

On The Possibility Of Dialogue Between Existential-Phenomenological And Cognitive Behavioural Approaches To Working With Couple Relationships

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Abstract

Many existential-phenomenological therapists offer therapy to couples; however, existential-phenomenological couple therapy (EPCT) remains relatively underdeveloped. This paper proposes that the further development of an existential-phenomenological approach to working with couples would benefit from engagement and dialogue with other perspectives. Specifically, this paper argues that an engagement with contemporary cognitive behavioural approaches to couple therapy may prove fruitful. The paper illustrates one potential focus of such dialogue with the example of ‘relationship standards’.

Key Words

Existential-phenomenological couple therapy, cognitive behavioural couple therapy, relationship standards

Introduction

Existential-phenomenological psychotherapies are arguably amongst the most consistently and radically ‘relationally focused’ of all approaches. It appears something of an oddity that while existential therapists continue to maintain and advance a radically relational stance, that they have done so primarily through a focus on individual psychological therapy. Existential-phenomenological couple therapy (henceforth EPCT) so far remains relatively underdeveloped. Indeed, from a mainstream experimental-quantitative perspective, EPCT does not ‘exist’ as there are no agreed upon descriptions of the practice of EPCT and no associated quantitative data providing ‘evidence’ of effectiveness. Two important and valuable contributions have been provided, however, in the recent edited text by Deurzen & Iacovou (2013) titled *Existential Perspectives on Relationship Therapy* as well as in the more circumscribed descriptions given of an existential-phenomenological approach to couple work by Ernesto Spinelli (2015) in the second edition of *Practicing Existential Therapy: The Relational World*. Both of these contributions have broken important ground in terms of clarifying how key aspects of existential-phenomenological

thought might find expression in work with couples. At the same time, both contributions are remarkable in that they make very little reference to, or no attempt to initiate, any form of dialogue with other forms of psychotherapeutic work with couples. This is not necessarily problematic in that it may make sense to focus initially on the unique expression of existential-phenomenological philosophical thought in work with couples in order to give shape and structure to this perspective. However, in my view, the project of more fully developing an existential-phenomenological approach will require an ongoing dialogue with other significant approaches in order to more clearly discern points of contact and difference.

In this paper, I hope to make a small contribution to the establishment of such a dialogue through:

1. Providing a brief description of the current ‘state of play’ in couple therapy (and in particular those approaches to couple therapy that have been the subject of empirical evaluation) so that EPCT may be more adequately placed in context.
2. To demonstrate some significant points of contact between what has been described to date as consistent with EPCT and contemporary cognitive behavioural couple therapy (CBCT), and
3. To describe an approach to working with ‘relationship standards’ in couple therapy, that arises from CBCT and, at the same time, may allow EPCT therapists to throw a unique perspective on the dilemmas and conflicts that can often be exposed during this type of couple exploration.

The Arguments for Couple Therapy

Difficulties, dilemmas and conflicts in the creation, maintenance and ending of couple relationships are amongst the most common presenting issues that people bring to therapists of all orientations. Of those that seek the services of couple therapists, it is reported that the most commonly presenting complaints centre on issues of emotional disengagement and weakening commitment; struggles concerning power and control; communication problems; sexual issues; issues arising from infidelity, role and value conflicts; and issues involving forms of ‘abuse’ (Gurman, Lebow & Snyder, 2015).

The interactions between couple functioning and distress and ‘individual’ psychological problems such as depression, has been a topic of considerable interest for researchers for several decades. A number of broad conclusions can be drawn from the available research. Firstly, there are reciprocal interactions between couple distress and individual psychological problems. For example, it appears that the experience of couple distress is a highly significant risk factor for the development of depression in one or both

partners (Beach, Dreifuss, Franklin, Kamen & Gabriel, 2008). At the same time, the presence of depression in one or both partners is a significant risk factor for the development of couple distress (Halford & Bouma, 1997). These sorts of interactions have led quantitative researchers to question the relative strength of influence between individual psychological distress and distressed relationships. Is it the case that individuals with psychological difficulties are more likely to form distressed relationships or is it rather more the case that distressed relationships are the primary driver for individual psychological problems? In a recent review of the literature on the interaction between relationships and mental health, Braithwaite & Holt-Lunstad (2017) concluded that the balance of evidence indicates that individuals who are more 'psychologically healthy' are more likely to 'select in' to relationships and that being in a relationship is also clearly associated with better mental health. They also found evidence for the bi-directional interaction between relationships and mental health. However, they concluded that the stronger effects are observed when relationships are the 'predictor' suggesting that the causal arrow flows more strongly from relationships to mental health.

