

Existential–Integrative Psychotherapy: Coming of Age

A review of



Existential-Integrative Psychotherapy: Guideposts to the Core of Practice

by Kirk J. Schneider (Ed.)

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Reviewed by

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I am confused. How is it that I am reading an edited book on existential psychotherapy and I find a chapter coauthored by Steven C. Hayes, who might be (or at least has been) labeled as a radical behaviorist? After all, Hayes authored an article titled “Variables Influencing the Acquisition and Maintenance of Aggressive Behavior: Modeling Versus Sensory Reinforcement” (Hayes, Rincover, & Volosin, 1980), which seems a long way from the world of Rollo May, Victor Frankl, James Bugental, and Irvin Yalom. Some effort is needed to understand this incongruity and what it means for psychotherapy in the current context. The effort is worth it, in my mind—indeed, one could

make the case, as Kirk Schneider, the editor of *Existential-Integrative Psychotherapy: Guideposts to the Core of Practice* does, that the effort is critical to the health and welfare of distressed persons seeking psychotherapy as well as to the field of psychotherapy itself.

Psychotherapy has a “dual heritage” (Messer, 2004) that emanates from the humanistic and scientific traditions. The scientific tradition gave us clinical trials, empirically supported treatment, behaviorism, and a place at the table of the health delivery system in the United States, for better or for worse. The humanistic tradition gave us the notions of empathy, phenomenology, meaning, and being. The divide has been great in terms of the literature we read, the way we conceptualize cases, the manner in which we intervene, the organizations to which we belong, and the controversies we create. Schneider has attempted to bridge the divide; hence the *integrative* part of *Existential-Integrative Psychotherapy*.

The volume begins with an urgent note that the quantitative, empirical, and biological approaches to the treatment of mental distress (I hesitate to use the word *illness*, as it emanates from the very model that concerns many in the humanistic–existential realm) have not been optimal and that a new approach is needed. Further, the observations are made that life is complex, simple solutions are inadequate, no particular treatment has been shown to be demonstrably more effective than another, and most likely psychotherapy integration will yield the optimal approach. According to Schneider, existential integration (EI) is “in a prime position to lead the next wave of reform in clinical practice” because of “existential psychotherapy’s stated position of comprehensiveness and its direct descent from artistic and literary sources—contexts renowned for their depth” (p. 3).

The fundamental issue in this volume is understanding how existential therapy is integrative, as presented in this book. Historically, there have been three approaches to integration (Arkowitz, 1992). The first, technical eclecticism, involves using the strategy or technique that will have the highest probability of meeting the goals of therapy—that is, an empirical project to match treatment to client to optimize outcomes. Clearly, this is not at all what Schneider has in mind, and he dismisses technical eclecticism as flawed because of its association with

the empirical and scientific tradition and its narrow focus on discrete outcomes.

The second integration approach, theoretical integration, more appropriately describes the approach of this volume—it involves the synthesis of several theoretical approaches to conceptualize functioning and to explain how change occurs. The most perspicuous examples are Dollard and Miller (1950) and Wachtel (1977), with the present attempt being closer to the former, which attempted to explain two approaches (viz., psychodynamic and client centered) in terms of another (learning theory), although it has elements of the latter, which was more of a synergistic combination. In Part 2 of the book, Schneider lays out the theory of personality and mechanisms of change from an existential perspective and describes the theory as a metapsychology that would incorporate many various approaches, including Hayes's acceptance and commitment therapy (Chapter 10, Bunting and Hayes).

Schneider notes that there have been attempts to integrate aspects of existential approaches into various other therapies, but that this is the first time that other approaches have been incorporated into an existential framework. This material is innovative and renders this section particularly interesting and informative—the theory is sophisticated, richly textured, and appealing. Moreover, the theory is presented succinctly, cogently, and accessibly, which has not typically been the case for other presentations of the theoretical bases of existential theory (or for that matter, for many theories).

