aid of which he perceives events, forecasts the future, and constructs his plans. In the working model of the world that anyone builds, a key feature is his notion of who his attachment figures are, where they may be found, and how they may be expected to respond. Similarly, in the working model of the self that anyone builds a key feature is his notion of how acceptable or unacceptable he himself is in the eyes of his attachment figures. (1973, p. 203)

These internal working models can be evoked in the therapeutic setting, just as Sullivan’s parataxic distortions could extend to the therapist. Bowlby believed that the patient’s perceptions of the analyst and his forecasts of the analyst’s behavior were particularly valuable in revealing the nature of the working models that exert a dominant influence in the patient’s life. In Bowlby’s view, the analyst should invite the patient to consider the validity of his working models and, perhaps, revise them.

Since Bowlby’s attachment theory emphasizes the importance of close relationships in reducing stress and anxiety, observational research has focused on supporting the link between early interactions with caregivers and later behavior in stressful situations (Ainsworth, Blehar, Waters, & Wall, 1978; Main, Kaplan, & Cassidy, 1985). Other writers have been concerned with how relational knowledge can be active in shaping the construal of knowledge and yet be out of awareness (Bretherton, 1987; Crittenden, 1988). Stern (1985) offers a representational bridge to actual social events in infancy in an extension of Bowlby’s internal working models.

Stern (1985) suggested that after a series of similar events with caregivers, infants develop a prototype, or template, about the likely course of events. Over time, different interpersonal events, such as feeding at the mother’s breast, become organized into *representations of interactions that have been generalized* or RIGs, which contain images, episodic memories, and whatever expressive motor and autonomic responses were evoked. In this view, an internal working model is an aggregate of RIGs, averaged together and forming an even more abstract representation of interpersonal
interactions (Safran, Segal, Hill, & Whiffen, 1990). Thus, the gist of numerous episodes at the mother's breast becomes a generalized representation of the self-and-mother relationship.

Theoretically, people would develop several working models for different types of people in their lives—one prototype for mother, another for lover, and so on. In turn, such relational prototypes would be averaged again, forming an even more abstract schema—for example, a representation of oneself with a dominant other or with a submissive other. It is these high-level generalized representations that contain the elaborated and implicit rules, beliefs, goals, action plans, and "if-then" strategies related to the self in interaction, and form part of what we consider procedural versus declarative knowledge.

Stern (1985) also points out that mothers' affect attunement plays a central role in helping the child interpret and articulate emotional experiences. As the mother attends to and responds to her child's affective states, the infant develops a sense of selfhood or agency as well as security, out of which evolve flexible, adaptive relational schemas. If she fails to recognize and attune to her child's emotional states, anxiety and insecurity along with mistrust of caregivers are likely to ensue. In cases of misattunement, the child may learn to avoid risks or new situations with others, and consequently constrict his or her range and type of behaviors. Without intervention, that individual may lack the flexibility and range of behaviors necessary to adapt to the variety of social interactions presented throughout life (Safran, 1998).

**INTERPERSONAL SCHEMA THEORY**

Interpersonal schema theory (Safran, 1990) emerges from Sullivan's interpersonal approach as well as Bowlby's attachment theory, in particular from the notion of an internal working model. The interpersonal schema contains generalized representations of self–other interactions, as opposed to isolated representations of self and others, and is therefore relational in nature (Safran, 1990, 1998). It evolves out of actual experiences with caregivers, and employs a level of abstraction that allows for the prediction of patterns and interactions that will ensure continuing relatedness. While interpersonal schemas are initially formed in the context of attachment relationships, they are also later applied to more general interpersonal situations, and thus play a central role in shaping thoughts, feelings, and behaviors in the interpersonal domain (Main et al., 1985).

Interpersonal schemas contain survival-relevant information regarding the self in interaction with the environment (Bowlby, 1969; Greenberg & Safran, 1987). As emotions are critical to survival, schematic information contains an affective component that is at least partially coded in expres-
sive motor form and/or preverbally (Bucci, 1985; Greenberg & Safran, 1987; Zajonc & Markus, 1984). Through conceptual appraisals, integration of emotional experiences and motoric expression, and the subsequent abstraction of important details in the environment, the goals, beliefs, and rules that concern how to behave in interpersonal relationships become encoded and represented in implicit, procedural memory structures (Leventhal, 1984). Moreover, when new interpersonal encounters occur and a schema is triggered, experienced, and appraised, any new information becomes assimilated into the already existing structure. As a result, these cognitive–affective schemas are continuously elaborated upon and adapted to the environment.

Typically, attachment is forged under conditions of mutual and positive reciprocity between the child and the caretaker, where the child’s expression of needs elicits complementary efforts from the caretaker to attune to and satisfy those needs (Bowlby, 1969; Tronick, 1989). However, in a maladaptive early environment, the typical pattern of mutual reciprocity is disrupted and the child learns that to be interpersonally engaged means to be neglected, controlled, or somehow mistreated, and that such mistreatment offers a way to be connected. Since schemas are templates for future behaviors, and they are automatically activated, such attachment patterns can easily guide the adult toward repeating activities that are maladaptive in adulthood.

For example, a young woman from an abusive family who has developed the understanding that interpersonal relatedness is contingent on being exploited may offer or allow sex as a way of emotionally connecting to others, whether or not she is interested in a sexual interaction. This attitude or rigid belief structure may lead to multiple sexual partners, and thus to a higher risk of sexual assault. It can also close off opportunities to engage in nonsexualized or nonabusive relationships. This woman may selectively ignore discrepant information, or distort it in an automatic attempt to maintain relatedness and avoid anxiety. Alternately, she may not recognize a nonabusing person as having characteristics with which an attachment can be negotiated (Cloitre, Cohen, & Scarvalone, 2002).

