



Assessing Relational Functioning in Couple and Family Therapy: A Comparative Analysis of Systemic Assessment Instruments in Psychotherapeutic Practice

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Abstract: Assessing relational functioning is a core component of both clinical practice and research in couple and family therapy. Within systemic psychotherapy, assessment is understood as a theory-driven process that actively shapes clinical understanding, hypothesis formulation, and intervention planning. Despite the widespread use of systemic assessment instruments, considerable variability persists in their epistemological assumptions, methodological structure, and clinical utility. This article presents a comparative analysis of four widely used systemic tools—the genogram, the Fundamental Interpersonal Relations Orientation (FIRO) model, the Dyadic Adjustment Scale (DAS), and the Family Adaptability and Cohesion Evaluation Scales (FACES)—focusing on how each conceptualizes relational functioning and informs systemic case formulation. The analysis examines theoretical coherence, methodological characteristics, and the capacity of these instruments to capture dynamic and reciprocal relational processes. Findings suggest that no single instrument adequately reflects the complexity of couple and family relationships. Qualitative tools provide contextual and transgenerational depth, while standardized measures offer structural clarity and comparative rigor.

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Their integrative use supports more coherent clinical formulation and evidence-informed systemic practice.

Keywords: systemic psychotherapy; clinical formulation; assessment instruments; relational processes; therapeutic decision-making

1. Introduction

Systemic couple and family therapy conceptualizes psychological difficulties as emerging within relational contexts rather than residing exclusively within individuals (Nichols & Davis, 2020). From this perspective, relationships are understood as dynamic, self-regulating systems in which symptoms acquire meaning only in relation to interactional patterns, contextual conditions, and relational histories (von Bertalanffy, 1968). Consequently, evaluation within systemic psychotherapy cannot be reduced to symptom identification or diagnostic categorization; it represents a theory-informed clinical process aimed at understanding how relational systems function and sustain distress.

Within systemic practice, assessment occupies a central position at the intersection of theory, clinical judgment, and therapeutic intervention (Carr, 2019). Through assessment, therapists gain access to relational structures, patterns of power distribution, emotional regulation strategies, and repetitive interactional sequences that shape couple and family functioning. Importantly, systemic assessment is not a passive act of observation. Assessment instruments actively participate in the construction of clinical knowledge by foregrounding specific relational dimensions while rendering others less visible, thereby influencing hypothesis formation and the trajectory of therapeutic work (Hoffman, 1981; Frost, 2017).

Despite its clinical significance, systemic assessment is characterized by considerable methodological diversity. Clinicians employ a wide range of instruments that differ in epistemological assumptions, sources of data, and clinical aims. Qualitative approaches, such as the genogram, privilege narrative coherence, contextual meaning, and transgenerational continuity, offering depth and historical perspective in case formulation (McGoldrick, Gerson & Petry, 2008). In contrast, standardized measures of dyadic and family functioning seek to operationalize relational constructs through psychometrically validated indicators, enabling comparison and empirical evaluation across cases and contexts (Graham, Liu & Jeziorski, 2006).

The coexistence of qualitative and quantitative assessment strategies raises important conceptual and clinical questions regarding their compatibility, complementarity, and limits. An overreliance on standardized instruments may obscure relational meaning and cultural nuance, while exclusive dependence on qualitative methods can compromise methodological transparency and reliability. Thus, the central challenge in contemporary systemic practice is not merely selecting an assessment tool, but critically understanding how specific instruments shape clinical meaning-making and delimit—or expand—the range of possible interventions.

From a systemic epistemological standpoint, assessment tools do not simply describe relational functioning; they enact particular theories of relationships, change, and dysfunction within the therapeutic process itself (Frost, 2017). Methodological reflexivity—defined as the clinician's awareness of how assessment choices influence clinical knowledge and intervention planning—therefore constitutes a core professional competence. In its absence, assessment risks either theoretical arbitrariness or reductive simplification.

Against this background, the present article offers a comparative, methodologically oriented analysis of four widely used systemic assessment instruments: the genogram, the Fundamental Interpersonal Relations Orientation (FIRO) model, the Dyadic Adjustment Scale (DAS), and the Family Adaptability and Cohesion Evaluation Scales (FACES). Rather than providing a descriptive overview, the analysis examines how these tools conceptualize relational functioning, the forms of clinical information they generate, and their respective contributions to systemic case formulation and therapeutic planning. By adopting a structured comparative approach, this study seeks to enhance methodological clarity in systemic assessment and to support informed, culturally sensitive psychotherapeutic practice in couple and family therapy.

