

3 A Prominent Worldview of Professional Psychology

*Brent D. Slife, Greg Martin,
and Sondra Sasser*

It is difficult to evaluate the conceptual state of professional psychology these days without concluding that it is extensively fragmented. In fact, the heart of professional psychology and the focus of this chapter, psychotherapy, is exemplary of this fragmentation. There are so many diverse schools, systems, and strategies of psychotherapy that they sometimes seem too numerous to count. How is it possible, then, to think that there might be a *general* understanding of the world—a therapeutic worldview—that somehow underlies or serves as a conceptual framework for most or all of them?

As it happens, a number of astute observers of the psychotherapy movement, both historical and contemporary, have long discerned the pervasive influence of *liberal individualism* as its worldview. Philip Rieff (1966/2006) and Robert Bellah (1996) have historically chronicled this influence in our Western culture and sociology, while more recently Blaine Fowers (Fowers, Tredinnick, & Applegate, 1997; Fowers, 2005) and Frank Richardson (Richardson, Fowers, & Guignon, 1999; Richardson, 2015) have described its impact in psychology and psychotherapy. We do not have the space here to thoroughly review their collective work, nor can we link every facet of liberal individualism to the conceptual assumptions of every psychotherapy approach. However, what we can do is raise readers' consciousness about the elements of this worldview, so that they can judge for themselves how implicitly influential it is.

The problem with any such "consciousness raising" is that it is extremely difficult to gain an awareness of an implicit worldview. As many scholars have noted (Fowers, 2005; Richardson et al., 1999; Bellah, Madsen, Sullivan, Swidler, & Tipton, 1996; Rieff, 1966/2006), liberal individualism is so endemic to Western society that it is often never seen or felt—it is the metaphorical water for the fish of Western culture. How do such "fish" become aware of an all-pervasive, yet almost invisible cultural and intellectual environment? How are implicit and endemic worldviews revealed and examined?

The time-honored answer to these questions is *the dialectic*, the contrasting of one set of meanings with another (Rychlak, 1976). We first describe what the dialectic is and how it can be helpful to understanding the worldview water in which most psychotherapists are swimming. We then apply this dialectic to the many implicit characteristics of liberal individualism, contrasting them with the characteristics of another worldview, *strong relationality*. Each set of contrasting characteristics is explained and exemplified, especially in regard to some of its general implications for psychotherapy.

The Dialectic of Worldviews

The revealing of “hidden” assumptions and worldviews has always been a special problem for scholars. How does one become aware of an interpretation of the world that virtually everyone in the culture takes for granted? Indeed, such a worldview can be experienced as *the way the world is*, in which case there is no reason to identify or examine it. As mentioned, the age-old answer to this question is through *contrast*, through what the ancients and even many modern scholars have referred to as *the dialectic* (Rychlak, 1976). The dialectic has many sources and manifestations, but the main reference here is to the importance of contrast in fully understanding any meaning. Indeed, the consummate dialectician would hold that meaning is more than its similarities or its synonyms. A complete comprehension of *any* meaning requires a sense of its contrasting meanings, hence the widespread practice in dictionaries of including antonyms as well as synonyms. One cannot understand the meaning of “goodness” without some understanding of “badness.” To know that she’s “beautiful” is to know what she’d look like if she were “ugly.”

The magic of such contrasting meanings, as thinkers across the millennia have discovered repeatedly, is that they make us aware of *implicit* meanings. As a personal example, the lead author’s wife opted for “soft” contacts some years ago and only then became aware of the headache she had long experienced with “hard” contacts. In other words, she was not aware that she had even *had* such a headache until she experienced the contrasting meanings (experiences of her head) of the softer contacts. Likewise, relaxation specialists will tell you that many people are relatively unaware of how tense or anxious they are until they are comparatively relaxed.

And so it is with the worldviews that saturate our understanding. They can influence tremendously all of our practical activities, but they do so without our noticing. To really notice and understand them requires some way of contrasting them, and the greater the contrast, the greater our potential understanding. Indeed, the scholars of liberal individualism have long

lamented how easily this worldview is misunderstood without adequate contrast (Fowers, Richardson, & Slife, in press). For fish to understand the water of their environment, it's not enough to describe different types of water. The fish will not properly appreciate the environment they literally breathe through their gills until they have experienced a truly stark contrast, such as being jerked from the water altogether.

Similarly, psychotherapists will not properly appreciate the liberal individualist cultural environment they have been “breathing” until they experience a truly stark contrast. We do not plan the equivalent here of jerking the reader from their individualist water, but several scholars have explored a *qualitatively* different worldview, or perhaps better put, a completely different ontology than individualism—the ontology of strong relationality (Slife, Koltko, & Prows, 2013). We use the phrase “qualitatively different” because for each important characteristic of liberal individualism, strong relationality features its own contrasting characteristic, making it very useful for highlighting the many facets of liberal individualism.

Before describing these pairs of contrasting characteristics, it is important to explain the term “strong” in strong relationality. This term is not intended to mean better or clearer than weak relationality. It is, instead, a philosophical distinction that connotes a stronger form of what many Westerners typically assume is the nature of relationships, sometimes called the weak or individualist form of relationship. This weak form assumes that all individuals are *first* self-contained identities (selves, personalities) *before* they form relationships, whereas the strong form assumes that all individuals are first and always nodes or nexuses of relationships. With either form, psychotherapists can care deeply about relationships. However, the quality of the relationship is different for each. In the weak sense, people are primordially individuals who house within themselves their essential identities and only later form relationships with other identities. In the strong relational sense, people have a shared being with their contexts at the outset. Relationships are the primordial reality, and if anything is “formed” later, it is the cultural notion of individualism *from* the relationships (culture), and not the other way round.