In this way, negativity and rigidity of interpersonal schemas along with their impenetrability to feedback result in distorted and inflexible responding. Such responding makes individuals more likely to evoke from the environment what is maladaptively expected. In other words, interpersonal schemas pull for behaviors that result in a perpetuating vicious cycle or cognitive-interpersonal cycle (Safran, 1990). For example, a man who expects a controlling response from a significant other may act in a suspicious and unfriendly way, thereby evoking the expected response and confirming his preexisting expectation. Moreover, his partner, who has now been treated with mistrust and hostility, will react in a way compatible with his own interpersonal schema, and thus behave in an even more con-
trolling manner. The more anxiety-laden early attachment relationships are, the more the individual will fail to process relevant emotions, and will feel the need to manipulate the situation in an effort to keep the significant other at close proximity. This may result in an inflexible interpersonal schema that inhibits the individual from expressing and experiencing feelings of vulnerability when relating to others.

THE INTERPERSONAL CIRCUMPLEX

The question then arises, How can we best assess interpersonal schemas and measure their processes and impact? Safran and colleagues looked to interpersonal theory, and particularly the interpersonal circle, as an empirical foundation for this purpose. Leary (1957) created the interpersonal circle or circumplex in an attempt to capture what he saw as predictable, reciprocal patterns in relationship functioning. Influenced by Sullivan's theory on the effect of relationships on one's experience and even identity, Leary proposed that interpersonal acts could best be conceptualized as falling somewhere on a circle. The horizontal axis of the interpersonal circle depicts a continuum of affiliative behaviors, whereas the vertical axis depicts a continuum of controlling behaviors, as interpersonal behavior was conceptualized as the essential, overarching interaction between affiliation and dominance (Kiesler, 1983; Carson, 1969; Leary, 1957). Therefore, any social act can be plotted on the interpersonal circle according to its degree of affiliation and control, which allows for measurement and predictions according to what Leary (1957) called the "principle of reciprocal interpersonal relations" (p. 123).

Since the 1950s, studies based on the interpersonal circumplex model have burgeoned, from investigations of personality and psychopathology to psychotherapy process and outcome (Benjamin, 1974; Coady & Marziali, 1994; Henry, Schacht, & Strupp, 1986; Najavits & Strupp, 1994). One influential development in the interpersonal circle literature was Benjamin's Structural Analysis of Social Behavior (SASB; Benjamin, 1974, 1996). The SASB is the only circumplex model to incorporate interdependence and autonomy into its structure, by redefining the vertical (control) axis. Instead of control as the polar opposite of submission, in the SASB model both control and submission are on the opposite side of autonomy and emancipation in relationships. Also unique is the SASB's three-dimensionality, as all other circles are constructed in two dimensions. Of its three surfaces, the first and second are both interpersonal, describing actions directed by another person ("He rejects me") as well as reactions to another person's (perceived) initiations ("I withdraw from him"). The third surface is intrapersonal, to reflect Sullivan's principle of introjection
and portray the expected impact of a caregiver’s behavior on the self-concept (“I attack and blame myself”).

Kiesler (1979, 1983), another key figure in interpersonal theory, came to the circumplex model through earlier work concerning communication in psychopathology and in the psychotherapy relationship. In an interpersonal transaction, a person (the encoder) sends an “evoking message” comprised of verbal and nonverbal meanings. When the message is received and decoded by the other person in the transaction, it has an “impact message.” The impact message consists of cognitive, affective, and behavioral reactions triggered by the other’s communication, and unless specifically attended to they will remain outside of the receiver’s awareness. Kiesler argued that impact messages lead to automatic overt responses that are reciprocal and that confirm the encoder’s initial expectations of social interactions. If an individual smiles while greeting another, he or she may automatically elicit a friendly response in return, without awareness of the smile’s contribution. In the same vein, a depressed person may half-heartedly greet another and send an impact message of disinterest or dislike, thus leading to an unhappy interaction or one that reinforces a pessimistic outlook.

Kiesler (1983) turned to the theory and empirical utility of the interpersonal circle in order to research the impact message, and formulated his own version (see Figure 14.1.). The new version was significant in two ways. First, in order to clarify definitions of each circumplex segment and to provide more interactional and observable anchors versus simple notions of personality styles, Kiesler described overt behaviors, using transitive verbs and unambiguous adjectives as much as possible. In effect, he created an action-based circumplex model that was conducive to evaluating behavioral transactions in relationships, as opposed to evaluating interpersonal styles outside the relational context.

Second, Kiesler developed a version of the interpersonal circle that more fully integrates complementarity theory with Leary’s methodology and the circle’s roots in interpersonal theory (Carson, 1969; Foa, 1961; Leary, 1957; Wiggins, 1982). In general, complementarity refers to the ways in which an individual’s particular type of behavior elicits a particular behavioral response from another individual. There are two types of behavior that can be mapped onto the interpersonal circle according to the laws of complementarity (Leary, 1957; Carson, 1969). The first is correspondence, which is represented on the affiliation axis, in which hostile behavior begets others’ responding in a hostile way, and friendly behavior elicits friendliness in return. The second is termed reciprocity, depicted on the control axis, in which dominance elicits the opposite response, submission, and submissive behavior pulls for its opposite, dominance. According to Kiesler (1992), any interpersonal act is designed to elicit from another
person complementary responses "that confirm, reinforce or validate a person's self-representation, and cause that person to repeat similar interpersonal acts" (p. 78).

