CHAPTER 4

COUPLING EXISTENTIAL–HUMANISTIC AND SYSTEMIC PARADIGMS

H. Luis Vargas and Lindsay L. Edwards

Integration by design is steadily replacing eclecticism by default.

—Norcross & Prochaska, 1988, p. 173

This chapter is written for systemic practitioners[1] who are invested in expanding their relational worldview through the incorporation of person-centered existential–humanistic thinking, principles, and values with their couples[2] work. Simultaneously, this chapter is written for person-centered existential–humanistic practitioners who are interested in joining their person-centered perspective with systemic conceptualizations of couples' clinical concerns and corresponding intervention. Given this dual agenda, we focus on the process (what happens) for our descriptions of couples therapy in place of a discussion of theory while also considering the value of addressing content for an expanded relational context. In essence, this chapter offers a coupling of existential–humanistic and systemic paradigms that has an engaged, meaningful, and respectful couples therapy practice at its center. In our opinion the sociopolitical context and timing are right to facilitate inclusive systemic and individual practice (Miller & Hubble, 2017; Vargas, 2019).

We value hermeneutics as a strategy for expanding one's worldview. Rather than aiming for integration, which is reductive and emphasizes commonalities at the expense of difference, we see a unique opportunity to expand the conceptual frames that are foundational to systemic and individual paradigms. Although existential–humanistic approaches are typically concerned with the individually oriented therapeutic alliance of the practitioner–client relationship, an expanded consideration of the therapeutic alliance in work with couples would bring the triad to the fore—specifically, the relationship between both clients and the practitioner.

Our hope in discussing both systemic and individually oriented worldviews together is that it will prompt reflection on the insidious effects of worldview influences specific to the provision of couples therapy. Moreover, we hope this chapter will help narrow the gap between theory and practice for both existential–humanistic practitioners, who align with relational practices but are disconnected from systems thinking, and systemic practitioners, who align with existential–humanistic values but are disconnected from its knowledge, principles, and practice.

[1]The term "practitioner" is used to include practicing mental and relational health professionals, including clinical social workers, couple and family therapists, psychotherapists, psychologists, professional counselors, and other member groups in the helping professions.
[2]The term "couple" is used to describe the non-gender specific intimate pairing, loving partnering, civil or common joining of any two individuals.

All case study material in this chapter is fictionalized, uses composites, or has been altered by changing names and disguising identifying information for the purpose of preserving client confidentiality.

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We view existential–humanistic and systemic thinking as equally skilled dance partners in need of a common rhythm. Existential–humanistic psychology and systems thinking are both process oriented and focus on discussing, connecting, and contextualizing central concerns as expressed in multiple domains of experience—hence, the phenomenology of experience. In the following chapter, we aim to connect existential–humanistic and systemic thinking in a way that shows how these paradigms can effectively dance in concert with each other.

COUPLING EXISTENTIAL–HUMANISTIC AND SYSTEMIC PARADIGMS

Existential–humanistic practice has not expanded into the systemic realm, in large part because of worldview differences. At the forefront of existential–humanistic therapies are clinical psychologists who often focus on and are trained to address individual concerns. Individually oriented practitioners often overlook the interpersonal context of psychopathology (He et al., 2022). Simultaneously, as a result of systemic practitioners' heavy emphasis on contextual and relational contributors, they often overlook how clients grapple with existential givens (as discussed by Hoffman, 2019b).

Interestingly, both paradigms are minimized and devalued within the broader mental health profession. Both existential–humanist and systemic practitioners engage in therapeutic work anchored in values that are taken as givens. In the United States, we minimize the value and complexity of relational work—often looking less favorably on the family dentist, the family lawyer, the family therapist, or the family physician. We confuse familiarity, stemming from our involvement in our respective families and/or intimate relationships, with simplicity. Accordingly, we assume that relational work requires less skill and sophistication, questioning whether couples and family therapy is even a science (e.g., Platt & Scheitle, 2017). This devaluing of relational work is akin to minimizing the difficulty of learning to walk, which is a familiar task for most but by no means an easy thing to do or teach. Similarly, existential–humanistic philosophy, values, and clinical postures are taken as givens by practitioners. On the other hand, few practitioners would deny the significance of liberation, justice, ethics, respect, mutuality, and acceptance for clinical practice.

A coupling of existential–humanistic and systemic paradigms is appropriate for contemporary client couples and meets the demand for an integrated practitioner identity. This emphasis on integration can be attributed to the long-standing common factors research in clinical psychology (Asay & Lambert, 1999) as well as common factors research specific to couples and family therapy (CFT; Sprenkle et al., 1999). Each highlights the practitioner as a critical common thread across all helping professions. A discussion of common factors is beyond the scope of this chapter. However, it is important to consider how common factors research has unwittingly emphasized skills that align with existential–humanistic philosophy and principles of practice, most notably relationship skills that, as previously noted, are otherwise taken for granted.