Contrasting Characteristics

With that clarification, we can now consider the contrasting characteristics of liberal individualism and strong relationality through a table of seven characteristics (see Table 3.1). We first attempt to explain each of these contrasts, and then try to provide practical (contrasting) examples of each worldview for psychotherapy. We title each characteristic with its individualist label (e.g., “Atomism” for the first characteristic), but we also explain how the particular

Table 3.1 Contrasting Characteristics of Two Worldviews

<i>Features</i>	<i>Liberal Individualism</i>	<i>Strong Relationalism</i>
Atomism	Individual identity is relatively independent of context and relationships.	Individual identity is dependent on context and relationships.
Autonomy	Individuals have the power and right to govern themselves and decide their own therapy goals.	Individuals and their therapy goals are and should be informed by their moral traditions.
Happiness	Individuals should pursue the satisfaction of their own desires, including happiness and well-being.	Individuals should pursue the quality of relationships and meanings.
Instrumentalism	Individuals should use the world, including people, as resources for their own ends.	Individuals should pursue moral relationships, not use people as means to an end.
Neutrality	Therapists should strive to practice in a manner that is as free of their own values as possible.	Therapists cannot help but value their values and instead should facilitate an interchange of client/therapist values.
Freedom From	Individuals should reject unnecessary obligations as obstacles to their freedom and self-expression.	Individuals should embrace obligations and duties as a key to meaning and self-development.

individualist characteristic differs from the corresponding characteristic of strong relationality.

To avoid awkward phrasings, we will also use the terms “individualist” and “relationalist” as shorthand for a person who is currently seeing the world from or facting on a particular worldview perspective. We do not mean to preclude the possibility, as we use these terms, that real people—as opposed to the theoretically “pure” individualist or relationist—can either mix these worldviews (along with many others) or use them situationally (e.g., individualism in one context and relationality in another). Again, our space is constrained, so we refer readers to the burgeoning scholarship on liberal individualism and strong relationality as we describe these characteristics (Fowers et al., in press; Slife et al., 2013).

Characteristic 1—Atomism

The first characteristic of liberal individualism is its endorsement of philosophical atomism. Atomism, as we mean it here, is the notion that all that is primary or essential about persons (their qualities) is contained within them,

whether it is their biology, their cognitions or feelings, their reinforcement histories, their egos, or their personalities. In other words, there is some kind of basic identity that is within the person and experiences the “outside” world, providing continuity across the varying situations of our lives. All the basic qualities of the individual originate from this self, with relationships forming only after the individual and even then must be incorporated within the person to be influential.

This notion is, of course, part of the “individualism” of liberal individualism. Individuals are sovereign over all things concerning their lives. Indeed, the important Western concept of universal human rights stems from this characteristic (Richardson et al., 1999). The individualist perspective is also one of the conceptual bases for the laboratory tradition in the social sciences, where the best way to study individuals is to sterilize them of their surrounding situation. In psychotherapy this characteristic accounts for why we think we can treat clients in our offices and away from the contexts of their problems. These contexts—including a client’s interpersonal relationships—are viewed as secondary or incidental. Clients supposedly carry their problems around within them, including their interpersonal problems, regardless of the context. Abnormal psychology texts support this definition, presenting definitions of psychological disorders such as: “A psychological disorder [is] a psychological dysfunction within an individual associated with distress or impairment in functioning” (e.g., Barlow & Durand, 2012, p. 2).

Consider the strong relationist as a contrast. Relationists are not atomistic because they view all individuals as inextricably connected to their contexts; the very being or identity of any individual is shared with the context of which they are part. To understand or study individuals fundamentally is to understand or study them in relation to this context, including their present environment, their culture or cultures, their bodies, and their histories. Even a complete understanding of a person’s brain is insufficient to understand or predict him or her (or the brain). Relational neuroscientists, in this sense, would assume something like a situated cognition, where our memories are partly dependent on our computers and phones, rather than an atomistic (self-sufficient) brain (Koole & Veenstra, 2015). The qualities of any person, from this relational perspective, originate from the persons’ meaningful connections with their context, implying that those qualities can fundamentally change from one context to the next. The person you know from church may be quite different from the “same” person you know at a football game. This is not to say that there is no continuity from one situation to another. Still, the continuity burden is not carried exclusively by the internal “self” or even brain; it is at least shared by relational factors such as culture, language, and embodiment (Oyserman, Sorensen, Reber, & Chen, 2009; Smith & Semin, 2007).

The most important psychotherapy implication of a strong relational approach is that the self-contained, atomistic individual is no longer the basic unit of therapy. The person's relationships, whether interpersonal (among people) or impersonal (among other aspects of their context), are the basic units. For this reason, the quality of these relationships is more important than individualist qualities such as happiness and well-being (see next section). This relational perspective is part of the impetus for the family and group therapy movements. However, many of these movements are only partially or weakly relational because families and groups are typically conceptualized as separable from their contexts.¹ Moreover, a person's qualities can drastically change across differing contexts in a relational account, meaning that few individual traits or personalities, at least as conventionally understood, are consistent across all contexts. Even diagnostic symptoms can shift—with depressives, for example, having at least contextual "moments" in which they are not depressed. Obviously, if this is true, knowledge of these moments would be pivotal to understanding these changes, however fleeting they may seem. Too often from a relational point of view, therapists focus on the episodes associated with individualist diagnoses, and momentary changes are overlooked and not mined for their therapeutic gold.

