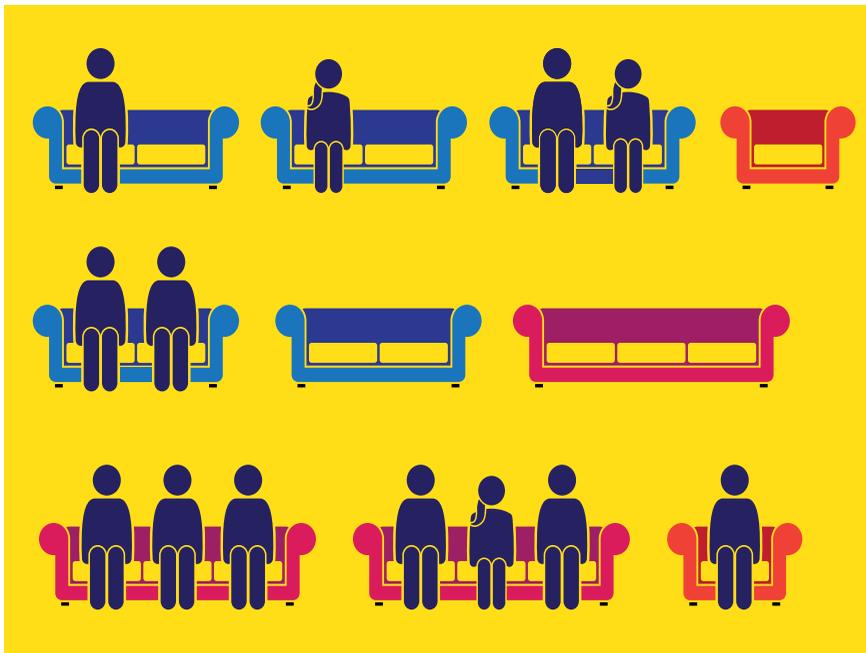


## Practitioner Perspective

# Individual and Couples Counselling: Comparisons and Contrasts

By Martin Doughan



*Although individual and couples counselling are widely regarded as separate constructs, an examination of both through the lens of different therapeutic approaches reveals there is considerable overlap*

## Introduction

This article will examine the similarities and differences between individual and couples counselling. It is not a comprehensive exploration of the extant literature germane to the topic, but rather a thumbnail delineation, circumscribed by the writer's own experience in both domains of counselling. The article will highlight the importance of the counselling

environment and associated 'tasks' of the opening session. Subsequently, it will delineate how key concepts of the person-centred approach as espoused by Carl Rogers are paramount to both couples and individual therapy, and examine the approaches of William Glasser's choice theory/reality therapy (CT/RT) and Murray Bowen's family systems therapy. Penultimately, it will comment on a number

of writers/practitioners whose main focus is on couples therapy and, lastly, it will offer a couple of personal observations that the author feels are worth mentioning.

## The counselling environment

Pivotal to both couples therapy and individual therapy is the creation of a warm, supportive and caring counselling environment. This has more to do with the therapist than the actual counselling room itself – it is the bedrock on which “the collaborative working relationship” (Corey, 1999, p. 323) will take root and may well determine whether a couple or individual engage fully in the process or even return after the opening session.

Though specifically referring to couples counselling, Bobes and Rothman (2002) sum this up precisely: “A safe holding environment must be created, in which judgments, prejudices and biases are suspended,” (p. 20). This statement is equally relevant to individual counselling. The first session is vitally important in both domains of counselling as it is here that contracts are signed, boundaries agreed, goals and tasks negotiated, presenting issues clarified and, crucially, the ‘opening act’ of the individual or couple's story is articulated.

## Micro skills

At this stage and throughout the

course of counselling in both domains, the foundation skills of attending, which include posture, eye contact, facial expression, seating, and listening for both verbal and non-verbal messages, will be to the fore. Additionally, the reflective skills, “the single most useful group of skills in the repertoire” (Culley & Bond, 2004, p. 33) of restating, paraphrasing and summarising are prerequisites of the counsellor’s armoury in both couples and individual therapy. Although probing and questioning belong to this constellation of skills, they may well be used more frequently in couples counselling as this domain may require a more interrogative bias in order that the kernel of the conflict and difficulties of the participants are grasped by the therapist.