LONG-STANDING DISCOURSE ON INTEGRATION

According to Haldane and McCluskey (1982), the term "existential" was absent from the first nine issues of the *Journal of Family Therapy*. Yet the integration of systems and existential–humanistic psychology has a long history and includes the integration of even the purist form of systems thinking, namely existential–strategic marital therapy (Coché, 1990). In a response to Anderson's (2001) suggestion that existential–humanistic principles are ingrained in postmodern (systemic) approaches and considered status quo, Bott (2002) stated that what has been called the postmodern turn in family therapy has really been a return to existential humanism. Elaborating, Bott (2002) specifically stated that "the [Rogerian] principles of love, honesty and respect for individual differences should not be neglected or taken for granted" (p. 329).

Richert (2003) described how existential–humanistic and narrative therapy "share a phenomenological perspective, arguing that the reality in terms of which people behave is an internal reality consisting of personal meanings" (p. 192). He added that

> an integrative perspective drawing on both the humanistic–existential and the constructivist–narrative traditions offers additional ways of identifying and working with ambivalence to help the client to move beyond his or her problem-saturated stories toward a more empowering narrative. (p. 192)

Richert (2003) suggested that, although the terminology may differ, narrative practitioners value/respect, the genuine human encounter, and collaboration. Furthermore, he noted that for narrative (systemic) practitioners the self is positioned between relationships, whereas for existential humanists the self is positioned internally and shows consistently across multiple domains of experience. Integrating both a narrative (systemic) and existential–humanistic view of the self, he suggested that

> [the self is] both the process of generating meanings and the meanings that are generated. It is in that combination of process and content, which is certainly influenced but not determined by social interaction, that the uniqueness and subjective sense of identity of the individual lie. (p. 208)

Lantz (2004) detailed a distinction between philosophies of existentialism and philosophies of essence, suggesting that systemic practitioners are anchored to the study of the latter. During a span of more than 50 years, this has resulted in an essence worldview supporting the development of scientific knowledge and the identification of systemic processes and interventions thought to create change. Lantz emphasized that noteworthy couples and family practitioners, including Len Bergantino, Virginia Satir, and Carl Whitaker, were among "a small number of relationship practitioners who reported that an understanding of courage, freedom, response-ability, creativity, and resistance to the rules of essence provide important insights into the process of helping couples and families change" (p. 165). Lantz aimed to raise awareness about the practice of existential therapy to expand on the options for change available to couples and families. When considering this work, one can see efforts to highlight theoretical similarities between existential–humanistic and systemic paradigms in the interest of integration.

These efforts to identify common ground for existential–humanism and systems theory resulted from the recognition that the overlap between these two paradigms, despite their shared values, is not immediately evident. Historically, couples therapy has been anchored in systems thinking that first and foremost values pragmatics—including behavioral goals and techniques. This emphasis has often been critiqued as superficial by individually oriented practitioners (Brody, 1988). Indeed, Vandenberg (1991) noted that existential theorists like Buber, Kiekegaard, Heidegger, and Nietzsche believed that clinical approaches anchored in epistemology ignore existential concerns and "constrain our understanding of ourselves" (p. 1278). Additionally, the compartmentalization of individual and couples work has become ingrained in professional identity politics (Vargas, 2019). In our view, de-compartmentalization is required for the viability of the mental health profession more broadly, but this is a difficult task. Decompartmentalization requires coupling two seemingly opposite worldviews in addition to coordinating clinical muscles that have been exercised in isolation.

Furthermore, J. Bugental and E. Bugental (1984) suggested that fear of change is related to a loss of identity and structure. We think that this supposition explains the ossification of worldviews, which are sold in support of distinct professional identities and professional organizations. This issue of worldviews tied to professional structures is a critical impediment to the expansion of couples and family therapy and the integration

of systems thinking in existential humanism. It is also important to mention here that the cultural default to individualism in the United States feeds into the marginalization of relationships generally and couples therapy specifically.

EXPANDED VISIONING OF COUPLES THERAPY

Criticisms of short-term couples therapy often suggest that the work is not deep enough to promote sustainable change. According to Whitaker (2000), "Family (systemic) practitioners have long been clear that direct exposure of the family's deeply hidden dynamics may resolve the crisis—*or result in further protectiveness*" (p. 9, emphasis added). This dilemma may lead to an impasse in couples work, indicating that integrating existential–humanistic psychology and systems thinking may be a win/win for systemic thinkers and existential–humanistic practitioners alike.

In particular, couples therapy could benefit from an expanded vision of self-actualization. Whitaker (2000) suggested that, when beginning clinical work, "[the practitioner] must expand the family's commitment to itself as a unit—a living, operating, self-actualizing system" (p. 12). In working with and directing our clinical efforts at the relationship system, there is "greater freedom for confrontation than in working with individual patients" (p. 12). Nevertheless, Fergus and Reid (2001) purported that "this mutually derived relational system intimately and intricately reflects the personalities which comprise it. Thus, each relationship [system] is a unique world unto itself" (p. 386). They also described their preference, in their clinical practice,

> to teeter at the paradoxical interface between the individual and the collective, rather than assume, as traditional approaches often did, that individuals were at the mercy of their systems, and that the system was determined exclusively by behavioral interactions. (p. 386)

They aimed for an intrasystemic change within relationships that unearths the inherent integration of self and system by considering the relationship between intrapersonal and interpersonal dynamics. Such a focus aligns with Heitler's (2001) thinking that comprehensive individual/relationship therapy would be standard practice if relational health were valued equally with individual emotional health.