Characteristic 2—Autonomy

Characteristic 2 refers to the "liberal" part of liberal individualism. This part of the worldview is the origin of our widespread professional values of client autonomy and empowerment. Our clients should be liberated from oppressive moral traditions and authority, and should be empowered to make their own decisions, autonomously. This characteristic, as mentioned, is connected to one of the more positive aspects of individualism, individual human rights. However, it also means the individual is ultimately king over their own lives, with the individual's community or moral tradition considered secondary if not incidental or problematic. Indeed, many therapists do not view the value of autonomy as political or ideological at all; client autonomy is a "basic need" of humanity (Ryan & Deci, 2000) and an essential component of the "good life" (Chekola, 2007; Devine, Camfield, & Gough, 2008).

From this perspective in psychotherapy, individuals should have ultimate authority over the goals of their treatment (Jennings, Sovereign, Bottorff, Mussell, & Vye, 2005; Tjeltveit, 2006). Therapists can obviously discuss these goals with their clients, but they should never obstruct the client's autonomy over the therapy's ultimate objectives. Psychotherapist Hibbert describes this autonomy to her clients in the following manner: "Therapy

is designed to help you discover and achieve what you truly desire, and not what anyone else desires for you” (Tartakovsky, 2016, section, para. 2). Of course, Hibbert’s warning—“not what anyone else desires for you”—does not refer just to therapists. To be truly liberated in the liberal individualist sense is to be freed from any traditions that are viewed as dogmatic and potentially obstructive to one’s individual freedom. Individualists particularly target traditions such as religion in this regard because these types of belief structures are frequently seen as robbing persons of the sovereignty to make decisions over their own lives.

With strong relationality, on the other hand, a portion of the context that partially constitutes any person is their moral tradition, including cultural and religious traditions. Indeed, one of the clear lessons from the growing field of indigenous psychology is that contexts such as cultures cannot be divorced from moral traditions such as religion (Kim, Yang, & Hwang, 2006). At the very least, this lesson implies that cultural competence in psychotherapy is not possible without some competence in the religious traditions of a culture. Indeed, as we will see in Characteristic 5 below, values in general are not considered avoidable or even merely subjective in psychotherapy (Brinkman, 2015). Some values matter, regardless of the prejudices of the therapist or client. Indeed, some client problems involve their values and should thus be identified if not corrected from the relational perspective.

This perspective does not mean that dogma reigns and individuals are inevitably oppressed. The individual client should clearly have a voice in therapy decision-making, and contexts of power need to be taken into account. However, the individual is not the sole or even ultimate voice in therapy decisions, because other factors of the context, including culture, moral tradition, and therapist are vital to proper therapeutic goals. Even worldviews play a role in this regard, partly because they imply a broad set of moral goals. Individualism, for instance, values individual autonomy, while relationality questions the priority of the individual and values instead quality relationships. The notion that autonomy is a basic human or biological need, in this sense, is mistaken, because it is, rather, a reification of the cultural ideology of individualism, and thus may only apply to clients of Western culture, if it applies at all.

Characteristic 3—Happiness

If individuals are or should be autonomous—the sole or ultimate decider of their lives—then they should not only choose their own goals; those goals should concern what is best for them *as* individuals. Here, as positive psychologists have demonstrated, there seems to be considerable unanimity

among most individuals in the West: they want to be happy (Locke, 2002; Seligman, 2011). There are, of course, variations on this individualist theme, such as the desire to possess well-being, to flourish, to be fulfilled, etc. Whatever the concept, however, individuals should want or need whatever ultimately benefits them. Indeed, many economic models assume that it would be irrational to do otherwise (Camerer & Fehr, 2006). Other goals, such as the goals of community, are viewed as secondary if not ultimately in the service of individual goals (see Characteristic 4). Many individualists would surely entertain a mixture of communal and individual goals, but individual goals would always and ultimately be required.

Psychotherapy and psychotherapy research are also conceptualized as if their purpose is to serve these individual goals. Often without justification or defense, therapy investigators and therapy professionals *presume* the goals of therapy are some variant of individual well-being, as if this understanding is axiomatic. Consider Szymanski (2000): “Helping individuals develop subjective self-satisfaction should be the goal in any treatment program” (p. 352). The psychotherapy sub-disciplines of psychology are themselves often defined with these understandings. For example, the counseling section of the American Psychological Association, Division 17, asserts that “the practice of Counseling Psychology encompasses a broad range of culturally-sensitive practices that help people improve their well-being” (Society of Counseling Psychology, 2016). Indeed, it is this general objective of facilitating happiness and well-being that has made client depression one of the main targets of treatment. The implicit worldview of individualism means again that no justification of these objectives are needed.