2. Literature Review

Systemic assessment practices are rooted in family systems theory, which conceptualizes relational functioning through circular causality rather than linear models of explanation (Bowen, 1978; Hoffman, 1981). Within this epistemological framework, psychological symptoms are understood as relational phenomena maintained by interactional patterns, emotional processes, and transgenerational

dynamics. Contemporary systemic scholarship continues to emphasize this relational ontology, highlighting assessment as an active, theory-laden process that shapes clinical meaning-making rather than a neutral act of measurement (Carr, 2019; Stratton, 2021).

Early systemic models, particularly Bowen's multigenerational theory, emphasized differentiation of self and the transmission of emotional processes across generations, thereby providing the conceptual foundation for the genogram as both an assessment and intervention tool. The genogram operationalizes systemic thinking through visual mapping, enabling clinicians to identify recurring relational configurations, emotional cutoffs, and intergenerational alliances (McGoldrick, Gerson & Petry, 2008). Recent developments have extended genogram use by incorporating cultural, migration-related, and trauma-informed dimensions, underscoring its continued relevance in contemporary systemic practice (McGoldrick, 2020; Vetere & Dowling, 2023).

In parallel with the development of qualitative systemic instruments, empirical relational research sought to operationalize relational functioning through standardized measurement. A seminal contribution in this direction was Spanier's Dyadic Adjustment Scale (DAS), which translated core dimensions of couple functioning—such as consensus, cohesion, satisfaction, and affective expression—into quantifiable indicators (Spanier, 1976). Subsequent research has supported the scale's reliability and utility, particularly in outcome evaluation and comparative clinical research (Graham, Liu & Jeziorski, 2006). However, more recent critiques have noted that while the DAS offers psychometric robustness, it primarily captures relational functioning at the level of individual perception, with limited sensitivity to interactional reciprocity, power asymmetries, and contextual embeddedness (Lebow, Chambers, Christensen & Johnson, 2020; Rusu et al., 2021).

At the family level, Olson's Circumplex Model proposed a theoretically integrative framework linking family cohesion and adaptability to functional outcomes. The Family Adaptability and Cohesion Evaluation Scales (FACES) operationalized this model into standardized assessment instruments widely used in both research and clinical practice (Olson & Gorall, 2006; Olson, 2011). Contemporary studies continue to support the clinical utility of FACES while simultaneously highlighting challenges related to cross-cultural validity, nonlinear functioning, and contextual interpretation, particularly in non-Western or highly diverse family systems (Gorall, Tiesel & Olson, 2022; Rivera et al., 2024).

The Fundamental Interpersonal Relations Orientation (FIRO) model occupies an intermediate methodological position between qualitative and quantitative approaches. Developed by Schutz, FIRO conceptualizes relational behavior through interpersonal needs for inclusion, control, and affection, offering a structured framework for examining power dynamics, emotional regulation, and motivational processes within dyads and small relational systems (Schutz, 1958, 1966). Recent systemic applications have revisited FIRO through the lens of attachment theory and relational neuroscience, emphasizing its relevance for understanding implicit relational expectations and regulatory patterns in couple and family interactions (Johnson, 2020; Schindler & Sack, 2020).

Across the literature, there is broad consensus that no single assessment instrument can adequately capture the complexity of systemic relational functioning. Contemporary methodological discourse increasingly advocates for integrative assessment approaches that combine qualitative depth with quantitative rigor, while remaining sensitive to cultural, developmental, and clinical contexts (Carr, 2019; Kourgiantakis, Ashcroft & Holdsworth, 2021). Despite this recognition, systematic comparative analyses that explicitly examine how different systemic instruments shape clinical conceptualization, hypothesis formulation, and therapeutic decision-making remain limited. Addressing this gap, the present study undertakes a structured comparative analysis of widely used systemic assessment tools, focusing on their epistemological assumptions, methodological characteristics, and implications for clinical practice in couple and family therapy.

3. Methodology – Theoretical and Conceptual Approach

The present study adopts a theoretical–conceptual comparative methodology, grounded in systemic epistemology, to examine how selected assessment instruments conceptualize and operationalize relational functioning in couple and family therapy. Rather than employing an empirical design, the analysis is positioned within a methodologically reflexive framework, focusing on the epistemological assumptions, conceptual structures, and clinical implications embedded in systemic assessment tools.