Given the interaction between relationship distress and individual psychological problems, it is reasonable to suggest that individual psychological therapies that have been shown to have benefits in reducing individual psychological problems, perhaps particularly those such as existential-phenomenological therapy that take an explicitly relational stance to practice, may in turn have benefits for reducing relationship distress. Unfortunately, the available literature does not support this. In fact, it has been found that the presence of relationship distress is a poor prognostic factor for individual psychological therapies. Additionally, in the case of depression even where individual therapy has been successful, the presence of relationship distress then appears to act as a significant risk factor for relapse. Whisman & Baucom (2012) concluded that individual-based therapies may be less effective when couple distress is present as they do not directly address this. Braithwaite & Holt-Lundstad (2017) conclude that while improving relationships can be shown to improve individual mental health, improving individual mental health does not reliably improve relationships.

The Effectiveness of Couple Therapies

One of the most central barriers to the engagement of dialogue between different approaches to couple therapy are fundamental differences in underlying epistemology and basic assumptions regarding valid and useful methods for conducting research. For existential-phenomenological couple therapists, it is likely that little of value is seen in quantitatively based analyses as these are seen as distorting, in important ways, the very phenomena that they intend to understand. Cognitive behavioural couple

therapists, by contrast, committed as they are to a more critical-rationalist perspective, would regard the use of experimental-quantitative methods as essential for advancing both theory and practice. While these differences in basic assumptions should not be ignored or glossed over, at the same time, in my view, an examination of the central findings of such quantitatively focused research may be of interest and relevance to the development and practice of EPCT.

A number of couple therapy models have been submitted to empirical investigation and have been shown to lead to ‘good outcomes’ for many couples. These include emotion focused couple therapy (EFCT) (Johnson, 2004), cognitive behavioural couple therapy (CBCT) (Epstein & Baucom, 2002), integrative behavioural couple therapy (IBCT) (Christensen, Jacobson, & Babcock, 1995) and insight oriented couple therapy (IOCT) (Snyder & Wills, 1989). EFCT is based on an integration of aspects of emotion theory, person centred theory, systemic theory and attachment theory. CBCT, described more fully below, represents the evolution of behavioural couple therapy. IBCT is also a development of behavioural couple therapy and has included an emphasis on partners learning to accept differences and to step back from, and become aware of, repetitive relational patterns. IOCT is representative of a more structured psychodynamic approach to couple therapy. Over one hundred clinical trials have demonstrated that couple therapy of different orientations can be effective (Snyder, Castellani & Whisman, 2006). However, no one form of couple therapy has demonstrated superiority to other forms of couple therapy in any convincing fashion.

Each of the empirically evaluated models reveal substantial areas of overlap and indeed of theoretical and technical integration. As is the case for all individual forms of therapy, at present from an empirical view there is a lack of understanding concerning what factors or processes in successful forms of couple therapy are responsible for beneficial outcomes (Snyder & Gasbarrini, 2010). Sprenkle, Davis & Lebow (2009) propose that the advancement of couple therapy is likely to benefit from a more integrative or ‘common factors’ approach rather than continued attempts to demonstrate the superiority of one school over another.

How might the further development of EPCT relate to these wider developments in the field even while acknowledging that EPCT is unlikely to join in with the project of a quantitative-experimental approach to developing couple therapy? Is the practice of EPCT significantly different to other forms of couple therapy and is dialogue and integration a possibility?

Guidelines for Existential-Phenomenological Couple Therapy

As noted above, both Deurzen & Iacovou (2013) and Spinelli (2015) have provided important contributions to the development of EPCT. This primarily contribution consists of their attempts to ground the practice

of couple therapy in existential-phenomenological philosophical thought. However, they each also provide a description of their views of how this philosophical grounding finds expression in their way of structuring and conducting couple therapy. In effect, they provide some guidelines or principles for practice. In my view, an examination of these guidelines reveals substantial areas of contact with other approaches to couple therapy. Additionally, I would like to propose, an examination of these guidelines reveals that EPCT faces a significant challenge to its project of consistently applying a phenomenologically informed way of working with couples.

In the concluding chapter of their edited text, Deurzen & Iacovou (2013) provide a 'blueprint' to EPCT. This includes a discussion of central aims of the approach, as well as a description of central tasks and therapeutic competencies of the couple therapist. Additionally, in the introductory chapter Deurzen gives a clear description of her personal way of conducting couple therapy. I would like to highlight some of the central aims as outlined by these authors. These include:

- Encouraging the partners to become aware of their own way of relating and how this impacts upon their partner and the relationship.
- Assisting partners to recognise and accept differences.
- Assisting partners to reveal and challenge entrenched 'existential worldviews'.
- Assisting the couple to identify possibilities for the relationship that have not previously been acknowledged and help them to explore the costs and benefits of change.