In the face of the almost axiomatic status of happiness as the good and depression as the bad, it might appear provocative that strong relationality does not make happiness (or its many variations) the main goal of people or psychotherapy. The priority is simply not the individual. The priority, instead, is quality relationships—whether marriage, friendship, or community—and quality relationships do not necessarily mean happy individuals in those relationships. The lead author, for example, has been in a good marriage of more than 40 years (Slife, 2016). While it is certainly true that the quality of this marriage has been associated with our individual happiness, it is also true that if one of us became chronically ill, neither of us would be happy, even though we could still effect a quality relationship in the midst of what would be for us suffering and sadness.

In a similar manner, the strong relationist does not automatically target depression as bad. Not only are quality relationships possible with some forms of depression; some life meanings are only reachable through suffering and sadness (Fowers et al., in press). Moreover, what is popularly viewed as “depression” (e.g., sadness, emotional pain) may validly indicate

life or relationship problems, and thus should not be automatically treated until its function or meaning is discerned. Depression may, of course, indicate biochemical problems, but again the relationist does not *automatically* assume that individual emotional pain and sadness are necessarily biochemical, bad, or in need of reduction at all. In this sense, the main objective of a relational psychotherapy is less about individual pain and more about healthy relationships.

Characteristic 4—Instrumentalism

With individual objectives, such as happiness, as the primary ends of liberal individualism, virtually everything and everyone else are the means or instruments of these objectives (Richardson et al., 1999). The world becomes a “resource,” to use Martin Heidegger’s term (Heidegger, 1977), for our own personal use and benefit. Even “helping behavior” would have to be ultimately motivated toward some individual benefit; this ultimate motive is often viewed as a byproduct of our human nature from the individualist perspective (Marsh, 2016; Kurzban, Burton-Chellew, & West, 2015). A realtor friend of the lead author was recently asked why he so regularly attended and served at church, especially when he did not believe in God. He replied as if the answer was a no-brainer: “it is my best source of referrals!” Many business strategies are clearly instrumental in this sense (Ingerson, DeTienne, & Liljenquist, 2015).

Instrumentalism may be particularly striking in the individualist understanding of marriage: its main purpose is to make the individual spouses happy. The marriage is a means, and the individuals are the ends, implying that if the individuals are not happy, the marriage is not performing its instrumental function and divorce should be considered. Many marital researchers, in fact, attribute the high American divorce rate to this instrumentalist attitude (e.g., Fowers, 2000; Amato, Booth, Johnson, & Rogers, 2009).

Do marriage or family therapists view marriage in this individualist manner? There is certainly anecdotal evidence of this occurring. Consider, for example, this report of a therapy case from Slife, Scott, and McDonald (2016):

When, for instance, Mary revealed some marital strife, my supervisor was quick to question whether her marriage was serving her well-being. Was it a factor in her depression? He was very clear with me that we either get her marriage working for her happiness again, or she needs to get a new mate.

(p. 599)

There is also abundant empirical evidence that this individualist worldview is involved in the professional values of many psychotherapists (Fowers et al., 1997; Tredinnick & Fowers, 1999; Fowers et al., in press; Nelson & Slife, in press; Slife, 2015). Joe Ostenson (2010) has also concluded that virtually all the psychological measures of marital satisfaction are measures of the needs and the happiness of the individuals involved, rather than a measure of the quality of the relationship itself. Even in assessment, it seems, the individual is primary.

Strong relationists would obviously disagree; our relationships and the world are *part of* our shared being from their viewpoint. To instrumentalize the world is to instrumentalize ourselves, because the others of our lives are part of our very identities. If anything, our relationships with our friends and spouses are the ends, with individuals and their particular goals as the means. The world, certainly our friends and spouses, do not exist merely as resources to benefit us. We should seek, instead, virtuous relationships with others, as Fowers et al. (in press) contend in a recent book on virtue ethics, even if individual *unhappiness* is the result.

Can these virtuous relationships be assessed *qua* relationships? Unlike individualism, a relational worldview would allow psychologists to postulate their importance and then devise ways of measuring them. These assessment measures could consist of any number of approaches, from detailed observations of marital interactions to simple qualitative interviews with an eye toward relational quality (e.g., as defined by virtue ethics) rather than mere individual happiness. Individual happiness can *ensue* from a good relationship, to be sure, but it should not be *pursued* (or expected) from the relationist perspective, because the relationship is more important. The same goes for relational business practices. As expedient as instrumentalist business practices might be in the short term, they can be problematic in the long term (Ingerson et al., 2015).

Characteristic 5—Neutrality

The “liberal” in the term liberal individualism also implies another, cherished professional value—the openness or neutrality of the therapist (Jennings et al., 2005). To be truly liberated from moral traditions and value-laden dogma, according to individualism, external authority and values, whether religious or therapeutic, should be minimized. Otherwise, this authority could contravene the individual’s autonomy in making important decisions (Characteristic 2). Evidence-based practices are an extension of this thinking, because they seemingly provide a way to do therapy that is considered relatively value-free or objective.

Another approach to neutrality is to facilitate the client's values and, if anything, to operate within them. As the American Psychological Association puts it, "Grounded in dialogue, it [psychotherapy] provides a supportive environment that allows you to talk openly with someone who's objective, neutral and nonjudgmental" (2016, para. 5). Indeed, the ethics of APA and ACA are clear in their declaration that therapists should never impose their own values on their clients (American Counseling Association, 2014; American Psychological Association, 2010), leaving openness or neutrality as the only option for psychotherapists.