Dialogue pertaining to the value of integrating psychodynamic, cultural, and relational aspects of experience has been part of the clinical discourse for decades. Fergus and Reid (2001) provided a particularly masterful description of how a systemic–constructivist worldview may be accomplished

> by virtue of preserving the holistic integrity of persons and their systems. This goal is accomplished firstly, by working with relationship partners' individual experiences of being a "we" in the world, accentuating the person-system integration that already resides deep within each partner; and secondly, by enlisting the couple's reflexive ability in fostering intrasystemic change. This two-pronged intention is like pulling a thread that joins many diverse therapeutic approaches together. (p. 387)

Unfortunately, the education parameters established to sustain distinct professional identities limit our engagement in the necessary practice of hermeneutics for integration. Therapists trained in a systemic paradigm are not asked to consider how individual concerns can impede treatment progress, and correspondingly, they may miss therapeutic opportunities to address intrapsychic and existential concerns (Tilden et al., 2021). Alternatively, mental health counselors receive little to no training in family systems theory and can feel unprepared to conceptualize couple concerns using circular thinking (Gurman & Burton, 2014). This is why intrapersonal and interpersonal therapies are rarely integrated.

There is, however, one widespread method of couples therapy that attempts to integrate interpersonal dynamics with intrapsychic meaning in its practice and training—emotionally focused therapy (EFT).

Incongruence in the Manualization of Couples Therapy

Emotionally focused therapy is generally recognized as an effective experiential approach that integrates intrapsychic and systemic paradigms to address the humanistic aims of growth and personal agency (Johnson, 2007; Moser & Johnson, 2008). Our concern about this otherwise empirically supported approach is that it is often taught and used in a manualized form, which raises questions about the impact of model-centered approaches. Despite the efforts of EFT theorists to ground the model in a humanistic stance (Moser & Johnson, 2008), the manualization of EFT paradoxically undercuts its humanistic features. Consider the difficulty of instructing a trainee to be more authentic as they use R-I-S-S-S-C (repeat, images, slow, soft, simple, and client's words) through the various stages of EFT (Johnson et al., 2005). The practitioner's very goal of trying to be more authentic results in inauthenticity. The powerful statement by du Plock et al. (2008) is perhaps shared by existential–humanistic thinkers:

> The high valuing and near-deification that I see of "manualization" seems as though practitioners are defending against the existential angst of being with another in a therapeutic relationship—where does [a therapist] come into being when things are manualized—one sees the struggle when yet another model and accompanying manual hits the press releases and is gobbled up by hungry and frightened practitioners—there is no panacea to being. (p. 125)

If such incongruence in practice stems from disconnection from one's existential–humanistic values, then what is needed is an existential–humanistic approach to living, both inside and outside of the therapy room (du Plock et al., 2008). Congruence with humanistic values is therefore critical to the health of therapists themselves (du Plock et al., 2008) as well as for therapists' clinical effectiveness (O'Leary, 2008). Specifically, congruence is important for clinical effectiveness because the quality of clients' experience is contingent on their relationship with their practitioner (Asay & Lambert, 1999; Sprenkle et al., 1999). However, we want to be clear that the importance of the therapeutic relationship is not related to the clients' feeling of ease created by unconditional positive regard. Instead, the therapeutic relationship is important for clinical effectiveness because, at the process level of therapeutic engagement, the practitioner cannot take clients further than they have gone themselves. Sometimes this involves deeply uncomfortable experiences for the client that transcend feelings of safety. Thus, only congruent therapists who have faced their own discomforts will be able to facilitate the unraveling of authentic and sometimes sorrowful experiences that is necessary to resolve incongruence (Gaylin, 2008). For this reason, the manualization of couples therapy, which prioritizes the practice of techniques that often block congruence, empathy, and unconditional acceptance, will undermine more than facilitate client progress (O'Leary, 2008). In sum, practitioners who use manualized couples therapy models could benefit from intentional training in the existential–humanism paradigm to live and practice with greater congruence.

A CALL FOR COLLABORATION AND COCREATION OF MUTUALLY EXPANSIVE PARADIGMS

According to several noteworthy contributors to the couples and family therapy literature, couples/marital, group, individual, and conjoint family therapies are expected to experience essentially no change in demand for services (Norcross et al., 2022). In their last Delphi poll, however, Norcross et al. (2022) forecasted that one therapy format would decline: long-term

therapy. If these predictions are correct, long-term, depth-oriented, psychodynamic approaches will be on the decline. They will be replaced by mindfulness, cognitive behavior, integrative, multicultural, motivational interviewing, dialectical behavior, eclectic, and exposure therapies.