This is by no means a complete list of the aims as outlined by Deurzen and Iacovou, however to my reading these appear central.

Spinelli (2015) also provides, in my view, a helpful and important analysis of EPCT via his exploration of the 'couple-construct' as an aspects of the partners' 'worldview'. He argues that couple therapy provides a unique opportunity to explore the 'couple-construct' which is an expression of the way in which partners have co-constituted their way of relating with each other and the wider world. Spinelli argues that if the couple therapist fails to adequately work with the couple-construct, then it is likely that he or she will place greater emphasis upon the worldview of one partner versus that of the other partner. Spinelli states that couple therapy is concerned with 'the clarification and challenge of the structures and existential insecurities which maintain and define the couple-construct so that the couple's presenting problems can be considered in relation to it' (2015: p 238).

What has struck me most when reading each of these perspectives on EPCT is the extent to which they have resonance and overlap with the central propositions of contemporary cognitive behavioural couple therapy.

While space does not permit a full description of this approach to working with couples, several key features seem to me to be worth clarifying. Firstly, CBCT is a contemporary contextual approach to working with couples. It is a non-manualized – and indeed non-manualizable – approach that requires therapists to be highly flexible and responsive and to pay attention across a range of domains including emotion; cognition (or meaning); interpersonal behaviour; developmental history; stable individual differences (what might be understood as ‘personality’); and contextual factors including cultural and the physical and social environment in which the couple exists. This approach encourages the therapist to place flexible and equal attention on this range of factors and to avoid reducing the work to just one of these (which may be in contrast to some individual CBT approaches that emphasise the centrality of cognition). Consistent with Deurzen & Iacovou (2013), CBCT aims at assisting couples to become aware of, explore and open up their way of relating to themselves, each other and their wider context and to explore the potential advantaged and disadvantages of change (Worrell, 2015). There is in this approach no concept of what ‘rational’ couple relationships would or should look like, and indeed the CBCT therapist is encouraged to take up a therapeutic stance focused on engagement and validation of the couple relationship as it current exists, as well as express an open acknowledgement that the therapist is not in a position to be able to predict or control the likely outcome of any specific intervention or the result of the therapy as a whole. Additionally, consistent with Spinelli’s (2015) account, the CBCT therapist is encouraged to pay attention to the unique expression of couple beliefs, emotions and interactions that characterize the unique way of being of a couple. For example, Baucom, Fischer, Corrie, Worrell & Boeding (in prep) argue that the couple as a unit develops its own unique way of being which is not simply an expression of each individual’s way of being (their history and personality) but rather emerges through the interaction itself over time and transcends each individual. These authors suggest that ‘We’ can be understood as not being made of the ‘addition’ of ‘I’ plus ‘you’ but rather: $We = I + You + (I \times you)$.

It appears, therefore, that there are substantial domains where dialogue is possible. How are the principles, summarized above, expressed in practice? Here an interesting divergence emerges. Specifically, both Deurzen & Iacovou (2013) and Spinelli (2015) describe their respective approaches to conducting couple therapy in a manner that appears to me to be expressive of a more individual-orientated way of conducting therapy. Deurzen is admirably clear on her personal approach when she states:

This method consists of making couple therapy into a form of individual therapy, where, rather than making the couple the

issue or allowing the dispute to take over the therapeutic space, each partner is addressed as a separate individual who is entitled to some understanding and support... First, I see partners separately for at least two one hour sessions each before attempting any joint work. I then continue this personal therapy with each of the partners in front of the other partner, with a focus on the failing relationship.

(2013: p 20)

This reliance on an approach more consistent with individual therapy also finds some (albeit less pronounced) expression in Spinelli's (2015) description of the manner in which he structures couple therapy. Spinelli adopts a schedule of both individually focussed and couple focussed sessions as follows:

1. The therapist meets both partners together for session one and two.
2. The therapist meets with each partner individually for sessions three and four.
3. The therapist meets with both partners together for session five.
4. The sequence is then repeated until the therapy finishes.

This would indicate that over a course of therapy (however long or short that might be), two-fifths of all sessions are conducted as individual therapy.

Consistent with existential approaches more widely, both Deurzen and Spinelli emphasize that this is their personal way of conducting therapy and is not intended as prescriptive. However, the other authors in the edited text from Deurzen & Iacovou (2013) appear to my reading to also express this bias towards a way of conducting couple therapy as derivative of individual therapy.