The strong relationist, on the other hand, contends that no such openness, neutrality, or objectivity is even possible, let alone desirable. Part of the context that co-constitutes our identities and infiltrates our cultures is our values. People—including scientists, therapists, educators—cannot help but value their values, whether verbally or nonverbally, and as such the therapy process is unavoidably an interchange of client/therapist values (Fowers, 2005). Psychotherapists have long recognized the importance of therapeutic values in theory (Rychlak, 1981), but their emphasis on therapeutic openness and neutrality, not to mention scientific objectivity, belies its recognition in their practices. For this theoretical recognition to truly be applied in practice, various moral approaches and understandings of the good life would be required in therapy training, along with an explication of the values involved in the evidence-based practice movement (Richardson et al., 1999). The issue for the relationist is not so much the truth or falseness of individualism; openness could be important for many clients. The issue is understanding ideological values such as these, so they can be evaluated for the good of the particular client and context.

In this relational sense, being open and nonjudgmental as a therapist is more a particular value than a freedom from values. One way to make this point is to investigate what supposedly open or neutral therapists do when their clients are closed-minded (or judgmental). The relevant research shows consistently that open-minded therapists typically view the close-mindedness of their clients as bad or even abnormal (Slife, Smith, & Burchfield, 2003; Tjeltveit, 1999). In fact, the research confirms that these so-called open therapists attempt to change their client's close-mindedness so that their clients are more like the therapists (Tjeltveit, 1999). Therapists, in this sense, are not open to the client's closed-mindedness at all; they are teaching their own value of openness. Paul Meehl (1959), long ago, noticed this "conversion" of clients and wondered if therapists were themselves "crypto-missionaries" (p. 257), missionaries in this case for individualism. The relationist's point is that values are always involved, and thus need to be monitored.

Characteristic 6—Freedom From

Clients should not only be liberated from the values of others, according to the individualist, they should also be freed from constraints of *any kind*, within reason. Their sovereignty over their lives means that they should “get what they want.” Erich Fromm (1941) noted over a half century ago that this individualist ideology leads to a well-developed sense in the West of “freedom from” all obstacles, especially if this freedom-from does not impinge on the freedom of other individuals. Perhaps the most frequent label for these kinds of practical, everyday constraints is that of *obligation*. Obligations are regularly viewed in the West as necessary at some level but definitely negative. The best vacations are obligation-free (Cook, Burnett, Hopkins, & Loeb, 2007). Conceptions of Western retirements are frequently idealized as relatively free from constraints (Edwards & Milton, 2014; Smith & Dougherty, 2012). Indeed, this freedom is one of the reasons typically cited in gathering a large retirement nest-egg: it allows a relatively obligation-free lifestyle (Fuscaldo, 2012).

The obligations of community are considered particularly onerous. They can tie us down and prevent us from what Bellah (1996) would call *expressive individualism*, the power and duty not to conform completely to societal pressures and customs and instead express our unique selves. The work of Carl Rogers was particularly influential in incorporating this humanistic understanding into psychotherapy. For Rogers the impact of society was a primary therapeutic problem that each client needed to work through to achieve self-actualization (Rogers, 1951). Therapists should increase the individual’s authentic self and decrease the individual’s societal constraints. As William Doherty (1999) puts it, [therapists] “see themselves as liberation fighters, for individual fulfillment against oppressive moral codes and family structures.”

The strong relationist’s understanding, on the other hand, is that individuals should not be liberated from these obligations and constraints, even *if* this “freedom-from” were possible. Fromm (1941) richly portrayed the kind of personal difficulties that accompany this attempt at freedom-from, something he thought was a major source of Western problems in living (Richardson, 2005). Discussing what he called the “ambiguity of freedom,” Fromm argued that virtually everyone in the West has a well-honed sense of freedom from arbitrary authority and dogmatic obstacles. Yet, we are sorely lacking a corresponding sense of “freedom to” or “freedom for” that which gives some context, direction, or deeper purpose to our increased freedom and opportunity. Many is the retiree, for example, who has realized that an obligation-free lifestyle is a relatively meaningless one (Skipper International, 2013).

Psychotherapy, from this relational worldview, cannot be about decreasing the communal and obligatory, and increasing the individual and unique. The strong relationist would not reject the aim of human authenticity *per se*, but authenticity itself would be reconceptualized to involve the person's surrounding context (see Guignon, 2004, for an example of such contextual authenticity). Moreover, authenticity would not be understood as something all individuals should universally strive for, because their culture would be a vital factor in what authenticity might mean and whether it is important at all. For this reason, marriage and family therapies would rarely view marital and familial obligations as a problem, even for an individual's authenticity. These obligations are part and parcel of an individual's identity, and so they must be (and already are) part of their authenticity, not separate from it. In fact, the relationist would argue that no serious relationship can occur without obligations and constraints of one sort or another.

Characteristic 7—Independence

A similar, but separable conception of the liberal individualist is the person's need for independence. This conception is similar in that it could be seen as a type of "freedom from," Characteristic 6. However, it needs to be singled out conceptually because the individualist notion of independence is not just about freedom from contextual constraints and obligations; it also concerns the types and qualities of relationships that are *acceptable* to the individualist. As mentioned at the outset, many individualists value relationships very highly. However, the way these are valued and what they consider relationships differ profoundly from the relationist. Perhaps most obviously, given the previous descriptions of this chapter, individualists value relationships because they can be used instrumentally to make us happy. This type of valuing is prominent among positive psychologists (Nelson & Slife, in press; Christopher, Richardson, & Slife, 2008). For example, one of the leaders of this movement, Martin Seligman (2011), describes in some detail how relationships, including "altruistic" ones, should be used to remit an individual's depression (Fowers et al., in press).