Kiesler advanced the notion of complementarity by articulating semantic opposites for each interpersonal transaction style. In other words, he located each behavior around the circumplex in a bipolar fashion, creating 16 segments or eight axes, with the complementary behavior at either the other end of the pole. In doing so, he provided an empirical foundation for the theoretical notion that each relational acts pulls for a corresponding and/or reciprocal reaction. Thus, one can more precisely map out how a person who is controlling and hostile will evoke a submissive hostile response from the other person.

In these refinements of the interpersonal circle, Kiesler advanced the circumplex model into an even more relational realm. He gave it the potential to systematically assess interactive processes taking place, to define and measure myriad relational acts, and to predict behavior according to theo-
retically coherent laws. Such a revision lends itself to empirical study and validation across many different versions, and to application in a variety of interpersonal contexts and from divergent perspectives. In addition to the Interpersonal Schema Questionnaire (described below) other well-validated examples include the Checklist of Interpersonal Transactions (CLOT; Kiesler, 1987a), a behavioral measure of interpersonal interaction, and the Impact Message Inventory (IMI; Kiesler, 1987b), which assesses the therapist’s subjective or covert reactions in response to a patient’s overt interpersonal behavior.

THE INTERPERSONAL SCHEMA QUESTIONNAIRE

Hill and Safran (1994) developed the ISQ to assess individuals’ prototypic ways of construing interactions with important others. Using Kiesler’s 1982 interpersonal circle, the authors generated a series of 16 scenarios of socially based actions, each anchored along the interpersonal circle, and asked respondents to imagine themselves in the interaction, and then to indicate the kinds of responses they might expect from the other person. Thus, responses would elicit memories and expectations that are associated with specific close relationships, namely, with mother, father, and romantic partner or close friend. Ratings would represent the generalized rules, goals, contingencies, or strategies comprising the respondent’s interpersonal schema. The authors selected Kiesler’s 1982 version of the circumplex as the basis for the ISQ for three reasons. Kiesler’s descriptions of interpersonal behaviors improve adherence to circumplex terminology; his model systematizes complementarity, thus allowing the operationalization of dynamic interactions; and it samples the full range of interpersonal behaviors in a rigorous and theoretically guided fashion (Hill & Safran, 1994).

Both imagined behaviors and anticipated responses are grounded in scenarios that represent hostile or friendly and dominant or submissive interpersonal situations. These situations allow for indices of the level of affiliation and control in the anticipated responses to be mapped onto the circumplex, reflecting different degrees of affiliative and control behaviors on the part of the participant, and creating a sampling of behaviors around the circumplex (see Figure 14.2.). There are eight choices of expected responses by the other, following the octant version of the interpersonal circle. The octant version is created by collapsing adjacent segments of the circumplex together to form the following subscales: controlling, mistrustful, hostile, distant, submissive, trusting, friendly, and interested. Each of these choices represents some blend of affiliation and control characteristics derived from a location within the two axes of the circle. It is important to note that by collapsing segments together, perfect complementarity
Situations (1982 Interpersonal Circle letters in parentheses)

1 (A) Imagine that you and your _______ are collaborating on something. You have more knowledge and expertise in this area than your _______, so you take the lead in making decisions.

2 (E) Imagine yourself feeling angry and argumentative towards your _______.

3 (I) Imagine yourself feeling weak or passive and wanting your _______ to take the lead.

4 (M) Imagine yourself being friendly and helpful with your _______.

5 (B) Imagine yourself in a game (tennis, scrabble, etc.) with your _______. You act very competitive and work hard to win the game.

6 (F) Imagine yourself being preoccupied with your own thoughts and detached with your _______.

7 (J) Imagine yourself in an unmotivated or lazy mood where you feel like just going along with whatever your _______ is doing.

8 (N) Imagine yourself expressing genuine interest and concern for your _______.

9 (C) Imagine a situation where you feel that your _______ has disappointed you.

10 (G) Imagine yourself in a serious mood where you are reserved and not sociable with your _______.

11 (K) Imagine yourself confiding in your _______ something that is important to you.

12 (O) Imagine feeling uninhibited and spontaneous with your _______.

13 (D) Imagine that you have had a terrible day and are feeling peeved off with the whole world. You are definitely not feeling affectionate or cordial toward anyone.

14 (H) Imagine feeling not very confident or sure of yourself and feeling dependent on your _______.

15 (L) Imagine yourself feeling warm and affectionate towards your _______.

16 (P) Imagine yourself acting independently and confidently about something you have never done before, and not feeling that you need assistance from _______.

Responses (1982 Interpersonal Circle letters in parentheses)

A (PA) Would take charge, or try to influence me.
B (BC) Would be disappointed, resentful, or critical.
C (DE) Would be impatient, or quarrelsome.
D (FG) Would be distant, or unresponsive.
E (HI) Would go along with me, or act unsure.
F (JK) Would respect me, or trust me.
G (LM) Would be warm, or friendly.
H (NO) Would show interest, or let me know what he/she thinks.

CODING OF THE ISQ

Responses are recoded to reflect the amount of control and affiliation each represents.

<table>
<thead>
<tr>
<th>ISQ Response</th>
<th>Octant</th>
<th>Control</th>
<th>Affiliation</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Controlling</td>
<td>.875</td>
<td>.125</td>
</tr>
<tr>
<td>B</td>
<td>Mistrustful</td>
<td>.625</td>
<td>-.375</td>
</tr>
<tr>
<td>C</td>
<td>Hostile</td>
<td>.125</td>
<td>-.875</td>
</tr>
<tr>
<td>D</td>
<td>Distant</td>
<td>-.375</td>
<td>-.625</td>
</tr>
<tr>
<td>E</td>
<td>Submissive</td>
<td>-.875</td>
<td>-.125</td>
</tr>
<tr>
<td>F</td>
<td>Trusting</td>
<td>-.625</td>
<td>.375</td>
</tr>
<tr>
<td>G</td>
<td>Friendly</td>
<td>-.125</td>
<td>.875</td>
</tr>
<tr>
<td>H</td>
<td>Interested</td>
<td>.375</td>
<td>.625</td>
</tr>
</tbody>
</table>

FIGURE 14.2. Content and coding of the Interpersonal Schema Questionnaire (ISQ).
is not possible; however, subjects found choosing among 16 different responses too unwieldy in pilot studies of the ISQ (Hill & Safran, 1994).

