Integrative model for couples counseling

Annie Johnson

University of Northern Iowa

Copyright ©2001 Annie Johnson

Follow this and additional works at: https://scholarworks.uni.edu/grp

Part of the Education Commons, and the Marriage and Family Therapy and Counseling Commons

Recommended Citation

https://scholarworks.uni.edu/grp/906

This Open Access Graduate Research Paper is brought to you for free and open access by the Student Work at UNI ScholarWorks. It has been accepted for inclusion in Graduate Research Papers by an authorized administrator of UNI ScholarWorks. For more information, please contact scholarworks@uni.edu.
Integrative model for couples counseling

Abstract
The ability to form strong interpersonal bonds with a romantic partner is one of the key qualities that defines humanity. With the awareness of the prevalence of marital difficulties and the emotional hardships that marital dissolution can cause, it is important to focus mental health attention on the positive effects of and necessity of an integrative model of couples therapy.

Marital and family conflict differs from one couple and family to another. An integrative model for couples therapy draws on various theoretical positions, bringing together what works into a coherent system. Integrative therapy requires the therapist to enter the couple’s world to understand the influences that support healthy functioning and those that create conflict and division.
INTEGRATIVE MODEL FOR COUPLES COUNSELING

A Research Paper

Presented to

The Department of Educational Leadership, Counseling, and Postsecondary Education

University of Northern Iowa

In Partial Fulfillment of the Requirements for the Degree

Master of Arts

by

Annie Johnson

May 2001
This Research Paper by: Annie K. Johnson

Entitled: INTEGRATIVE MODEL FOR COUPLES COUNSELING

has been approved as meeting the research paper requirements for the Degree of Master of Arts.

3-12-01
Date Approved

Duane Halbur
Adviser/Director of Research Paper

4-5-2001
Date Received

Michael D. Waggoner
Head, Department of Educational Leadership, Counseling, and Postsecondary Education
The ability to form strong interpersonal bonds with a romantic partner is one of the key qualities that defines humanity. A couple is a unique entity that is affected by history of the two individuals who embrace it. This relationship can shape who the person is and what he or she becomes. This relationship can be the cause of great satisfaction or can also be the source of great pain. "As many as 1 in 7 marriages are considered 'unhappy'...marital troubles are the precipitating factor in nearly 50 percent of admissions to mental hospitals," (Young & Long, 1998, p.11). With the awareness of the prevalence of marital difficulties and the emotional hardships that marital dissolution can cause, it is important to focus mental health attention on the positive effects of and necessity of an integrative model of couples therapy. Marital and family conflict differs from one couple and family to another. An integrative model for couples therapy draws on various theoretical positions, bringing together what works into a coherent system.

Integrative therapy requires the therapist to enter the couple's world to understand the influences that support healthy functioning and those that create conflict and division.

The Recommendation for Couples Therapy

Couples may be the most difficult client population for any therapist to work with because there can appear to be a synergistic effect of difficulty and resistance. This resistance or difficulty may be because of the context of therapy, the reason for the referral, or the emotional cause of the presenting problem. Unfortunately, by the time a couple comes into therapy they have often already
reached a point of discouragement and high level of frustration. Therapy is often at times sought by couples by requirement of court or recommendation of attorneys. Couples, on the average, do not generally seek initial help for their problems when they first notice they have begun to pull away from each other (Carlson & Sperry, 1998).