### Person-centred counselling

Carl Roger’s person-centred approach to counselling emerged in the 1940s. Its conceptualization was firmly embedded in the psychology of humanism, which accentuates the innate goodness of the individual. Though it enunciated many new ideas – locus of evaluation, self-actualization and the fully functioning person – perhaps its most enduring legacy has been the core conditions of congruence or genuineness, unconditional positive regard and empathy (Thorne, 2003).

The Rogerian approach, especially the emphasis on the therapeutic relationship, the therapist’s way of being and the core conditions have embedded themselves into practically every contemporary counselling orientation. They are quintessential ‘components’ of both individual and couples therapy and they form the

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foundation stone on which all other interventions rest upon. Other ‘components’ of the Rogerian approach are less suited for couples counselling. In person-centred individual therapy the therapist is the guide who “accompanies the client on the journey towards actualization,” (Corey, 2002, p. 173). This self-actualization is the goal of therapy and is achieved by the therapist creating a fertile environment that promotes personal development, self-exploration, responsibility, autonomy and freedom.

In couples therapy the therapeutic relationship is of crucial importance. However, in this writer’s view, on its own it is unlikely to bring about fundamental change. Direct interventions are imperative and the therapist must provide a structure where both parties can ventilate their point of view. There is a parallel here with individual counselling that has its provenance in the Rogerian approach; the client as expert of his own life circumstances. Bobes and Rothman state something similar... “The couple or family members are the experts on their situations; the therapist is the expert on the process of guiding the conversation,” (2002, p. 24).

### Choice theory/reality therapy

In this author’s opinion, it is in the realm of William Glasser’s choice theory/

reality therapy (CT/RT) that the similarities of individual and couples counselling far exceed the differences. Glasserian counselling espouses several key concepts: external control behaviour, the five basic needs, the quality world and total behaviour (Glasser, 1998). Underlying these concepts is Glasser’s hypothesis that all difficulties that bring individuals (and self-evidently couples) to counselling are fractured, broken or non-existent relationships. In individual counselling, Glasser’s approach places a high premium on choice and responsibility and the calibre of the therapeutic relationship assumes great importance. In couples or marriage therapy, the emphasis is placed on counselling the ‘relationship’. As Glasser opines, the focus is on “what’s good for the marriage, not on what may be good for one or the other,” (Glasser, 2001, p. 36).

All of the concepts mentioned above can be used as ‘interventions’ in both individual and couples therapy. Additionally, Glasser’s ‘seven caring habits’, which he maintains support and nurture relationships, and his ‘seven deadly habits’, which destroy relationships, are very effective ‘interventions’ in individual therapy, but especially so in couples therapy where Glasser believes external control behaviour is often the default mode of each partner (Glasser, 2007).

Using the Glasserian template of counselling individuals and couples, a very direct and didactic or psychoeducational model is often employed. He further advocates that it is perfectly appropriate for therapists “to make suggestions” (Glasser, 2001, p. 107) and

advocates in many instances the teaching of his theories in order that clients can employ choice theory in their own lives.

In both realms of counselling, CT/RT eschews any exploration of the past, and a core tenet of the Glasserian orientation is that the basic needs of love and belonging, power, freedom and fun can be satisfied only in the present and, consequently, “reality therapy focuses almost exclusively on the here and now” (Glasser, 2001, p. 23), with the exception of emphasising past strengths and successes. Both individual counselling and couples counselling using the Glasserian model can be short term as “reality therapy gets quickly to the actual problem – improving a present relationship or finding a new more satisfying one,” (Glasser, 2001, p. 24).

### Family systems theory

A key concept of Murray Bowen’s family systems therapy is the differentiation of self. Gilbert (1992) defines high levels of differentiation as: greater choice between emotions and intellectual functioning; better decision making; good relationships; less concern for approval and love; and fewer life problems as manifested physically, mentally, emotionally and socially. Few would disagree that these characteristics of the well-differentiated person are legitimate topics or goals of individual therapy. In couples therapy, differentiation of self is the sole responsibility of each individual partner. As in individual therapy, if each partner would “stop focusing on the other and begin focusing on self and the contribution of self to the problem, the first step to solving the problem would be behind

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them,” (Gilbert, 1992, p.47).