The ISQ yields three key indices: affiliation and control (with mean scores ranging from -1 to +1) and desirability. Scores on the affiliation index (the horizontal axis) begin with 0 and are represented at the center of the circle. Positive scores indicate greater affiliation and movement toward the right of the circle (the friendly pole of the axis). Negative scores indicate greater hostility and movement toward the left of the circle (the hostile pole of the axis). Scoring for the control index is similar, with a 0 score represented in the center of the circle. Positive scores indicate dominance responses and movement toward the top of the circle, while negative scores indicate submissive responses and movement toward the bottom of the circle. To illustrate, the anticipated response from the other person of “Would take charge, or try to influence me” is very controlling but neutral in relation to affiliation, and thus would be scored +1 for control and 0 for affiliation. On the other hand, the response “Would respect me, or trust me” is relatively submissive as well as friendly, and thus would be scored -.5 for control and +.5 for affiliation.

Following the scoring of individual responses, two sets of indices are created to represent overall affiliation and dominance of expected responses. Each index is the mean of the participant’s scores across the four behavioral domains (dominant, submissive, friendly, or hostile), across the three significant others (mother, father, and close friend), and across the three behaviors representing that context (individual items pertaining to each axis on the ISQ). There is also a desirability index that represents subjects’ perception of the desirability of each expected response from the other. Desirability scores range from 1 (least desirable) to 7 (most desirable).

**EMPIRICAL STUDIES USING THE INTERPERSONAL SCHEMA QUESTIONNAIRE**

**Development and Validation of the ISQ**

In their seminal paper on the development of the ISQ, Hill and Safran (1994) assessed the validity and reliability of the measure with 344 university students. As expected, due to the inherent properties of the interpersonal circle, affiliation and control axes were orthogonal or uncorrelated ($r = .07$). Thus, knowledge of whether a person expects a friendly or a hostile response from others does not predict the same person’s tendency to expect dominant or submissive responding. Internal consistency was high for affiliation and desirability, but not for the control dimension (alphas = .81, .90, .62, respectively). Similarly, test–retest correlation coefficients for the 34 students who rated the ISQ over a 4-week interval were high for affiliation and desirability, but not for control ($r$’s = .88, .87, .44, respectively).
These findings of overall good validity with a relative lack of consistency in the control index were replicated in cross-cultural validation studies of the ISQ in Turkey. In Boyacioglu and Savasir's (1995) study of 93 university students rating the Turkish version of the ISQ, independent judges gave high ratings in suitability for each dimension and in congruence of its situational categories. The measure's content validity was further supported by factor analysis, which demonstrated that the interpersonal situations have theoretically consistent and strong factorial patterns. Test–retest reliability was also evidenced by correlations ranging from .66 to .88 for situational and desirability subscales. However, alpha coefficients in a follow-up study of 378 Turkish students (Soygut & Savasir, 2001) demonstrated lower internal consistency for each subscale, especially in the control situation (alphas = .62, .61, .40, and .63 for friendly, hostile, dominant, and submissive situations, respectively), while desirability across all situations was highly consistent (alpha = .90).

Desirability ratings will likely always be more internally consistent for statistical reasons, in that the desirability scale comprises 48 items versus nine items for each situational subscale. However, the finding that the control situation showed less consistency led the authors to suggest that consistency may be context-specific—it may make sense in some domains (e.g., affiliation) and yet not as much in others (e.g., control) or it may be dependent on the specific individuals and populations studied. For example, perhaps psychologically healthy individuals expect consistency to their friendly behavior, whereas those expecting consistency in dominant or submissive situations are likely to have interpersonal difficulties (Hill & Safran, 1994; Soygut & Savasir, 2001).

Additional support of the measure's construct validity stems from the ISQ's ability to detect the presence of complementarity as well as to differentiate populations in predictable ways. In the original pilot and test-construction studies, Hill and Safran (1994) found a significant relationship between interpersonal expectations and psychiatric symptomatology on all three indices represented on the questionnaire (affiliation, control, and desirability). With the affiliation index, the high symptomatic students, as measured by the SCL-90 (Derogatis, 1977), were significantly less likely than low symptomatic students to expect friendly, sociable, and trusting responses from significant others. They were also more likely to expect hostility to their own lack of friendliness to others.

**Interpersonal Schemas and Depression**

Evidence for differing interpersonal expectations is consistent with various theoretical models hypothesizing that impaired cognitive structures and negative early attachment relationships play a role in the development of symptomatology, particularly depression (Blatt & Maroudas, 1992; Barth-
olomew & Horowitz, 1991; Carnelley, Peitromonoco & Jaffe, 1994), as well as research suggesting that depressed people evoke more negative feelings and aversive reactions from others (Coyne, Burchill, & Stiles, 1991; Marcus & Nardone, 1992; Segrin & Abramson, 1994; Burns, Sayers, & Moras, 1994).