From a systemic perspective, assessment is understood as a theory-driven and meaning-generative process, not as a neutral act of measurement. Assessment instruments actively shape clinical reasoning by privileging certain relational

dimensions while rendering others less visible, thereby influencing hypothesis formulation and intervention planning (Carr, 2019; Frost, 2017). Consequently, methodological scrutiny of assessment tools is essential for ensuring conceptual coherence, clinical validity, and ethical responsibility in systemic practice.

The comparative framework employed in this study is informed by the recognition that systemic assessment integrates qualitative and quantitative methodologies, each grounded in distinct epistemological traditions. Qualitative instruments, such as the genogram, are situated within constructivist and interpretivist paradigms, emphasizing narrative meaning, contextual embeddedness, and transgenerational continuity (McGoldrick, Gerson & Petry, 2008). In contrast, standardized measures such as the Dyadic Adjustment Scale (DAS) and the Family Adaptability and Cohesion Evaluation Scales (FACES) are rooted in empiricist traditions, prioritizing operationalization, psychometric reliability, and comparability across cases (Graham, Liu & Jeziorski, 2006; Olson, 2011). The FIRO model occupies an intermediate position, combining structured theoretical constructs with clinical interpretability.

The methodological approach of this study does not seek to hierarchize these instruments, but to examine their complementarity and limitations within systemic case formulation. Comparative analysis is conducted along three core dimensions:

- (a) epistemological positioning, including assumptions about relational reality and change;
- (b) methodological structure, referring to data type, level of abstraction, and mode of interpretation; and
- (c) clinical utility, defined as the instrument's contribution to hypothesis generation, relational understanding, and intervention planning.

Special attention is given to issues of intercultural validity and contextual sensitivity, acknowledging that many systemic instruments were developed within Western cultural frameworks and may implicitly reflect normative assumptions regarding autonomy, emotional expression, and family organization (Olson & Gorall, 2006). The analysis therefore considers how assessment tools function across diverse relational and cultural contexts, and how uncritical application may compromise both validity and ethical integrity.

By articulating these methodological criteria explicitly, the present study aims to enhance methodological transparency and epistemological awareness in systemic

assessment practice. The proposed framework supports informed instrument selection and integrative use, facilitating coherent clinical reasoning and advancing evidence-informed systemic psychotherapy in couple and family contexts.

4. Findings: Conceptual and Methodological Insights from Systemic Assessment Instruments

The comparative analysis of systemic assessment instruments reveals substantive differences in how relational functioning is conceptualized, operationalized, and translated into clinical understanding. These differences are not merely technical, but epistemological and clinically consequential, shaping the types of hypotheses that therapists generate and the interventions they consider viable.

A first major finding concerns the level of relational abstraction addressed by each instrument. Qualitative tools, particularly the genogram, foreground transgenerational continuity, emotional processes, and relational legacies. They facilitate an understanding of relational functioning as historically embedded and narratively constructed, enabling clinicians to identify patterns of loyalty, differentiation, and emotional transmission across generations. In contrast, standardized instruments such as DAS and FACES conceptualize relational functioning primarily through present-time structural indicators, offering snapshots of cohesion, adaptability, and satisfaction that support comparative evaluation but provide limited access to processual dynamics.

A second key finding relates to the type of clinical knowledge produced. The genogram and FIRO model generate interpretive, hypothesis-oriented knowledge, supporting exploratory clinical reasoning and reflexive dialogue. Standardized scales, by contrast, produce classificatory and comparative knowledge, which is particularly valuable for outcome monitoring and research-based evaluation. However, when used in isolation, these tools risk either over-contextualization without measurement or measurement without contextual meaning.

The analysis further indicates that epistemological positioning directly influences clinical utility. Instruments grounded in constructivist epistemologies privilege meaning-making and relational narratives, while empirically oriented tools emphasize reliability and standardization. Integrative use of these instruments allows clinicians to move fluidly between explanation and measurement, thereby enhancing systemic case formulation.

Finally, the findings underscore the importance of methodological complementarity. No single instrument adequately captures the dynamic, reciprocal, and culturally embedded nature of relational functioning. Clinical effectiveness is enhanced when assessment tools are selected and combined based on their conceptual fit with the therapeutic context, the clinical question, and the relational system under evaluation.

5. Discussion

The present analysis reinforces a central premise of systemic psychotherapy: assessment is never a neutral or purely technical act, but a formative clinical process that actively shapes how relational functioning is understood and how therapeutic change is envisioned. The comparative examination of systemic assessment instruments demonstrates that differences among tools are not limited to format or measurement strategy, but reflect deeper epistemological positions regarding the nature of relationships, dysfunction, and change.