In contrast with the EPCT approaches described above, CBCT prefers to conduct couple therapy in a manner in which the couple and their interactions with each other are prioritized. While an individual session for each partner may occur at the beginning of therapy (primarily to give an opportunity for the exploration of each partner's relationship history and personal developmental history) all subsequent sessions are usually conducted on a couple basis (Epstein & Baucom, 2002). Additionally, in my understanding of CBCT, there appears to be a far greater reliance on the couple and their willingness to interact directly with each other during the session, than is apparent in the descriptions of EPCT to date. It is entirely possible that the practice of EPCT, particularly as this relates to working with the couple directly within sessions, has not as yet been fully captured in the available theoretical-philosophical descriptions.

Why might this apparent individual bias have appeared in the descriptions

of EPCT? I would suggest that the answer to this is contained in the quote from Deurzen above. While in individual therapy a client may be very distressed and may even be experiencing and expressing hostility, they are usually doing this in the context of an accepting, validating therapist. In many cases the establishment of a therapeutic ‘safe space’ is facilitated by this warm accepting stance. In contrast, in couple therapy the partners are often in the presence of the individual that they experience as the trigger and source of much of their distress. Couple sessions can often include greater degrees of emotional and behavioural dysregulation than are experienced in individual therapy. Raised voices and arguments can be triggered so quickly that the therapist can struggle to keep up. This also presents a dilemma for those therapeutic interventions that have the intention of challenging an individual’s worldview. In a couple context, an individual may be far less willing to entertain direct (or indirect) challenges to their beliefs and interpretations when they may be anticipating a subsequent interaction with their partner that may boil down to ‘See I told you it’s your way of seeing things that’s the problem! I have been saying this for years and now the therapist has said so too!’.

Understandably, individual partners may be more unwilling to consider challenges to their worldview in a context that may trigger shame, anxiety and the anticipation of further criticism. The suggested ways of structuring couple therapy outlined by Deurzen and Spinelli may indeed be effective ways of creating a ‘safer’ space for exploration as the reliance on more individually focussed work may act to limit the occurrence of unhelpful interactions during the session. There is also nothing in the available research to suggest that these methods would be any less effective than other approaches, and indeed the balance of evidence would lend confidence to a prediction of likely equivalence. However, is there not some inconsistency with the underlying philosophically grounded emphasis on the uniqueness of the couple relationship itself? Shouldn’t EPCT, of all approaches, be characterized by a much greater openness to the couple interaction as it unfolds during the session? The challenge, as I see it, is the therapist’s desire to maintain an open, receptive phenomenological stance with the need to maintain some degree of ‘control’ over the session, so that the interaction does not simply repeat some of the unhelpful, and often hurtful and damaging, interactions that may have led the couple to seek help in the first place.

Possibilities From an Unlikely Source

The further development of EPCT may benefit from an engagement with those established forms of couple therapy that more fully prioritize couple-focused sessions over individual-focused sessions. One of these approaches is CBCT, which has in recent years taken on a far more contextually attuned perspective and that is highly integrative and open towards other

approaches to couple therapy (Epstein & Baucom, 2002; Worrell, 2015). In my view, CBCT would also benefit from a dialogue with EPCT in that through elaborating its way of working, it has started to venture into decidedly 'existential ground'.

For example, CBCT has proposed that one domain in which couples may significantly struggle is in the area of 'relationship standards'. Relationship standards refer to those beliefs (and associated emotions and ways of behaving) concerning 'How we should be as a couple' (Epstein and Baucom, 2002). Consistent with Spinelli's (2015) approach, such standards may exist at the level of the individual (e.g. 'I should prioritize time with my partner over others and my partner should prioritize time with me') as well as at the level of the couple (e.g. 'It should always be us against the world!', 'Our relationship should always be about enjoying life to the full'). Such relationship standards are understood to often be expressive of central values and needs, as well as cultural and family background. Of central importance in CBCT, relationship standards can never be regarded as in some way 'irrational' and there is no schema that specifies what 'better' or more 'healthy' relationships standards should look like. Additionally, challenging relationships standards does not involve any appeal to 'evidence' or 'logic'. Difficulties that are in some way expressive of relationship standards may also present in a wide range of ways. A couple may present where they have a clear conflict over central relationship standards and their conversations and attempts to resolve this may have become polarized and 'stuck'. For example, one partner may maintain the standard 'We should spend all our free time together as a couple', while the other may maintain 'time for me as an individual is more central and important than couple time'. Alternatively, the couple may have run into difficulties that may be related to them sharing the same couple-focused standard. A couple that maintains the standard 'Our relationship should always be fun and exciting, be spontaneous and never feel like work' are likely to encounter some disillusionment and difficulty in the event that they also opt to have children. Often apparently polarized standards may be expressive of another underlying standard that the couple share such as 'This relationship must continue as it is central to who each of us is – but you should change in order that "we" may continue'.