Responsibility is a recurrent theme or goal of the client in individual therapy. In reference to couples therapy, Gilbert asserts that “responsibility for one’s happiness will not be placed on the other; rather, responsibility for feeling good or bad, as well as for one’s thoughts and behaviour, rests solely with the self,” (Gilbert, 1992, p. 49). One of the key challenges in couples therapy is improving the emotional functioning of each individual partner – challenges that parallel the changes a client may have as a goal in individual therapy. Bowen maintained that “all things being equal, the life course of people is determined by the amount of unresolved emotional attachment, the amount of anxiety that comes from it and the way they deal with this anxiety,” (Bowen, 1974, cited in Gilbert, 1992, p. 95). This key tenet of Bowenian therapy cannot be overemphasised. Emotional arousal, which often mutates into anger, obviates clear and rational thinking and impedes “the calm thoughtfulness we can bring to bear on life’s problems – both *individual* problems and *relationship* problems [emphasis added]” (Gilbert, 1992, p. 118).

The genogram – an ‘historical map’ of two or more generations of a family – has its origin in the work of Murray Bowen and was first used regularly in the 1980s. As a therapeutic tool it “helps both the clinician and the

family to see the ‘larger picture’ – that is, to view problems in their current and historical context,” (McGoldrick, Gerson & Petry, 2008, p. 5). In both individual and couples therapy it permits the clinician to gather vital information in a more non-direct and less ‘questioning manner’. In this writer’s experience, in both domains, but especially in couples therapy, the collaborative drawing of the genogram facilitates a more accurate understanding of family of origin issues and how present beliefs and values may emanate from within that family and consequently play a restrictive role. As Farrelly (2007) observes: “...individuals are shaped by the families and environments they grow up in,” (p. 9). It is imperative that an exploration of that shaping is explored both in individual counselling and couples therapy.

### Bobes & Rothman model

In Bobes and Rothman’s model of couples therapy (2002) the opening session, to a large degree, mirrors what takes place in individual therapy. It is about joining, setting the boundaries and establishing a safe holding environment where each partner can tell their story. According to Bobes and Rothman (2002), ‘joining’ is the process by which “the therapist enters the couple system through empathic understanding, acceptance, and recognition of each party’s perception of reality. It is an ongoing therapeutic task that facilitates change in the system,” (p. 187). Once the ‘foundations’ of joining have been laid, the therapist and the couple collaborate in setting therapy goals – goals that should promote and underpin an

improved relationship.

Notwithstanding the similarities mentioned above, Bobes and Rothman's model of couples counselling focuses systematically not only on the tasks of their conceptual stages of therapy, but also on the tasks of each individual session. It is a highly structured approach that Bobes and Rothman (2002) refer to as "Step-by Step Treatment Format" (p. 21). Though this format envisages a 10-session treatment programme, it can be adapted for use in a shorter or longer timeframe.

Couples therapy, due in part to time constraints, cannot facilitate a deep and extensive exploration of each partner's internal world as can take place in individual therapy. Though the couple's counsellor uses a variety of skills and techniques that are analogous to individual therapy, the focus is very much on the relationship. In the Bobes and Rothman (2002) model, exploration of family of origin 'issues' is concentrated on eliciting information that will help the therapist demonstrate or psycho-educate a partner or both partners on how attitudes, beliefs, values and behaviours can act as restrictive agents in the couple relationship.

### **Sue Johnson/Esther Perel/John Gottman**

Sue Johnson (1997) writes powerfully about the breakdown of romantic relationships and describes in her emotionally focused therapy (EFT) how partners are attached and dependent on each other "in much the same way that a child is on a parent for nurturing, soothing and protection," (Johnson, 2002, p. 5). Though her paradigm is unique to couples therapy, it

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is replete with language that characterizes individual therapy - 'emotional connection', 'clients own solution', 'storytelling', 'healing process', 'attachment injuries', 'forgiveness', 'trauma', 'isolation', 'trust', 'fear', 'intimacy', 'hurt', 'depression', and 'security'. Though Johnson opines "we are all stumbling around, treading on each other's toes as we are learning to love" (2002, p. 181), it is a statement that has universal resonance and not limited to the domains of either couples or individual therapy.