One of the most salient implications emerging from this discussion concerns the epistemological diversity embedded in systemic assessment practices. Instruments such as the genogram and the FIRO model are grounded in constructivist and relational epistemologies, privileging meaning, history, and interactional context. They invite clinicians into a reflective stance, encouraging hypothesis generation rather than diagnostic closure. By contrast, standardized tools such as DAS and FACES reflect a more empirically oriented epistemology, emphasizing comparability, reliability, and structural indicators of functioning. While this approach offers methodological rigor, it may inadvertently narrow the clinician's focus to measurable dimensions of relational life, potentially overlooking symbolic, transgenerational, or culturally nuanced processes.

This tension highlights a critical issue for contemporary systemic practice: the risk of methodological reductionism. When assessment instruments are selected primarily on the basis of convenience, familiarity, or institutional norms, rather than epistemological fit, clinical conceptualization may become fragmented or theoretically inconsistent. For example, reliance on standardized measures alone may lead therapists to interpret relational distress predominantly in terms of deficits in cohesion or satisfaction, without adequately addressing the relational meanings or historical processes that sustain those patterns. Conversely, exclusive dependence on

qualitative tools may enrich understanding but limit the capacity to monitor change systematically or communicate findings within multidisciplinary contexts.

The findings also invite reflection on the clinical function of assessment in systemic therapy. Rather than serving as a preliminary step preceding “real” therapeutic work, assessment emerges as an ongoing, dialogical process that co-constructs understanding with clients. From this perspective, instruments do not merely describe relationships; they participate in shaping them by foregrounding certain narratives, power dynamics, and explanatory frames. This underscores the ethical responsibility of clinicians to remain reflexive about how assessment tools influence both their own interpretations and clients’ self-understanding.

Another important dimension concerns cultural and contextual validity. Many widely used systemic instruments were developed within Western cultural frameworks that privilege autonomy, verbal emotional expression, and nuclear family structures. When applied uncritically across diverse cultural contexts, these tools risk misrepresenting relational functioning or pathologizing culturally normative interaction patterns. The discussion therefore supports calls within the literature for culturally responsive assessment practices, in which tools are adapted, contextualized, and interpreted through a systemic lens that accounts for sociocultural meaning systems rather than relying solely on normative benchmarks.

Importantly, the analysis does not argue for abandoning standardized instruments in favor of purely qualitative approaches, nor for privileging narrative depth at the expense of methodological rigor. Instead, the discussion supports a stance of methodological complementarity, in which assessment tools are selected and integrated strategically, based on the clinical question, therapeutic phase, and relational system under consideration. Such integration allows clinicians to move flexibly between structural clarity and contextual depth, enhancing both clinical reasoning and intervention planning.

From a professional development standpoint, these findings highlight the necessity of epistemological literacy as a core clinical competence. Systemic therapists must be able not only to administer assessment instruments, but also to critically evaluate their theoretical assumptions, limitations, and implications for practice. Training programs that emphasize tool administration without fostering epistemological reflexivity risk producing technically skilled but conceptually constrained practitioners.

In sum, this discussion situates systemic assessment at the intersection of theory, methodology, and clinical ethics. By recognizing assessment instruments as active contributors to clinical meaning-making, systemic practitioners can engage more intentionally with the tools they use, enhancing coherence between assessment, conceptualization, and intervention. Such an approach aligns with contemporary movements in systemic psychotherapy that prioritize reflexivity, contextual sensitivity, and theoretically informed clinical decision-making, ultimately supporting more nuanced and ethically grounded therapeutic practice in couple and family therapy.

6. Practical Recommendations

The findings of this comparative analysis point to several practical recommendations for clinicians, trainers, and researchers working within systemic couple and family therapy. These recommendations are grounded in the recognition that assessment tools are not interchangeable technical devices, but theory-laden instruments that actively shape clinical reasoning, relational understanding, and intervention planning.

A primary implication concerns the criteria guiding instrument selection. Rather than relying on convenience or habitual use, clinicians are encouraged to ground their choices in epistemological coherence. Clarifying the conceptual focus of the assessment—whether it targets relational history, interactional dynamics, emotional regulation, structural balance, or change monitoring—allows for a more intentional alignment between clinical aims and assessment instruments. Qualitative tools such as the genogram or the FIRO model are particularly valuable during early phases of therapy, when systemic hypotheses are formulated and transgenerational patterns are explored. In contrast, standardized measures such as DAS and FACES are better suited for outcome monitoring, comparative evaluation, or communication within multidisciplinary contexts. Such alignment enhances conceptual clarity and reduces the risk of theoretical inconsistency.