According to Carlson and Sperry (1998), two types of couples come into counseling to work on their relationship. There is the distressed couple who comes into therapy with the mindset that the relationship is in trouble, but there is still love between the couple and a desire to overcome the differences in the relationship. There is, on the other hand, the conflictual couple who comes to therapy with both partners under attack. There are a large number of things a partner does in a relationship that are exciting and rewarding, but it is inevitable that during a courtship those things will fade over time. For some couples, this process is reframed positively and the individuals in the dyad choose to grow closer over time keeping communication lines open and accepting of one another as they stay together. There are other couples who report communicating less, claim to be less in love, withdraw from one another, and question the direction of the relationship. The positive things that occurred earlier in the relationship do not erode, they are just done less over time and the individuals in the couple become more and more distant from one another (Gottman, 1999). Rhonda Brinkley-Kennedy, a Los Angeles marriage and family therapist, suggests that couplehood or marriages are like a garden, "you have to attend to it. It has to be weeded, watered, pruned; otherwise the garden will become choked" (as cited in Campbell, 1999, p.3). In every relationship there are highs and there are lows.
Love has to be constantly renourished and rediscovered by both members of the couple. For some couples, unfinished business of the past, change in environment, aging, additions or deletions of family members, lack of communication, and distorted thoughts and feelings cause an impasse in the relationship.

**Consequences of Couple Distress and Dissolution**

There are serious consequences of couple distress and dissolution for the mental and physical health of both partners involved in the couple. For married couples in the United States, the divorce rate continues to be severely high. "Current estimates of the chances of first marriages ending in divorce range between 50 percent to 67 percent" (Gottman, 1999, p.3). Unfortunately millions of couples are marching down the aisle only to pass through a therapist's office and possibly into divorce court. "There are roughly twice as many people seeking couples therapy today as there were twenty years ago. Couples now make up the fastest-growing segment of those who come knocking on therapists' doors" (Schrof, 1998, p.56).

Although couple distress and divorce are not actual mental health or physical disorders, the conflict and dissolution of a relationship can take a heavy toll on a person's well being. Some negative effects of relationship discord can include increased risk of psychopathology. Some common mental health consequences of relationship distress can include depression, bipolar disorder, alcohol abuse, and anxiety with increased incidence or risk of suicide, violence,
and homicide. Relationship interaction researchers suggest that specific illnesses such as cancer, cardiac disease, and chronic pain are associated with relationship distress. Increased rates of physical illness due to significant suppression of the immune system can lead to increased mortality from disease (Fincham & Beach, 1999; Gottman, 1999).

Couple and marital distress, conflict, and disruption have been associated with many detrimental effects on children involved with the couple and family outcomes. These possible effects can include an increase in mental health disorders such as depression and anxiety. Other effects can include withdrawal from social activities, peer relational problems, and poor social competence. Problematic attachment to parents and in future relationships is a common child outcome. An increased likelihood to drop out of school or decrease in academic performance and a variety of conduct-related difficulties (Gottman, 1999; Christensen, 1999).

Evidence from two United States national probability samples found that adults who experienced a divorce or parental couple conflict as a child are under more stress than those children who did not. Judith Wallerstein (as cited in Gottman, 1998), who studied 131 children from 60 recently separated families at a counseling center in Marin County California, reports an alarming picture of the effects of the couple dissolution. Wallerstein found that ten years after the dissolution of the child's family, the boys studied were, "unhappy and lonely"; the boys and girls studied both found it difficult to develop relationships with the opposite sex. "These adults reported less satisfaction with family and friends, greater anxiety, and they reported more difficulty in coping with their stressors in
general" (as cited in Gottman, 1998, p.169-70). These data clearly indicate the importance of efforts to prevent and remediate relationship distress.

An Integrative Model for Couples Therapy

An Overview of the Integrative Model

The integrative model for couples therapy is a practical approach in working with the treatment of couple problems. This model serves as a blend of theoretical positions, bringing together what may work best for each individual type of couple. According to Morgan and MacMillan (1999), the professional literature indicates increasing endeavors to integrate current psychoanalytic theories with practical treatment strategies and techniques. This blended approach offers further understanding supported by object relations theory, attachment theory, and cognitive and behavioral treatment strategies.