However, one has to reflect, particularly if one is as old as this reviewer, that there are numerous appealing theoretical expositions. I am particularly susceptible to good theories—I love reading them and am absolutely convinced, when my read is completed, that the author has presented something compelling and uniquely valuable. But, of course, they cannot all be true (or can they?). Nevertheless, the focus on reflective and meaning-making aspects of mainstream therapies, as illustrated by the incorporation of meditation and Eastern principles into cognitive behavioral treatments, leads me to believe that Schneider is onto something very important in this volume.

The third approach to integration, the common factor approach, posits that the effectiveness of psychotherapy is due to the

commonalities among therapies, and this approach is not considered in this volume. The usual common factor suspects, such as empathy and the working alliance, of course could be the key to the effectiveness of existential approaches presented in this volume. Such a hypothesis is not too interesting.

But there is an alternative common factor approach that is more intriguing. Perhaps it is the clients who make psychotherapy existential. That is, clients come to therapy for an explanation for their disorder, which in a manner of speaking is a desire to give meaning to their experience, to understand, and to move ahead with life. Skilled therapists provide very compelling explanations, and to the therapist the explanations are circumscribed and theory specific—however, to the client, they are alternative narratives never considered, a proposition I have recently put forward (Wampold, 2007). By the way, it is this perspective that allows Hayes's acceptance and commitment therapy to be included in this volume. Moreover, the need to give meaning to life also makes clear the difference between humanistic approaches and existential approaches; the latter involve seeking meaning in addition to a nurturing therapeutic environment that promotes growth.

A large portion of this volume contains examples of existential treatments, each with some preliminary theoretical discussion followed by rich case material. These chapters include EI approaches to multiculturalism, gender, power, sexuality, addictions, severe disorders, children, spiritual and religious issues, and death and dying as well as describing cognitive-behavioral, intersubjective (e.g., psychoanalytic), and brief therapy. It is these chapters that make EI come alive for the reader and demonstrate the power of the approach. The cases presented vividly illustrate the profound respect that EI therapists have for all clients regardless of the fragility of their lived experience or the severity of their disorder—this is case material that all therapists should read and assimilate, whether they are EI therapists or proponents of empirically supported treatments.

Given that therapists vary widely in their effectiveness (Wampold, 2006), it is not unreasonable to believe that a profound respect for the lives of clients is one of the characteristics of effective therapists. In the material on culture, it is apparent that, for EI therapy, various cultural

groups are not add-ons—here, race, ethnicity, and culture are essential aspects of the phenomenology of the client and intrinsic to the treatment. That is to say, there is no need to culturally adapt a treatment as EI is naturally culturally adapted, a thought-provoking idea.

The case material also illustrates how two issues in many approaches melt away in EI. First, resistance is nonexistent, as the EI treatments do not contain preconceived notions of what the client *should* do in therapy; without prescription, there can be no resistance. Second, client dependence is not conceptualized as pathological. While EI therapists, in the case examples, are exquisitely aware of boundaries, the intense bond between therapist and client is welcomed rather than feared; this is richly illustrated in cases of clients with severe distress.

There are two issues related to EI that need to be addressed. Are EI treatments scientific? Schneider emphasizes that such EI therapies are validated primarily with phenomenological methods. While an argument can be had relative to epistemology and methodology, it is clear that EI has not been subjected to the tests (e.g., randomized clinical trials) usually required of treatments to be labeled scientific in the current context. On the other hand, I have argued that the principles of change in EI are as scientific as those of any other psychological treatment (Wampold, 2007); I have no doubt that EI approaches would satisfy any criteria used to label other psychological treatments as scientific. Our current consensus on what is scientific is excruciatingly narrow.

The second issue relates to the question “Who should pay for EI therapy?” Many, although not all, of the cases presented are long, by today's standards, measured in years instead of weeks (n.b., there is material on brief EI therapy in *Existential–Integrative Therapy*). Managed care and government programs are unlikely to accommodate such treatments. The issues are complex, but it is an unfortunate situation that immense sums are spent on end-of-life medical treatments and a fraction of that cannot be spent on quality-of-life therapy.

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Practice is a needed update on existential approaches. It could be argued that an understanding of the principles of existential therapy is needed by all therapists, as it adds a perspective that might, as Schneider contends, form the basis of all effective treatments. The search for meaning is a human characteristic—and EI approaches take the search head on.

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