In the interest of progress, we suggest the cocreation of a mutually expansive relationship that fosters growth through paradigmatic differences while also maintaining the integrity of each worldview. Such a relationship would involve a coupling of the organization and pragmatics of systemic therapy with an existential–humanistic focus on the phenomenology of meaning used to wrestle with existential shattering. Existential shattering, as defined by Hoffman and Vallejos (2018), is understood to be the "unexpected dismantling, or shattering, of one's self-conception and worldview as a consequence of an event or process that the individual has experience" (p. 847).

RELEVANT RESEARCH

According to Luepnitz (1988), "academicians seem not to trust a theory they can understand." The scarcity of research specific to couples therapy within existential–humanistic psychology suggests that this is a growth area. Nevertheless, an extensive review of the couples therapy literature finds that academic scholarship focuses on the promotion of popularized, model-specific, and evidence-based approaches (e.g., Beasley & Ager, 2019; Rathgeber et al., 2019).

Instead of reiterating exhaustively discussed ideas about couples therapy, we searched the extant literature to identify evocative articles specific to couples, relationship, and interpersonal therapy. Our aim was to contribute to a generative and cutting-edge discussion of couples therapy, which appeared to be missing from current literature. Specifically, we searched for peer-reviewed scholarly articles that offered expanded consideration of process-level couples therapy through an existential–humanistic lens. We found that much of the existential–humanistic couples therapy literature is replete with information, research, and critiques relative to popularized model-specific content. However, our discussion of current research is focused on coupling and advancing existential–humanistic psychology and systemic practice specific to couples therapy.

Effectiveness Studies

There are several decades of research suggesting that couples and family therapy approaches are helpful in working with issues like anxiety, trauma exposure, adolescent suicidality, attention-deficit/hyperactivity disorder, and couple relationship distress (Lebow, 2022; Snyder & Halford, 2012; Wittenborn & Holtrop, 2022). In a review of 20 meta-analyses, Shadish and Baldwin (2003) determined that 80% of couples who received therapy were less distressed than couples who did not receive therapy. Improvements from attending couples therapy are shown to exist across several domains of relationship functioning—including emotional intimacy, relationship cognitions, self-reported communication, observed communication, and partner behaviors—and are sustained for up to 2 years posttreatment (Roddy et al., 2020).

Improvements in individual psychological symptoms have also been documented by couples therapy effectiveness research (Roesler, 2020; Spengler et al., 2020; Tilden et al., 2021; Whisman, 2007; Whisman et al., 2000). Roesler (2020) found that couples therapy improved psychological symptoms like depression, even though the focus was on treating relationship problems. Spengler et al. (2020) noted that "couples who report safe and secure attachments and high relationship satisfaction experience corresponding physical and emotional health benefits when compared to couples who are distressed" (p. 241).

Although couples therapy has been shown to improve individual psychological distress, individually oriented therapies are not shown to improve relational distress (Braithwaite & Holt-Lunstad, 2017). Worrell (2019) commented that "the presence of relationships distress is a poor prognostic factor for individual psychological therapies" (p. 96). Furthermore, relationship distress is associated with increased risk of anxiety, mood, and substance use disorders (Whisman, 2007) and poorer outcomes for individual-based

treatments for psychopathology (Whisman & Baucom, 2012). Not surprisingly, relationship distress is a common concern reported by individual clients seeking mental health assistance (Snyder & Halford, 2012).

Despite the effectiveness of couples therapy, distressed couples seek help at lower rates than individuals and "the existing literature cannot quite explain why there are such different rates of individual versus couple help-seeking" (Hubbard & Harris, 2020, p. 152). In what is described as the first large sample study to examine the length of time between onset of a problem and entry for couples' treatment, Doherty et al. (2021) found an average of 1.89 years delay before entering couples therapy treatment, with the majority of prospective clients commencing at the 2-year mark. Interestingly, entry into treatment by individuals seeking individual therapy for relationship problems was similar to couples' entry into conjoint therapy. Doherty et al. (2021) and Hubbard and Harris (2020) emphasized how important it is that future research explore what occurs before couples enter treatment in order to innovate new ways to encourage couples to enter therapy.

Creating Change in Couples Therapy

Research on what contributes to clinical effectiveness of couples therapy suggests that clarifying misaligned agendas for the therapy (Halford et al., 2016), actively involving men in the treatment (Wu et al., 2021), working over an extended period of time (Balfour & Lanman, 2012), and regularly monitoring clinical progress (Halford et al., 2023) were all important factors for successful couples therapy. Additionally, Lebow (2019) suggested that couples therapy shares a number of features with individual therapies, including the therapeutic alliance; focus on addressing alliance ruptures; goal setting; generation of hope and positive realistic expectations; assessment of clinical progress; considering clients' state of change; and finally practitioner empathy, congruence, and genuineness. Common factors specific to systemic couples therapy include expanding the treatment unit, fostering alliance with the systems of clients instead of individual clients, and developing a relational conceptualization of presenting concerns (D'Aniello & Fife, 2020).