In CBCT relationship standards may become a topic of exploration across sessions, as the therapist notices that the couple appears to struggle in several domains with a number of central themes in common. The therapist, in taking an active and engaged stance, may seek to clarify the possible impact of a relevant relationship standard. Often the therapist will introduce this by validating the couple's struggle and suggesting that relationship standards are central and often expressive of important values and needs. The CBCT therapist may at this point suggest that changing relationship standards can

often be no easy or straight forward endeavour. Partly this is related to the existential truth that no one relationship is capable of expressing and actualizing all possibilities. Whatever relationship standard is maintained will rule out other possibilities. The CBCT therapist then has the possibility (and it is only one possibility as there is no set requirement or manualized set of techniques that must be followed) of engaging the couple in a process of exploration which is principally focused on the partners maintaining a structured dialogue with each other (rather than principally with the therapist). This conversation might be structured according to the following guidelines (which may take place over more than one session):

1. The partners are invited to try and state the standard in a single sentence such as 'We should always spend holiday time with family' or 'We should ensure holiday time is focused on enjoying each other as a couple'. The therapist explores with the couple whether the standard is one that they both have in common or is a domain in which they maintain polarized standards. Additionally, the therapist may explore the degree to which each partner and the couple have previously clarified standards and maintain these either flexibly or rigidly, and the degree to which each of them finds it distressing or disorientating to have their standards violated or challenged.
2. Once a relevant relationship standard has been clarified, each partner is invited to express to their partner 'why' the standard is important, including what values, emotions and associated beliefs are related to this. The therapist works to ensure that each partner has gained some adequate understanding of 'what is at stake' for their partner in regard to the standard under examination.
3. Each partner is invited to explore the possible advantages and disadvantages to making a change in the identified standard. To help avoid further polarisation, the therapist might invite the other partner to state as clearly as possible what they understand to be the potential positive sides to changing the standard in the direction preferred by their partner before also including what they see as the downside. Again, the therapist then works to ensure that each partner has an adequate understanding (and has been able to express some degree of 'acceptance' of the partner's view which does not necessarily imply agreement with that view).
4. Where the possibility of a significant change has been identified (by the couple rather than by the therapist), the couple are invited to try and put into a sentence a possible new standard (e.g 'To support our relationship, long holidays should be couple time and we should try and include extended family on other shorter holidays'). The therapist also invites the couple to explore what that might

look in practice and whether there might not also be some unintended and, at times, unpredictable consequences that arise from the change (e.g. 'I am not sure my mother will be happy with this...'). This might be set up as a 'behavioural experiment' with a set time frame rather than a once-and-for-all commitment. The therapist is then able to explore in subsequent sessions how this worked in practice and how the couple's wider context seemed to respond to the change, as well as how the partners each feel about the attempted change.

5. Exploration of standards may also reveal domains where the possibility of compromise is difficult or impossible. For example, where one partner maintains the standard that a couple relationship should always involve having children and the other maintains the view that children are undesirable and not wanted. Here the exploration may focus on what it means for the couple and each of them as individuals, as well as for the couple relationship, should this prove to be a standard that is too difficult to consider changing, including the possibility that this may lead to the eventual dissolution of the couple relationship.

Again, it is important to emphasise that the above structure is intended as a set of guidelines only, rather than a set of manualized rules that must be adhered to. There is no pre-specified rule regarding how many sessions should be devoted to standards or whether each step must be thoroughly completed before the work moves on. Equally, the intention of the CBCT therapist is that this exploration is one in which the couple primarily have a discussion with each other during the session, with the therapist a presence to assist in structuring this and ensuring that the conversation is not derailed by typical patterns of polarization or mishearing.

In my experience of conducting such explorations within CBCT, I have often been struck with how the couple's conversation touches on existential tensions (Spinelli, 2015) as well as values and beliefs that are central to each individual's sense of identity and their identity and continuity as a couple. In my view, a dialogue between practitioners of CBCT and practitioners of EPCT is likely to also be of great value to the development of both approaches. This possibility for dialogue is not restricted just to the content of therapeutic exploration with couples (such as existential themes) but also includes the way in which such explorations are undertaken.

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