On the control index, Hill and Safran found that depressed students, as measured by the Beck Depression Inventory (Beck, 1978), tended to expect dominance from others when they were acting in a controlling fashion, and submissive responses when they were behaving submissively. Notably, these expected responses are anticomplementary because the control axis typically pulls for opposite responses (dominance should beget submission and vice versa). Thus, this finding suggests an interpersonal schema that predicts failure in attempts to dominate social interactions, as well as failure to elicit controlling responses from others when needed. One can interpret these responses as evidence of the depressive's working model of helplessness concerning his or her role in negotiating relationships (Seligman, 1980). In another finding consistent with interpersonal theory, high symptomatic and/or depressed individuals were more likely than psychologically healthy individuals to expect undesirable responses. Thus, people who are psychologically healthy expect more positive responses in social interactions, whereas those who are psychologically unhealthy expect more negative responses from others (Hill & Safran, 1994; Safran & Segal, 1990).

In cross-cultural follow-up studies, researchers replicated these findings (Boyacioglu & Savasir, 1995; Soygut & Savasir, 2001). They found that depressed Turkish students expected less complementary responses than those who were not depressed. In fact, the depressed individuals were more likely than nondepressed subjects to expect complementary responses to their own hostile behavior or, in other words, for their lack of warmth or friendliness to elicit hostility from others. The depressed Turkish students also tended to expect less desirable responding from others overall.

If vulnerability to depression is related to internalization of early representations of neglect and rejection on the part of caregivers (Bowlby, 1973; Blatt & Zuroff, 1992), then parent–child interactions should be related to a depressed individual's expectations and behaviors in new social encounters in adulthood. Mongrain (1998) pursued this question in studies of how parental representations influence interpersonal behavior. In a sample of 102 undergraduate students rating the ISQ and the Depressive Experiences Questionnaire (DEQ; Blatt, D’Afflitti, & Quinlan, 1976), she found that the ISQ successfully discriminates parental representations related to dependent versus self-critical personality styles in individuals at risk for depression. Dependent participants anticipated a more positive and accepting response from their mothers when they behaved in a warm, friendly way; they also expected their fathers to be warmer and friendlier
when they behaved submissively, and to be more impatient and quarrelsome when they behaved in an angry or argumentative way. A self-critical personality style predicted more negative, pervasive responses from both parents. These results suggest that in depression-prone individuals, a dependent personality style is associated with greater expectations of interpersonal support, greater submissiveness, and less expression of anger (Mongrain, 1998).

**Interpersonal Schemas and Self-Esteem**

Investigation into the interpersonal roots of self-esteem using the ISQ has also yielded theoretically interesting results. Baldwin and Keelan (1999) hypothesized that feelings of insecurity would negatively affect relationship functioning. They asked 182 college students to fill out a self-esteem inventory and to rate their interpersonal schemas via the ISQ. Results showed strong evidence for complementarity, both in terms of correspondence in affiliation and reciprocity in dominance. As predicted, all participants expected affiliative responses to their own corresponding friendly behavior and less affiliative responses to their hostile behavior. Furthermore, the students expected minimal dominance from others in response to their own dominant behaviors; at the same time, they did expect greater control from others when they were submissive. More important, Baldwin and Keelan found that self-esteem, gender, and affiliative interpersonal expectations interacted in a significant way:

Contrary to the most straightforward interpretation of the interpersonal roots of self-esteem, high self-esteem individuals in this study were not blithely secure in an expectation that others would respond to them in a positive, affiliative manner equally across all situations. Rather, interpersonal expectations showed clear if–then, behavior-outcome patterns. (p. 830)

Individuals with high self-esteem had more confidence in their ability to bring about affiliation from others and expected more friendly responses to their own friendliness than those with low self-esteem. With less positive expectations, insecure individuals may be consequently less likely to seek out social interactions and thus engage in self-fulfilling prophecy. The results also showed that women were more likely than men to expect affiliation in response to their friendliness and submissiveness. Consistent with the literature on gender roles in interactional contexts (Eagly, 1987; Wiggins, 1991), women with high self-esteem marginally expected that their submissiveness would evoke more desirable outcomes, whereas men with high self-esteem expected somewhat less desirable outcomes when being submissive. As Baldwin and Keelan (1999) suggest, “even minor differ-
ences between people in their if–then social expectations can influence both information processing and social behavior, and ultimately lead to important differences in self-esteem and security in significant relationships” (p. 832).

Effects of Disability on Interpersonal Schemas

The question then arises as to how these relational schemas affect individuals’ expectancies and behavior in a quasi-clinical arena. In investigating interpersonal characteristics of the physically disabled and of the counselors training to work with them, Heubler and colleagues first asked whether students in rehabilitation counseling differed from other students. They used the ISQ as a measure of expectations of affection, consistency, and satisfaction in primary relationships, as well as two measures of capacities and impediments in interpersonal behavior (Battery of Interpersonal Capabilities [BIC]; Martin & Paulhus, 1984) and of desire for and expression of interpersonal interaction (Fundamental Interpersonal Orientation Scale—Behavior [FIRO—B]; Schutz, 1978). The results revealed significant gender differences on the latter two measures: women were more likely to expect and express more affection and reported more difficulty in exhibiting a wide range of behaviors than male students. In addition, all three measures showed that counselors-to-be, regardless of gender, were more likely to anticipate affection from others, to be affectionate and accepting of others, and to express satisfaction with their relationships than noncounselors. Thus, in this study interpersonal expectations were not only related to gender role but to the assumption of a counseling role.