Coincidently, the various common factors identified for individual and couples therapy fit with features of existential–humanistic principles of practice. Although common factors are generally understood to be model-neutral factors that contribute to change in therapy (D'Aniello & Fife, 2020), we view common factors as an attempt to bring relationships to the fore of clinical practice. Specifically, we view common factors to be the results of therapists' intuitive emphasis on relationships and their unconscious valuing of existential–humanistic principles. Our view aligns with Elkins's (2022) suggestion that common factors research "confirms humanistic psychology's emphasis on the importance of the human and relational factors in psychotherapy" (p. 28). Regrettably, it is culture that inhumanely strips us of our orientation toward relationships and minimizes our consciousness of how relationships make us human. Cultural devaluing of relationships, which is evident in the minimization of the family practitioner, devalues existential–humanistic principles in clinical practice. In essence, common factors research has found what has always been essential to human well-being: relationships. Furthermore, the very existence of common factors research suggests that practitioners unwittingly and unknowingly value and engage in existential–humanistic aligned practice.

TRAINING ISSUES

An important part of training to be a couples therapist is identification of the practitioner's own concerns specific to the management of anxiety during moments of tension, fear, and insecurity. This is because tension, fear, and insecurities are common to work with couples. Nielsen (2017) underscored the complexities of working with two clients, noting that partners are "often at war with each other, with differing psychologies, histories, agendas, and commitment to therapy" that are "emotionally demanding because [they

evoke] intense emotions" (p. 540). In fact, Shamoon et al. (2017) noted that the practitioner's affect management is important in that it requires the practitioner to attune to their feelings as they work. Although Shamoon et al. offered suggestions for self-of-practitioner work for all practitioners, their suggestions for embracing anxiety, using feedback mechanisms, participating in self-of-practitioner trainings, engaging in ongoing introspection, utilizing supervision and support groups, modeling flexibility, heightened self-identity, and self-care are especially helpful for existential practitioners doing couples therapy. Heightening interventions for connecting a couple to their intrapersonal and interpersonal experiences during existential suffering can lead to uniquely intense emotional experiences between partners, requiring practitioners to intentionally "build their muscle" for remaining present (Vahdani & Phillips, 2021), primarily through self-of-the-practitioner work focused on intrapersonal and interpersonal congruence.

LIMITATIONS

We find that the limitations of an existential–humanistic and systemic worldview are one in the same. Current educational best practices are focused on standardizing knowledge relative to specific professions, which minimizes diversity of thought and consciousness of differences. Steeped in homogeneity, we forget about other ways of relating, including mutuality and valuing of difference and complementarity. It therefore becomes difficult for us to observe our judgments about others and relationships, and we miss the multitude of possible interpretations for any given situation (Flores Macías, 2019). Thus, our focus on similarity in place of complementarity has blinded us to difference and left us vulnerable to our own intuitions and implicit bias. For practitioners of both paradigms, this can translate into dominant viewpoints anchored in research, evidence, and a political force that collectively suppress the innovation necessary for the advancement of couples therapy. Practices inconsistent with this predominant viewpoint are marginalized, discredited, and judged as outside what is deemed by political forces as evidence based.

As systematically oriented thinkers, we avoid lending power to a single voice—no matter how loud or compelling the voice. Despite our commitment to this value, dominant voices have emerged in the form of manualized couples therapy and accreditation standards for the systemic therapy profession. In response to this standardization of couples work, we think that awareness of relational power is important to avoid hierarchical influence that devalues voices that are disparate from dominant viewpoints. Such standardization of clinical practice undercuts practitioner agency, but these criteria remain valued for their status as system-sanctioned benchmarks. The provision of therapy requires adaptability and advancements informed by a diversity of experience. Unfortunately, the standardization of couples therapy minimizes exposure to the multitude of available ideas and experiences and may thereby impede the growth of master's level professionals and their practice.

The standardization of thought and practice has important implications for working with today's increasingly diverse and sophisticated clientele. For each generation between the original theorist and the student-in-training, standardization leads to an increasingly distilled version of practice that is less in touch with its theoretical roots. In his archeological work, Tudor (2022) recounted that Carl Rogers emphasized the importance of understanding the cultural and local soil within which a theory was created, and this included "acknowledging the colonizing impact of Western—and Northern—psychologies" (p. 199). Unfortunately, systemic reviews of couples therapy research suggest that this body of research has been primarily conducted with White, middle- to high-income participants (MacIntosh, 2018; Tseng et al., 2021). Because a majority of this work reflects heteronormative, cisnormative, and mononormative assumptions (Spengler et al., 2020), there is also a continued need for couples therapy effectiveness research to intentionally include sexual and gender minority couples within studies. Without samples of diverse

participants, the generalizability of current couples therapy effectiveness research is limited (Friedlander et al., 2019).