Equally important is the manner in which multiple assessment tools are combined. Integrative use of qualitative and quantitative instruments should follow a deliberate and sequential logic rather than an eclectic accumulation of methods. Qualitative assessment can provide the foundation for hypothesis generation and relational understanding, while standardized measures may subsequently serve to test

assumptions, monitor change, or illuminate discrepancies between subjective narratives and measurable indicators. When employed strategically, this sequencing supports coherent case formulation and prevents fragmentation of clinical meaning.

The analysis also underscores the importance of embedding assessment within a collaborative and dialogical process. Assessment findings acquire clinical relevance when they are explored jointly with clients, rather than delivered as expert conclusions. Engaging clients in discussions of genogram patterns, FIRO dimensions, or standardized scale results can foster reflexivity, reduce defensiveness, and strengthen the therapeutic alliance. In this way, assessment becomes an integral part of the therapeutic process, consistent with systemic principles of co-construction and shared meaning-making.

Another key recommendation concerns the cultivation of methodological reflexivity as a core professional competence. Clinicians are encouraged to remain attentive to how specific instruments foreground certain relational dimensions while marginalizing others. Ongoing reflection on how assessment choices influence hypothesis formation, power dynamics within therapy, and clients' self-understanding is essential. Supervision and peer consultation should therefore address not only clinical outcomes, but also the epistemological implications of assessment practices.

Furthermore, cultural and contextual sensitivity must be central to the application and interpretation of systemic assessment instruments. Given that many widely used tools were developed within Western cultural frameworks, clinicians should critically examine the normative assumptions embedded in constructs such as cohesion, autonomy, emotional expression, and control. Where appropriate, assessment results should be contextualized, adapted, or complemented by narrative exploration in order to avoid pathologizing culturally normative relational patterns. This consideration is particularly salient in multicultural settings and in work with diverse family structures.

At the level of training and research, systemic assessment should be conceptualized as an integrative clinical skill rather than a collection of isolated techniques. Educational programs are encouraged to emphasize comparative analysis of instruments, epistemological positioning, and the role of assessment in clinical decision-making. Future research would benefit from continued examination of how assessment tools influence therapeutic trajectories, client engagement, and intervention outcomes, especially across culturally diverse contexts.

Taken together, these recommendations support a reflective and integrative approach to systemic assessment—one that balances methodological rigor with relational sensitivity. By engaging assessment instruments as conceptual partners rather than neutral tools, systemic practitioners can enhance the coherence, ethical grounding, and clinical effectiveness of their work with couples and families.

7. Conclusion

This article has examined systemic assessment as a central and formative component of clinical practice in couple and family therapy, emphasizing its role in shaping relational understanding, hypothesis formulation, and therapeutic decision-making. Through a comparative analysis of the genogram, the FIRO model, the Dyadic Adjustment Scale (DAS), and the Family Adaptability and Cohesion Evaluation Scales (FACES), the study has highlighted the epistemological diversity and methodological implications embedded in commonly used systemic assessment instruments.

The findings underscore that systemic assessment tools are not neutral measurement devices, but theory-laden practices that selectively foreground particular dimensions of relational functioning. Qualitative instruments offer contextual, narrative, and transgenerational depth, while standardized measures provide structural clarity, psychometric rigor, and comparative utility. Neither approach, when used in isolation, adequately captures the complexity of couple and family relationships. Instead, clinically meaningful assessment emerges from the intentional and reflexive integration of multiple instruments, aligned with therapeutic goals, intervention phases, and cultural context.

By clarifying how different assessment tools inform systemic case formulation and intervention planning, this study contributes to a more conceptually coherent and ethically grounded approach to systemic assessment. It reinforces the importance of epistemological awareness and methodological reflexivity as core professional competencies in systemic psychotherapy, particularly in contemporary clinical contexts characterized by relational diversity and cultural plurality.

Looking ahead, further efforts are warranted to strengthen integrative assessment practices in systemic therapy. Future research should empirically examine the clinical impact of multi-method assessment models and explore culturally responsive adaptations of existing instruments. At the level of training and

professional development, greater emphasis on comparative assessment literacy and epistemological positioning may enhance clinicians' capacity to use assessment tools not merely as evaluative techniques, but as meaningful resources for relational understanding and therapeutic change.

In conclusion, approaching systemic assessment as an integrative, theory-informed, and context-sensitive process enhances both clinical effectiveness and ethical responsibility. When assessment is engaged reflexively, it becomes not only a means of understanding relationships, but a catalyst for more thoughtful, responsive, and transformative systemic practice.

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