Of particular interest to interpersonal schema researchers, students with disabilities had different expectations of control and submission depending on whether their disability was acquired or was congenital. Those with acquired disabilities expected the most control from others, yet desired the least amount of dominance by them. Those who were disabled from birth expressed conflicting needs: for structure and control from others, while at the same time for others to respond submissively to them. Such patterns of interpersonal expectations are likely to stem from actual experiences of becoming and being disabled, losing a measure of autonomy and independence, as well as from subsequent risks of increased interference from others. The clinical implications of these results include counselors’ accommodation to these interpersonal expectations in order to facilitate their clients’ engagement in and benefit from treatment. In effect, the counselor would assume a more submissive style to counteract the expectation that others will be overcontrolling, or the therapist might use a slightly more dominant stance to help a disabled person’s ability to tolerate being submissive. Notably, a large number of rehabilitation counselors-in-training in the study (40%) expressed a low capability to be submissive, even when
the situation would require it. If the clients with disabilities they plan to
treat generally expect others to respond with submission, then these coun-
selors could unwittingly reinforce expectations of overcontrol in the dis-
abled and a power struggle could ensue (Heubner & Thomas, 1996).

Subsequently, Heubner and colleagues explored the interpersonal con-
sequences of physical disability in a sample of 178 undergraduates, again
using the ISQ, the BIC, and the FIRO—B (Heubner, Thomas, & Berven,
1999). Factor analysis yielded three different and exclusive factors, sug-
gesting that each of these measures represented an independent, unidimen-
sional construct. While they found no difference in interpersonal schemas
or attachment behaviors between college students who were disabled and
those without physical disabilities, the students with disabilities were five
times more likely to use mental health services. In fact, those students who
used services more actively also demonstrated on the ISQ that they ex-
pected increased hostility and inconsistency in their relationships and less
satisfaction in attachment relationships than students with disabilities who
did not seek therapy. In the “best case scenario,” the therapeutic rela-
tionship would provide an alternative model for relating that would disconfirm
the negative expectations of students with disabilities.

Maladaptive Interpersonal Schemas and Personality

Clinical populations can also provide rich resources for examining the na-
ture and implications of rigid interpersonal schemas. In a study of prob-
lematic personality styles, Soygut, Nelson, and Safran (2001a) assessed re-
lationship expectations via the ISQ of 92 patients in cognitive behavioral
treatment, and correlated them by domain with personality characteristics,
as measured by the Millon Clinical Multiaxial Inventory (MCMI; Millon,
1983). Results showed that histrionic patients tended to expect submissiv-
ness to their own submissive behavior, instead of others’ dominance,
whereas schizotypal individuals tended to expect coldness and hostility in
response to their friendliness, instead of friendly responses. The authors
suggest that such anticomplementary expectations reflect maladaptive per-
sonality styles, in that individuals with rigid personalities may be more
likely to ignore environmental feedback and pull for the responses similar
to their own, regardless of the actual situation. In contrast, subjects with
healthier personality types may adapt more easily to the individual situa-
tion, thereby exhibiting a more flexible interpersonal style that pulls for an
appropriate complementary response.

Maladaptive Interpersonal Schemas and Abuse History

A further implication is that it is not just schematic content that can be
maladaptive, but aspects of the schema’s formal properties as well. Cloitre
et al. (2002) explored the relationship between key aspects of maladaptive interpersonal schemas—negative content, rigidity in range of schemas, and their inappropriate or excessive generalization—and abuse history and its consequences. They administered the ISQ to 67 women with and without early abuse experiences in order to see how various attachment experiences in childhood linked with interpersonal schemas in adulthood. Interestingly, the psychometric properties of the ISQ were solid in this clinical population. Internal consistencies of expected responses for each of the significant others were excellent: alphas = .91 for mother, .89 for father, and .86 for current significant other, and .96 for overall desirability. In addition, there was no correlation between the control and affiliation indices as predicted by the circumplex model.

Following the trauma literature, the authors expected to find specific characteristics of abuse-related interpersonal schemas: that a limited range of negative schemas would be uniformly and inappropriately applied to different contexts, and that generalization of these schemas in adulthood would be associated with the experience of revictimization. Since abused individuals typically are raised with highly rigid family roles and a great degree of social insularity, abused children may have limited opportunities to develop additional or alternative interpersonal schemas, beyond those emerging in the context of the family.

As expected according to interpersonal schema theory, the researchers found that women who had never been sexually abused tended to report warm and submissive expectations of their parents and of significant others. On the other extreme, women who were sexually abused as children and again in adulthood expected hostile and controlling responses from their parents and significant others, even in social interactions in which they imagined themselves acting in a warm and friendly manner. However, women who were sexually abused in childhood, but not later in life, reported hostile-submissive interpersonal schemas of their parents. Moreover, unlike those who had never been abused and those who had been revictimizing, this group did not generalize their expectations of their parents to significant others. Rather, their interpersonal schemas for romantic partners or close friends consisted of warmth and submissiveness. As the authors suggest, this discrepancy may be related to the submissive element within the submissive-hostile parental schemas reported by these women. In other words, the low level of parental control, or childhood neglect, may have paradoxically provided them with an opportunity to seek out and establish alternative relationships (e.g., with schoolteachers, neighbors, or therapists) that provided warm, supportive, and accepting interpersonal experiences when they were children.

Interpersonal schema theory assumes that all individuals tend to "repeat" their history through the automatic application of relationship schemas. This tendency applies across people with a variety of childhood
experiences, but it elicits attention only when the interpersonal outcome is negative and repeated. For those whose lives have been filled with positive experiences and loving interpersonal relationships, the automatic activation of interpersonal schemas does no harm, and, in fact, may enhance the likelihood of long-lasting, satisfying relationships. It is a pattern of repetition that goes unnoticed. In contrast, those who have been abused by caregivers are likely to activate schemas that put them at risk for continued abuse and assault. These results suggest that the problem of revictimization is not the tendency to repeat one's history but rather is the misfortune of having a particular history. By identifying and changing maladaptive schemas, abused individuals may reduce their risk of repeating the past (Cloitre et al., 2002).