In a similar vein, humanistic psychology still contends with the historical influences of heteronormativity and mononormativity grounded in pathology and diagnosis (Flores Macias, 2019). With its emphasis on individual diagnosis rooted in psychological and physiological origins, traditional psychology has historically given little attention to the sociocultural factors that marginalized communities contend with. As a reminder, homosexuality was classified as a disorder in the first edition of the *Diagnostic and Statistical Manual of Mental Disorders* in 1952 and retained this classification until it was removed in 1973 (Bohan, 1996). Both existential–humanistic and systemic paradigms would benefit from more explicit attention to the influence of oppressive systems, and in fact, D'Aniello et al. (2016) recommended that cultural sensitivity be considered a common factor of practitioner qualifications.

GAP BETWEEN THEORY AND PRACTICE

Yet another shared limitation of experiential–humanistic and systemic therapies is the gap between what we espouse and what actually happens. This discrepancy between theory and practice plagues both paradigms largely because of therapist effects—namely that practitioners are human. According to O'Leary (2015), who is purposeful about integrating a person-centered couples therapy approach,

> If I did one thing better in my 35 years as a couple and family practitioner it would be to have been more client centered. That is: to listen carefully and to understand each client rather than spend time explaining dilemmas or offering solutions. (p. 238)

O'Leary's reflections highlight the inherent difficulty of translating intentions into action. Additionally, even with the best of approaches, couples therapy becomes a conceptual rather than an actualized practice. Gurman and Burton (2014) noted that practitioners are predisposed to embrace the use of individual therapy for couples therapy and then shy away from conjoint therapy as they realize that they need an understanding of the systems dynamics for the work. They added that practitioners often decide to work with partners individually when they realize that siding with the system and not with individuals is less satisfying than individual therapy, where practitioners can avoid the affective intensity of conflict.

In essence, the practitioner's role in couples therapy often requires energy to define the unit of treatment that the practitioner's role in individual therapy does not. As a result, even systemically trained practitioners sometimes default to working with individual partners when they have difficulty recognizing the systemic dynamics at play in the presenting concern (Gurman & Burton, 2014). We think that the gap in couples therapy between identification with systemic ideas and action that is guided by systems theory is one of the more important limitations that currently exists for systemically oriented practitioners. It is not surprising that this gap has emerged for a profession in its adolescence, which is a developmental phase focused on the consolidation of identity. In essence, the profession of systemic therapy is at a crossroads where it will need to decide whether to continue its differentiation from individual work by addressing this gap between theory and practice or whether it will reintegrate into its individually focused forebearer, psychology.

A similar gap between theory and practice exists for existential–humanistic psychology as well because of the multitude of interpretations of how one should apply existential–humanistic theory to practice. It is challenging to corral a dispersion of interpretations, ideas, and thoughts into praxis, since the practice of a theory requires specificity. It is especially difficult to maintain the integrity of a theory focused on the subjectivity of uniqueness because this lens is anchored to some requirements for its vision, which goes against the grain of existential–humanistic psychology. That existential–humanistic psychology is not a

monolith may be valued but ironically its lack of structure may be its primary limitation. Even artists work with a structure, with theory, with boundaries to their practice. Writers do too. Creativity, even when found in abstraction, requires some foundation for its application. A solid footing must be established for existential–humanistic thinking—particularly as applied to practice. Today, existential–humanistic psychology is broad in its conceptualization and narrow in its foundation. Although we agree that mechanistic workings would go against the relational emphasis of all therapies, there is value in actualizing an existential–humanistic approach grounded in skills that are beyond the philosophical foundations and their various interpretations and integrative conceptualizations.

Despite the commonalities espoused by existential–humanistic and systems thinking, the worldview distinctions underlying each are insidious and dictate the actions of the practitioner who operates with a narrow gap between theory and practice. Lincoln and Hoffman (2019) suggested that existential approaches are not monolithic, yet we wonder if this is a limitation. Most practitioners may consider existential–humanistic and systems thinking as givens even though there is an intentionality required in practice that would instead suggest a monolith. That is, a shared limitation between existential–humanistic and systems approaches is the (unconscious) micro dispersion of each paradigm throughout other professional identities, specializations, and education. Herein lies the central issue with existential–humanistic therapy—its values and inherent nature are dispersed across all areas of specialty—even though existential–humanistic therapy itself is sometimes perceived as composed of givens. As previously mentioned, we believe that these givens manifest in common factors research, which further supports the importance of therapist effects for understanding the gap between theory and practice.

A final limitation to note for both systemic and existential–humanistic therapies centers on empathy and how this valued component of the therapeutic alliance is based on a myth—namely that we can understand a client's experience by placing ourselves in their shoes. In our view, this exercise is not only impractical but also holds very little therapeutic value. Although rarely specified, the implied value of an empathetic, shared, or resonant experience is the normalization of a client's experience, which offers little traction for effecting therapeutic change. Hoffman (2019a) noted the limitations of empathy as a common barrier to cross-cultural therapy, as well as the importance of helping therapists be decerning in their use of empathy, especially in cross-cultural encounters. In place of empathy, we see value in focusing on "joining," that is, fostering a therapeutic relationship that can be used to help with client change (Farber, 2010; Shuper Engelhard, 2019; Wickramasekera, 2015).