Another important difference between the relationist and individualist views of relationship lies in their understanding of dependence. With the individualist, independence is good and dependence is bad. Even the instrumental use of positive relationships for one's happiness has important limits from this perspective. Individuals should be cautious never to get *too* involved in a relationship, because they can become dependent and put their happiness or well-being at risk. Rejection or abandonment are rarely happy events. Dependence has also been viewed negatively in developmental models, because one of the objectives of healthy development has long

been to replace the dependence of the human infant with the self-sufficiency of the adult (Fowers et al., in press). These views have led many psychotherapists to vilify dependency through conceptions like co-dependency and dependent personality disorder. As many feminists have noted, there is no “independent personality disorder” in psychology, so there must be no amount of *independence* that is problematic to the individualist.

The strong relationist, by contrast, champions an existential dependence—the notion that we are always and already dependent; we just trade one type of dependency for others as we mature. We should, of course, avoid irresponsible and foolish dependencies, but we will never avoid or even lessen dependency because we *are* our relationships. We still depend on the grocer, the plumber, the banker, etc. Moreover, our basic identities stem from our dependencies. One of the current authors of this chapter is a sister, cousin, girlfriend, student, etc.—all of which define who she is and what she does from this relational viewpoint. Indeed, the relationist would argue that there really is no love or intimacy *without* dependency. We are thus necessarily and existentially at risk when we truly care, with relational pain and even unhappiness a likely result. From this perspective, we should jump off the happiness bandwagon, cease our instrumentalizing of relationships, and consult our moral traditions to decide which dependencies are good and which are bad.

From the vantage of relational psychotherapy, the feminist notion of an independent personality disorder is a distinct possibility, especially in the West. If relationships are what make our lives truly meaningful, then healthy dependencies should be fostered, not avoided. Indeed, if anything, given the dominance of individualism in the West, it is likely that skills of independence have been facilitated through our development and culture, with skills of healthy dependence sorely lacking. This relative absence of dependence skills would also imply the probability of decreased interpersonal intimacy, not to mention decreased *impersonal* intimacy, where the ability to “commune with nature,” for example, is diminished. Needless to say, the capacity to love and be loved—perhaps the *sine qua non* of many relational aspirations—would also be diminished. Part of the job of these psychotherapists, then, is to facilitate these skills of dependence so that healthy, if not intimate and loving relationships can occur.

At this point, there is surely no doubt about the profound differences between individualism and relationality, but is individualism influential in the practical enterprise of psychotherapy? As mentioned at the outset, the answer to this question will have to be left primarily to the reader, because space constraints prevent us from explicitly connecting the seven characteristics of

liberal individualism to each of the scores of therapy strategies and modalities. (See the work of Richardson (2005) and Fowers (2000) for some explorations of these relationships.)

Even so, the influence of these characteristics is surely apparent in the pervasive themes of many *informal* psychotherapeutic practices and values. These themes include: clients seen almost exclusively in therapist offices, individual well-being as a prominent therapy objective, client autonomy and empowerment as important professional values, positive relationships considered instruments of individual happiness, client values as more important than therapist values in treatment, a well-developed sense of freedom-from external authority without a comparable sense of freedom-for, and a general suspicion if not fear of interpersonal dependency.

We should clarify that we are not contending that liberal individualism is the *sole* cause of these themes, nor are we arguing that they are without exceptions in practice. Worldviews such as individualism can easily work together with other influences that will either complement and strengthen their characteristics or detract and diminish them. As an example of the former, consider how individualism's promotion of value-neutrality in therapy complements the objectivism of psychology's neopositivist philosophy of science (Brinkmann, 2015; Slife & Williams, 1995). As an example of how other factors can reduce individualism's influence, consider how the therapist's intuition of the import of relationships (e.g., "relationship heals") has sometimes diminished the usual emphasis on instrumentalism or individual happiness (e.g., divorce is not good even if it means individual unhappiness). In either case—the strengthening of individualism's influence or its relative reduction—our claim is that liberal individualism is a significant, if not vital part of these themes and often serves to justify them, especially when this influence and justification are not fully recognized or examined.

Note

- 1 Another distinction between individualism and strong relationality is their understanding of the parts or members of a human system. In individualism, the qualities of the system parts stem from their inherent properties—such as each person's biology or their personalities—which then interact to form the system. However, in strong relationality, the qualities of each part stem from its relationship to the other parts. The head of a stick person, for example, does not get its "headness" quality solely from its circular shape; its headness comes in part from its relationship to the rest of the figure. Similarly, my "West Texas" accent (where "accent" has three syllables) would not be noticed in West Texas, because its qualities do not stem from my inflection or enunciation but rather from its relationship with its surrounding context. In this strong relational sense, the relationship is primary, not the thing itself, even in a collection of things.