Interpersonal Schemas and the Therapeutic Relationship

Thus, the cognitive-interpersonal cycle has powerful implications for treatment, in that psychotherapy is an arena in which maladaptive interpersonal schemas can be elicited, explained, and possibly changed. These schemas may especially give rise to problems in the therapeutic relationship. A patient who finds the therapist's occasional silence as excessive and withholding may betray a deep-seated expectation that others are emotionally unavailable, whereas another person who experiences a therapist's active style as hindering may believe others are excessively controlling (Safran, 1998). Thus, more general beliefs regarding social interactions, particularly with intimate others, may inform the way a patient construes a therapist's interventions.

Among the many reactions a patient can have to a therapist, there is often a collaborative attitude toward helping professionals in general, as well as realistic, positive appraisals of the therapist's person, behaviors, or interpersonal style. These components are typically referred to as the "working alliance," in which the patient bonds with the therapist and together they develop consensus regarding the tasks and goals of treatment (Bordin, 1979). Problematic therapeutic reactions, on the other hand, are viewed as the unconscious displacement onto the therapist of unresolved and conflictual patterns of relating, formed with early caregivers in childhood (Freud, 1912/1958; Greenson, 1967). Typically intense, inappropriate, and persistent, such responses are called "transference" reactions, and they can impinge on the treatment process whether they are overly positive and idealizing or critical and devaluing of the therapist. At the same time, transference is a crucial part of therapy, and can serve to enhance understanding of the patient's relational patterns and encourage resolution or reduction of their negative impact (Wachtel, 1997).

Since perceptions of interactions with parents are theoretically related to transference reactions, the ISQ was used to predict the quality and ex-
tent of transference in psychoanalytic counseling sessions (Multon, Patton, & Kivlighan, 1996). Sixteen counseling clients rated the parent versions of the ISQ prior to treatment, which yielded high internal consistency ratings for both mother and father (alphas = .91 and .87, respectively) across situational domains. The 16 counselors completed the Multon et al.'s measure, the Missouri Identifying Transference Scale (MITS) as well as three single-item ratings of transference (overall amount, amount of positive, and amount of negative reactions) after each session. The researchers cross-validated the MITS using 24 treatment dyads nationwide who were in the middle of treatment; in this sample, clients rated a therapist version of the ISQ (alpha = .84), whereas their therapists rated the clients' transference reactions with the MITS after the same session.

Multon and colleagues (1996), using hierarchical linear modeling analyses, found that negative transference reactions linearly decreased across sessions and had a significant quadratic slope in the U-shape. In addition, ISQ-rated expectations of mother significantly accounted for 43% of the base rate of negative transference reactions and for an additional 4% of the variance in the base rate of positive transference reactions. Pearson product-moment correlational analyses between each MITS subscale and each ISQ subscale demonstrated two significant findings. First, when the therapist perceived more negative transference reactions, the client similarly tended to see the therapist as more controlling and less sociable. Thus, the authors found partial support for the notion that parental schemas influence the extent of the transference displayed in a session, as observed by the counselor. A second, less powerful, but still significant finding was that the more positively the mother's responding is perceived, the more likely are positive transference reactions. Alternately, the more the client sees the mother as controlling, untrustworthy, unfriendly, and unsociable, the more likely negative transference reactions will arise by the middle of treatment. Expected responses of fathers were unrelated to negative or positive transference ratings, thus suggesting that clients' maternal schemas are a "stronger template for transference phenomena" (p. 251).

If transference is influenced by the patient's representations of relationships, could other components of the therapeutic relationship be strained or enhanced depending on parental schemas? The working alliance, or reality-based relationship with the therapist, one of the most robust predictors of outcome in psychotherapy to date (Horvath & Symonds, 1991; Orlinsky, Howard, & Bergin, 1986), has been positively associated with complementarity between patients and therapists early in treatment (Kiesler & Watkins, 1989). Thus, the alliance may be similarly strained or enhanced depending on patients' pretreatment interpersonal schemas.

Soygut, Nelson, and Safran (2001b) investigated the relationship between ratings on the ISQ and the Working Alliance Inventory (WAI;
Horvath & Greenberg, 1989) with 26 patients in individual cognitive therapy. Using partial correlation coefficients to control for symptom severity at intake, the authors found significant positive associations between expectations of submissiveness from others and agreement on tasks and goals with the therapist. They also found significant negative associations between expectations of dominant responding and the desirability of such dominance with agreement on goals in therapy.

Thus, patients who expected predictable, complementary (dominant) responding to their submissive behavior perceived greater agreement with their therapists on the tasks and goals of therapy. On the other hand, patients who anticipated submissive responses when they behave in a dominant fashion reported less agreement with therapists on the goals of treatment. Furthermore, patients who expected less desirable responses from others when they behaved in a dominant fashion also perceived less agreement on therapy goals. As Kiesler and Watkins (1989) suggested, the therapist typically assumes the role of a dominant-friendly caregiver whereas the patient behaves as a submissive-friendly help seeker. These roles may be even more salient in cognitive therapy, which tends to emphasize the directive, advising, and educative functions of therapists. Since cognitive-behavioral therapy depends heavily on collaboration and agreement, patients who expect to dominate others may have more difficulty working with the cognitive therapist (Rush, 1985; Safran & Segal, 1990). He or she may become embroiled in power struggles or refuse to accept advice or feedback, which in turn would lead to impasses in treatment.