EMERGENT PERSPECTIVES

What has emerged in a variety of published sources is an increased openness to an intentional and purposeful coupling (rather than an integration) of individually oriented approaches and systemic approaches to psychotherapy (Felder et al., 2014; Fergus & Reid, 2001; Hardy & Fisher, 2018; Heitler, 2001; Hejohso et al., 2022; Johnson, 2017; Lebow, 2017; Lincoln & Hoffman, 2019; Norcross et al., 2022; Peluso & MacIntosh, 2007; Snyder & Balderrama-Durbin, 2012). Such a coupling would allow practitioners to facilitate clients' exploration of intrapsychic existential issues in the context of their most significant relationships. We view the processing of existential concerns in the context of important relationships as incredibly important, although the significance of involving multiple family members in therapy is often overlooked.

Worrell (2019) mentioned this oversight: "It appears something of an oddity that while existential practitioners continue to maintain and advance a radically relational stance, that they have done so primarily through a focus on individual psychological therapy" (p. 94). O'Leary and Mearns (2008) noted the interconnectedness of existentially focused change: "How can I be facilitative of each client's freedom to grow,

to be understood, to make their own choices, while permitting significant others to be safe and connected in their presence?" (p. 234). These comments emphasize that relationships are core to the meaning clients make in existential–humanistic therapy.

Despite the importance of shared meaning systems for existential concerns, approaches to existential–humanistic couples therapy tend to view the couple as a set of individuals who respond independently to existential concerns. This is an alternative view of the couple as interrelated partners whose individual meaning is largely contingent on meaning related to the relationships within the shared meaning system. Consider how a set of grieving parents who have lost a child through stillbirth might make meaning related to such a loss (e.g., everything happens for a reason, there is no God and no purpose, loneliness and pain is all that will ever be). However, this meaning is partly shaped by what these existential givens mean for them in their relationship (e.g., we were never meant to be, do I still have value if I am not a parent, this is happening because my partner . . .).

For systemic practitioners, the client of the therapy is the relationship, not the people in the relationship. Thus, the shared meaning of the partners is the landscape of intervention for a systemic existential–humanist couples therapist. In this territory, the practitioner can help partners wrestle with questions like "Who are we to each other if not parents?," "What are our values and priorities if there is no God?," or "Why did this happen to us?" If one considers how answers to these questions would be different when both partners are present for therapy as opposed to when only one partner is present, it is easy to see how working with only one partner may have implications for the sustainability of the relationship. At a minimum, the growth that one partner experiences may leave them feeling more evolved than their partner and at the same time less satisfied with their relationship. At worst, the client may feel restricted by their relationship in ways they would not have felt if the partners had been seen in tandem. To us, it is not enough to acknowledge the value of relationships if a practitioner does not consider how individual change, done in isolation from other family members, impacts the relationships of the broader family system.

A coupling of both existential–humanistic and systemic paradigms would mean that the practitioner must first determine who is part of the self-actualizing system (Whitaker, 2000) and should therefore be involved in the work. This consideration is critical because the system exists whether a practitioner recognizes it or not and whether the system members are involved in the therapy or not. We found that having a relational critical consciousness (Vargas, 2016) expands the practitioner's worldview such that relationships may be brought from the margins to the fore. In brief,

> having a relational critical consciousness is the ability to discern the influences of values embedded in individualism and to counter the subsequent relational injustices encouraged by a focus on self that makes relationships invisible. (Vargas, 2016, p. 297)

Relational critical consciousness occurs as practitioners purposefully consider how relationships have been and/or are being marginalized in a client's view of their presenting concerns and then bring the relational implications of individual meaning making into the conversation. In essence, holding relationships at the forefront is important for facilitating a systemic view in which bidirectional influence and processes help to conceptualize presenting concerns as relational concerns as opposed to two-person couples therapy in which one client or the other is the identified patient (Segalla, 2004). Situations in which one partner is identified as the primary client are common in couples therapy and often lead to partners being seen in individual therapy, which we view as limiting couples' potential for transformation.

Coupling both the existential–humanistic and systemic paradigms emphasizes the unique skills

of each framework and then brings them together for an improved transformational experience. This transformation occurs through the partnering of existential–humanistic and systemic paradigms for the couples themselves. That is, partners are encouraged to evolve their individual meanings for an existential concern so that each individual's meaning coexists with the other and relational implications of the meaning are acknowledged, resulting in differentiated worldviews. The coupling of existential–humanistic and systemic paradigms expands the systems and simultaneously expands the lens of the client's worldview. The following case illustration shows the evolution of a treatment system and a couple's meaning toward a differentiated worldview in which both partners come to understand how their loss of a child through stillbirth is related to generativity for their individual personhood as well as for their broader family systems.