References

- Amato, P. R., Booth, A., Johnson, D. R., & Rogers, S. J. (2009). *Alone together: How marriage in America is changing*. Cambridge, MA: Harvard University Press.
- American Counseling Association. (2014). *ACA code of ethics*. Alexandria, VA: Author.
- American Psychological Association. (2010). *Ethical principles of psychologists and code of conduct*. Retrieved on September 28, 2016, from <http://apa.org/ethics/code/>
- American Psychological Association. (2016). *Understanding psychotherapy and how it works*. Retrieved on September 10, 2016, from www.apa.org/helpcenter/understanding-psychotherapy.aspx
- Barlow, D. H., & Durand, V. M. (2012). *Abnormal psychology: An integrative approach, seventh edition*. Stanford, CT: Cengage Learning.
- Bellah, R. N., Madsen, R., Sullivan, W. M., Swidler, A., & Tipton, S. M. (1996). *Habits of the heart: Individualism and commitment in American life: Updated edition with a new introduction*. Berkeley: University of California Press.
- Brinkmann, S. (2015). Perils and potentials in qualitative psychology. *Integrative Psychological & Behavioral Science*, 49(2), 162–173. doi:10.1007/s12124-014-9293-z
- Camerer, C. F., & Fehr, E. (2006). When does ‘Economic Man’ dominate social behavior? *Science*, 311(5757), 47–52. doi:10.1126/science.1110600
- Chekola, M. (2007). Happiness, rationality, autonomy and the good life. *Journal of Happiness Studies*, 8(1), 51–78.
- Christopher, J. C., Richardson, F. C., & Slife, B. D. (2008). Thinking through positive psychology. *Theory & Psychology*, 18(5), 555–561. doi:10.1177/0959354308093395
- Cook, S. D., Burnett, T. T., Hopkins, S., & Loeb, P. (2007). *The ideal American vacation trip: An in-depth analysis of American leisure travelers’ aspirations and motivations*. Washington, DC: Travel Industry Association.
- Devine, J., Camfield, L., & Gough, I. (2008). Autonomy or dependence—Or both?: Perspectives from Bangladesh. *Journal of Happiness Studies*, 9(1), 105–138.
- Doherty, W. J. (1999). *How therapy can be hazardous to your marital health*. Paper presented at the Smart Marriages Conference, Washington, DC. Retrieved on September 13, 2016, from www.smartmarriages.com/hazardous.html
- Edwards, W., & Milton, M. (2014). Retirement therapy? Older people’s experiences of existential therapy relating to their transition to retirement. *Counselling Psychology Review*, 29(2), 43–53.
- Fowers, B. J. (2000). *Beyond the myth of marital happiness: How embracing the virtues of loyalty, generosity, justice, and courage can strengthen your relationship*. San Francisco, CA: Jossey-Bass.
- Fowers, B. J. (2005). Psychotherapy, character, and the good Life. In B. D. Slife, J. S. Reber, F. C. Richardson, B. D. Slife, J. S. Reber, & F. C. Richardson (Eds.), *Critical thinking about psychology: Hidden assumptions and plausible alternatives* (pp. 39–59). Washington, DC: American Psychological Association.

- Fowers, B. J., Richardson, F., & Slife, B. (2017). *Human frailty, vice, and suffering: Flourishing in the context of limits and dependency*. Washington, DC: APA Books.
- Fowers, B. J., Tredinnick, M., & Applegate, B. (1997). Individualism and counseling: An empirical examination of the prevalence of individualistic values in psychologists' responses to case vignettes. *Counseling and Values, 41*(3), 204–218. doi:10.1002/j.2161-007X.1997.tb00403.x
- Fromm, E. (1941). *Escape from freedom*. New York: Farrar & Rinehart.
- Fuscaldò, D. (2012). *10 steps to get you ready for retirement*. Retrieved on September 23, 2016, from www.aarp.org/work/social-security/info-05-2011/10-steps-to-retire-every-day.html
- Guignon, C. B. (2004). *On being authentic*. London: Routledge.
- Heidegger, M. (1977). *The question concerning technology, and other essays*. New York: Harper & Row.
- Heidegger, M., Macquarrie, J., & Robinson, E. (1962). *Being and time*. Malden, MA: Blackwell.
- Ingerson, M., DeTienne, K. B., & Liljenquist, K. A. (2015). Beyond instrumentalism: A relational approach to negotiation. *Negotiation Journal, 31*(1), 31–46. doi:10.1111/nejo.12078
- Jennings, L., Sovereign, A., Bottorff, N., Mussell, M. P., & Vye, C. (2005). Nine ethical values of master therapists. *Journal of Mental Health Counseling, 27*(1), 32.
- Kim, U., Yang, K., & Hwang, K. (Eds.). (2006). *Indigenous and culture psychology: Understanding people in context*. New York, NY: Springer Science+Business Media.
- Koole, S. L., & Veenstra, L. (2015). Does emotion regulation occur only inside people's heads? Toward a situated cognition analysis of emotion-regulatory dynamics. *Psychological Inquiry, 26*(1), 61–68. doi:10.1080/1047840X.2015.964657
- Kurzban, R., Burton-Chellew, M. N., & West, S. A. (2015). The evolution of altruism in humans. *Annual Review of Psychology, 66*, 575–599. doi:10.1146/annurev-psych-010814-015355
- Locke, E. A. (2002). Setting goals for life and happiness. In C. R. Snyder, S. J. Lopez, C. R. Snyder, & S. J. Lopez (Eds.), *Handbook of positive psychology* (pp. 299–312). New York: Oxford University Press.
- Marsh, A. A. (2016). Neural, cognitive, and evolutionary foundations of human altruism. *Wires Cognitive Science, 7*(1), 59–71. doi:10.1002/wcs.1377
- Meehl, P. E. (1959). Some technical and axiological problems in the therapeutic handling of religious and valuational material. *Journal of Counseling Psychology, 6*(4), 255–259.
- Nelson, J. M., & Slife, B. D. (2016). A new positive psychology: A critique of the movement based on early Christian thought. *The Journal of Positive Psychology, 1*–9.
- Ostenson, J. A. (2010). Measuring relationships or measuring individuals: An ontological analysis of marital therapy outcome measures. *Dissertation Abstracts International, 71*, 1369.
- Oyserman, D., Sorensen, N., Reber, R., & Chen, S. X. (2009). Connecting and separating mind-sets: Culture as situated cognition. *Journal of Personality and Social Psychology, 97*(2), 217–235. doi:10.1037/a0015850