CURRENT DIRECTIONS AND FUTURE RESEARCH

The resolution of impasses in treatment, particularly in ruptures in the therapeutic alliance, provides a model for investigating how transactions between patients and therapists are associated with improvements in therapy (Safran & Muran, 1996). Ruptures are defined as deteriorations in the relationship between therapist and patient that emerge when both unwittingly participate in maladaptive interpersonal cycles. Whereas in discussion of transference, the focus is often on the patient’s contribution, in this model the therapist’s role is equally central:

A therapist who responds to a hostile patient with counterhostility confirms the patient’s view of others as hostile and obstructs the development of a good therapeutic alliance. The therapist who responds to a withdrawn patient by distancing confirms the patient’s view of others as emotionally unavailable, thereby perpetuating a vicious cycle. (p. 447)

Ruptures that are exceptionally intense, enduring, frequent, or undetected may lead to treatment failure. However, when properly dealt with, they
may provide the clinician and patient with a significant opportunity for exploration, discovery, and therapeutic change.

In order to manage a potentially destructive impasse, therapists must recognize their participation in the maladaptive cognitive-interpersonal cycle (Safran & Segal, 1990). By sustaining the emotional impact of the patient's interpersonal schemas and at the same time disengaging through mindfulness or empathy, they may provide a challenge to these rigid schemas (Safran, 1998; Kiesler, 1983, 1996; Safran & Muran, 2000). This challenge, in turn, may lead to core structural change. When clinicians become aware of their own emotional responses and action tendencies toward the patient, they better understand the reactions the patient tends to elicit in others. If therapists unhook from the cycle by not responding in the complementary fashion to the patient's pull, they may be better able to reflect on the interaction with the patient, or use "metacommunication" via nonjudgmental self-disclosure, in order to explore it in collaboration with the patient (Safran & Muran, 2000). In other words, by withholding potentially threatening responses, the therapist disconfirms schema expectations and thereby challenges them; by metacommunicating about the interaction, he or she offers the potential for a "corrective emotional experience" (Alexander & French, 1946).

In order to investigate the contribution of therapists to alliance ruptures in brief psychotherapy, preliminary data has been collected. Nelson (2002) used the ISQ to evaluate interpersonal expectations of 24 therapists in relation to their SASB-rated in-session behavior and to treatment outcome. Trained SASB raters viewed 15-minute segments of early and late treatment sessions that were described by patients as marked by tension with their therapists. Nelson found that therapists who expected to elicit hostile responses from their fathers on the ISQ also tended to engage in hostile behaviors with their patients, as rated by the SASB. Therapists' expectations of friendliness and warmth with their mothers did not predict in-session affiliation with patients, nor were their schemas of significant others associated with hostility or warmth toward patients. If therapists' paternal schemas interact with alliance-related behaviors and clients' maternal schemas influence transference phenomena (Multon et al., 1996), these findings in tandem reflect the interpersonal impact of differential therapeutic roles: the therapist is the more dominant helper, and the patient the more submissive help seeker (Kiesler & Watkins, 1989).

Contrary to Nelson's (2002) prediction, friendly and affiliative therapists did not have better outcomes with their patients than hostile therapists. This finding seems counterintuitive, unless one considers the possibility that the hostile therapists in this study also made substantial and successful attempts to resolve ruptures in the alliance, and it was this ongoing effort that contributed to good outcome. To test this hypothesis, studies analyzing the therapeutic alliance before and after tension-filled sessions—not just during—are needed. Nelson's results also suggest that
fathers are more influential in the interpersonal domain than expected; prior studies offer some support for this notion. Hill and Safran (1994) found that students expected more hostile responses from their fathers and more friendly responses from their mothers. Boyacioglu and Savasir (1995) found that depressed Turkish students expected more hostile responses from their fathers than from mothers in hostile situations. Although the latter attributed their finding to possible cultural differences, further research is needed to more fully understand fathers’ role in attachment experiences and the formation of interpersonal schemas.

SUMMARY

As the recent empirical literature shows, the ISQ offers a method of assessing generalized representations of the self in relation to others that has solid psychometric properties and can be flexibly tailored to the context of any close relationship. Researchers may employ it to address many important theoretical issues—from the rules and patterns of relational behavior to the interpersonal styles of particular groups, cultures, or populations; from the interaction of gender on relationship expectations to how attachment style intersects with interpersonal schemas in adulthood. The interpersonal schema construct in general, and the ISQ in particular, can increase attention to the individual and contextual factors within which complementary (and noncomplementary) exchanges take place.

The clinical and research implications are profound for understanding what triggers interpersonal schemas, as well as for helping people change or control their activation. In fact, assessment of the content and structure of interpersonal schemas provides a basis for differentiating among various forms of psychopathology and for evaluating both normal development and therapeutic change. Future research is needed as to how the therapeutic process leads to modification of these cognitive–affective schemas. At the same time, the construct may also prove to be a useful tool in the clinical training and research education of future psychotherapists as they learn to assess their own interpersonal schemas and identify the individuals, relationship beliefs, stages of treatment, and other contexts that predict transference reactions or alliance ruptures across different treatment approaches. Better yet, increased explicit knowledge of implicit relationship expectations may guide therapists in adopting relational stances that facilitate rather than hinder good therapeutic outcomes.

Taken together, the various research findings with the ISQ support the notion that internal working models of relationship interactions are developed early and are evoked repeatedly in life, as individuals attempt to maintain emotional contact with others. While often adaptive in childhood, these interpersonal schemas can prove maladaptive in new, subse-
quent relationships as they are implicit structures and thus are not readily apparent, not easy to articulate, nor open to modification and feedback. In essence, the interpersonal schema construct enables greater interchange between basic social cognition research and clinical theory and practice, as it builds on interpersonal and attachment theories to emphasize the social origins of mental life and of mental distress.

REFERENCES