CASE ILLUSTRATION OF CONJOINED GENERATIVITY

Jenny contacted the practitioner for individual therapy following the loss of their first child through a stillbirth. Jenny and partner Terry had been trying to have a child for many years but had not been able to become pregnant until six months ago. Only one month ago, Jenny woke in the night with extreme abdominal pain that ultimately resulted in the stillbirth of their first child. Since this time, there have been more frequent arguments between Jenny and Terry. In their inquiry for services, Jenny listed a presenting concern of "wanting help with a deep sense of loss" and "increasing feelings of isolation stemming from the loss."

Expanding the Self-Actualizing System

The practitioner, being conscious of the relational significance of this loss, called Jenny ahead of the first session to request that Jenny's partner Terry also attend the first session. During this conversation, Jenny expressed reluctance to bring their partner with them to therapy, thinking that this was an issue with which Jenny alone was contending. Anticipating that Jenny would personalize the loss in this way, the practitioner contextualized Jenny's loss within the relationship, noting that the loss of hope for this child had likely impacted and been impacted by the relationship between the partners. The practitioner also clarified that Jenny's feelings of loss and the impact on the relationship would both be addressed within the therapy.

Initial assessment efforts. In the initial therapeutic sessions, the practitioner focused on fully grasping the nature of the clients' concerns. To do this, the practitioner focused on facilitating the partners' sharing of their experience as it related to what brought them to therapy. The aim of this assessment was to differentiate between the initially reported concern and the actual concern, with a vested interest in narrowing the gap between the description of their experience and their actual lived experience. Doing so allowed for impactful work around meaning and transformative relational treatment. All of these therapeutic assessment efforts were done with attention to both the individual and relational concerns enclosed within their experience.

Initial discussions were focused on Jenny's experience of the loss because of their physical involvement in the pregnancy. Correspondingly, Terry's described experience was largely anchored in Jenny's experience, in large part because of Jenny's physical involvement in the loss. After being asked about their experience, Terry responded that the primary concern was the significant impact this loss had on Jenny and that Terry wanted to help Jenny as much as possible. Guided by a systemic frame, the practitioner asked Terry what their experience of the loss had been. Knowing that Terry would hesitate to share their own difficulties, the therapist asked, "Terry, much of what you've shared is reasonably and understandably focused on your partner since they were the one who was pregnant, and yet I am curious to know about your own experience of this loss."

Remaining relationally oriented. After having narrowed the gap between the described and

actual lived experience of each partner, the practitioner focused on eliciting the relational implications for their lived experience. In so doing, the practitioner again addressed the difference between the partners' described relational experience and their actual lived relational experience, asking them to consider what it was like to be in their relationship during this painful time of loss. This was in the interest of having the partners speak to what it was really like for them in their relationship. As a result of these efforts, the partners moved from describing idealized versions of their relationship to speaking about their shared feelings of isolation, distance, and exclusion. The practitioner used relational critical consciousness to avoid employing either one of the partners for their collateral value. This was done by persistently including each partner and their experience in the discussion and noting their interconnectedness.

Assessing the existential relational concern. After having narrowed the gap between the partners' described relational experience and their actual lived relational experience, the practitioner turned their attention to assessing how Jenny's and Terry's feelings of loss showed in their interactions with each other. As a result of these therapeutic efforts, both Terry and Jenny noted that this loss went beyond the immediate moment for both of them, extending to concerns about the continuation of their family lineage and their ability to leave a mark on the world.

Cultivating conjoined generativity. Facilitating conjoined generativity during the goal development phase involved connecting the partners with their individual hopes, dreams, and desires related to the future of their family rather than allowing one partner's dreams and meaning to come to the fore. As the mid-phase sessions continued, Terry described wanting to be able to see themself and Jenny in their children so that they knew part of themself would continue into the future. Jenny described wanting to move forward with their attempts to have biologically related children, but also wanted them to consider adoption as an option. Here, both partners were engaged in an expansion of their worldviews by including adoption as a way to be a parent, including Jenny's and Terry's exploration of how they could see themself in their children through their values, morals, and interests. For these discussions, the practitioner continued to facilitate each of the partner's authentic and expanded expressions of their desires.

CONCLUSION

With an increased awareness of interconnectedness and growing access to diverse sources of knowledge, there has been an increasingly sophisticated prospective client base for psychologists and systemic therapists alike. In particular, short-term couples therapy is expected to occupy private practice work more than long-term individual work. Provision of couples therapy requires advanced skills to meet the demands, insights, and awareness of couples who have experienced disjointed treatment efforts separating individual concerns from systemic issues. This chapter has provided existential–humanistic and systemic process-oriented insights and skills for working with couple relationships.

We intentionally searched for process-oriented literature that offered insight into the efforts involved in the convergence of theories, models, and approaches to couples work. Our aim, however, was to raise awareness of the professional relational process required to conjoin the individually oriented and systems worldviews. This coupling of two worldviews requires a relational consciousness that goes beyond integrative efforts and eclecticism. We proposed professional development aims for building practitioner characteristics that facilitate congruence between existential–humanistic principles and effectiveness in couples therapy—thereby narrowing the gap between theory and practice with existential encounters in couples therapy.

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