- Richardson, F. (2005). Critical thinking about psychology: Hidden assumptions and plausible alternatives. In B. Slife, J. Reber, & F. Richardson (Eds.), *Psychotherapy and modern dilemmas* (pp. 17–38). Washington, DC: American Psychological Association.
- Richardson, F. C., Fowers, B. J., & Guignon, C. B. (1999). *Re-envisioning psychology: Moral dimensions of theory and practice*. San Francisco: Jossey-Bass.
- Rieff, P. (2006). *The triumph of the therapeutic*. Wilmington, DE: ISI Books (Original work published 1966).
- Rogers, C. R. (1951). *Client centred therapy*. Boston: Houghton-Mifflin Co.
- Ryan, R. M., & Deci, E. L. (2000). Self-determination theory and the facilitation of intrinsic motivation, social development, and well-being. *American Psychologist*, 55(1), 68–78.
- Rychlak, J. F. (1976). *Dialectic: Humanistic rationale for behavior and development*. Basel: Karger.
- Rychlak, J. F. (1981). *Introduction to personality and psychotherapy: A theory-construction approach*. Oxford, UK: Houghton Mifflin.
- Seligman, M. P. (2011). *Flourish: A visionary new understanding of happiness and well-being*. New York, NY: Free Press.
- Skipper International. (2013, May). *Men are happier in retirement than women*. Retrieved from www.skiptoninternational.com/news/men-happier
- Slife, B. D. (2015, August). *Liberal individualism: The generic worldview of western psychotherapists*. Paper presented at the meeting of the American Psychological Association, Toronto, Canada.
- Slife, B. D. (2016). *The experiencing and theorizing of love*. Paper presented at the meeting of the American Psychological Association, Denver, CO.
- Slife, B. D., Koltko, V., & Prows, G. (2013, February). *Relational existential psychotherapy*. Invited address to the United States Air Force mental health staff, Wright-Patterson Air Force Base, Dayton, Ohio.
- Slife, B. D., Scott, L., & McDonald, A. (2016). The clash of liberal individualism and theism in psychotherapy: A case illustration. *Open Theology*, 2(1), 596–604. doi:10.1515/opth-2016-0047
- Slife, B. D., Smith, A. F., & Burchfield, C. M. (2003). Psychotherapists as crypto-missionaries: An exemplar on the crossroads of history, theory, and philosophy. In D. B. Hill, M. J. Kral, D. B. Hill, & M. J. Kral (Eds.), *About psychology: Essays at the crossroads of history, theory, and philosophy* (pp. 55–69). Albany, NY: State University of New York Press.
- Slife, B. D., & Williams, R. (1995). *What's behind the research: Discovering hidden assumptions in the behavioral sciences*. Thousand Oaks, CA: Sage Publications.
- Smith, E. R., & Semin, G. R. (2007). Situated social cognition. *Current Directions in Psychological Science*, 16(3), 132–135. doi:10.1111/j.1467-8721.2007.00490.x
- Smith, F. M., & Dougherty, D. S. (2012). Revealing a master narrative: Discourses of retirement throughout the working life cycle. *Management Communication Quarterly*, 26(3), 453–478. doi:10.1177/0893318912438687
- Society of Counseling Psychology. (2016). *What is counseling psychology*. Retrieved September 15, 2016, from www.div17.org/about-cp/what-is-counseling-psychology/

- Szymanski, L. S. (2000). Happiness as a treatment goal. *American Journal on Mental Retardation*, 105(5), 352–362. doi:10.1352/0895-8017(2000)105<0352:HAATG>2.0.CO;2
- Tartakovsky, M. (2016). Therapists spill: How therapy is different from talking to a friend. *Psych Central*. Retrieved on September 10, 2016, from <http://psychcentral.com/lib/therapists-spill-how-therapy-is-different-from-talking-to-a-friend/>
- Tjeltveit, A. C. (1999). *Ethics and values in psychotherapy*. Florence, KY: Taylor & Francis/Routledge.
- Tjeltveit, A. C. (2006). To what ends? Psychotherapy goals and outcomes, the good life, and the principle of beneficence. *Psychotherapy: Theory, Research, Practice, Training*, 43(2), 186–200. doi:10.1037/0033-3204.43.2.186
- Tredinnick, M. G., & Fowers, B. J. (1999). Individualism and psychotherapy: Are psychologists leading or following individualistic trends? *Counselling Psychology Quarterly*, 12(3), 303–313. doi:10.1080/09515079908254100