Esther Perel's therapy exclusively focuses on couples with sexual 'problems', though for the couples she introduces us to, she reconceptualises their difficulties and creates collaboratively an erotic landscape where she consciously separates love and desire. "Love" she suggests "is about having; desire is about wanting... too often, as couples settle into the comforts of love, they cease to fan the flame of desire," (Perel, 2007, p. 37). Perel does not limit herself to "the talking cure" (2007, p. 51) and the "physicalization" of a couple's problems (2007, p. 51) is a potent intervention that enables them to view their conflict

through a completely different lens. As in more 'general' couple's therapy and individual therapy, Perel explores family of origin to determine what shaped our sexuality. She remarks: "No history has a more lasting effect on our adult loves than the one we write with our primary caregivers," (2007, p. 107).

John Gottman's couples therapy model (Gottman & Silver, 1998) is based on The Seven Principles for Making Marriage Work. Similar to other couples counselling models, the overall goal is improved 'marital/romantic relationships', which by the very nature of the 'goal' limits the amount of time available and the necessity for deep individual exploration. Much of the interaction between therapist and couple and the interventions used are unique to couples counselling. Notwithstanding this, many of the questions addressed to each partner would not be out of place in individual counselling. The following are some examples: What is the purpose of your life? What are you trying to accomplish? What significant goals have you yet to realise? What demons have you yet to fight? And most crucially: what would you like to change about yourself? (Gottman & Silver, 2002). These questions, conceptualized by Gottman for use in the domain of couples therapy, are equally relevant in the domain of individual therapy.

As outlined above, the theory and practice of individual and couples counselling have many similarities and differences. In the contemporary counselling landscape, according to Cooper and Mcleod (2011), and citing research by Norcross (2005) "an integrative or eclectic stance is currently the most common

theoretical orientation of English-speaking psychotherapists,” (p. 5). For practitioners (this author included) adhering to a ‘pluralistic’ perspective, the above is more than a mere statement of fact. It is an imperative for both individual and couples therapy. No single theory or counselling approach provides all the ‘solutions’ to the heterogeneity of presenting issues that manifest in the counselling room.

This author, who considers himself a novice in the art of counselling, was recently faced with a couple who had been together for only a little over eight months and a second couple who though they had a child had never really lived together. Both couples were unmarried. Both couples presented scenarios in which it was difficult to apply any degree of theoretical learning. Their situations were far removed from the more traditional couples that are presented in the literature. Both cases provided valuable experiential learning for this practitioner.

### Conclusion

This article highlighted many of the similarities, but by no means all, between individual and couples counselling but also acknowledged what is unique and distinctive to the latter. The similarities are synonymous with many of the most fundamental aspects of counselling, most notably: the counselling environment, the micro skills, clients as experts on their own life circumstances, choice and responsibility and the Rogerian core conditions of congruence, unconditional positive regard and empathic understanding.

The article dipped briefly into the waters of family systems therapy and suggested how many

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of the concepts enunciated by Murray Bowen and explicated further by Elizabeth Gilbert are relevant and applicable to both individual and couples therapy though they emanate from the broader family therapy framework.

In addition it presented the work of a trio of writers and practitioners whose focus is exclusively on marital/romantic relationships and who have very distinctive and discrete approaches to the therapeutic enterprise. Notwithstanding this, many of their ‘techniques’ can be readily imported into individual therapy and utilized thereof.

What separates individual counselling from couples counselling is not an impervious rampart but a porous divide that allows the practitioner to straddle both domains and create a truly integrative, eclectic and pluralistic approach in both realms. This surely is the most appropriate antidote to what the therapist is confronted with – the multifarious manifestations of the human condition in its disparate degrees of distress.

In this author’s opinion it is possible to become a competent or perhaps extremely competent counsellor of individual clients without ever training as a couples

therapist. However, it would be very difficult to become a competent couples therapist without ever having trained and practiced as a counsellor of individual clients. ☺

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