The integrative model for couples therapy is a useful therapeutic approach because it offers the therapist greater flexibility than traditional approaches. The integrative approach to couples therapy allows the therapist to select what is best, yet most practical, for each unique client couple situation, rather than applying the same theoretical approach to all client couples (Young & Long, 1998). The therapist utilizing the integrative model can incorporate and combine parts of counseling theories and treatment processes that best fit a client couple’s needs and goals. The integrative approach to couples counseling allows the therapist to assign a client couple to a tailored treatment modality that will most likely increase therapeutic efficacy (Carlson, Sperry, & Lewis, 1997).
The integrative model of couples therapy focuses on the couple as a team working on a circular notion of causality. Young and Long (1998) describe this circular model of causation as when the, "interactive patterns of the relationship form a type of feedback loop response system...emphasizing mutual causation of events" (p. 67). As applied to couples therapy, this model allows the therapist to focus on the interaction at the heart of the relationship and how the couple is affected by the action and reaction of one another (1998). The application of this integrated model is designed to assist the client couple in developing insight, exploring and identifying affective and cognitive processes, discovering new ways of constructing meaning of experience, and promoting behavioral modification and maintenance in response to insight, feelings, and cognitions (Morgan & MacMillan, 1999).

Stages of Couple Therapy

There are various stages of therapy when incorporating the integrative model of couples counseling. The stages are generally chronological, beginning with the initial stage of assessment, problem definition, and exploration of the client couple's family of origin. The second stage focuses on linking insight with goal setting. Finally, stage three is concerned with the client couple creating change cognitively and behaviorally.

Initial Stage

The initial stage of couples therapy is very important because it is at this time in therapy where much of the success of treatment relies on the degree of
rapport between the therapist and client couple. It is at this stage where the
couple becomes better acquainted with the therapist, they share preliminary
information, and become more at ease with one another (Ginsburg, 1997).

**Guidelines for Couple Therapy.** At the onset of therapy, the therapist must
clearly set guidelines for the sessions. These guidelines serve as general rules to
assist in making treatment more effective. The therapist must join with the
clients, invite them into the therapeutic relationship. The therapist also is
responsible for describing the process of therapy to the clients. During session,
the therapy office should remain a neutral environment where each member can
feel safe, free of intimidation or threat. The therapeutic environment should be
viewed as a 'safe' place where a couple can constructively express and work
through thoughts and emotions. The counseling environment offers an
opportunity for the couple to feel comfortable in attempting new behaviors within
a framework that is supportive and at times, challenging. It is the task of the
therapist to model fairness and allow equal time to both partners during the
session. This process of leveling or equalizing can assist the therapist in keeping
a neutral stance with the couple (Carlson & Sperry, 1998). Through the
assessment of the couple's relationship, fault may seem to rest with one partner. It
is consequential to keep in mind that there is, however, always some
complementary behavior demonstrated by the other partner. As the therapist
realizes some themes occurring in the dyad, he or she can start to pay attention to
how the two individuals interact and evolve in a circular pattern with one another.
The couple create a systemic problem as opposed to an individual problem
(Weeks, 1989). The systemic assumption holds both partners accountable and
makes for a more balanced approach to couples therapy. A therapist's neutrality must be broken, however, in instances where there is violence within or outside of therapy (Carlson & Sperry, 1998).

It is the responsibility of the therapist to identify and label negative emotions and verbalizations as they arise in a neutral manner and bring immediacy to the forefront. The therapist can assist the couple in reflecting the negative emotions in the here and now instead of the concentration being on some past issue or occurrence between the couple. Focusing the negative emotions to immediacy demonstrates the de-escalation of negativity and can call attention to the escalation process so both partners can be aware of it and repeating patterns can be halted in the future (Carlson & Sperry, 1998).

This orientation stage includes many important tasks for the therapist. Many couples come to therapy with unrealistic expectations, reluctance, apprehensions, myths about how therapy works, and what the roles of the therapist and clients are. The therapist is required to survey the couple's general expectations of the therapeutic process and the reasons the couple has chosen to come to therapy. It is the therapist's job to educate the couple on the unrealistic expectations they may have. The therapist is not assisting the couple into depending on him or her. The therapist is also not assisting the client couple by solving all of their problems. Providing this education to the couple can prevent possible misunderstanding and help the therapy process begin in a healthier, less destructive manner (Weeks & Treat, 1992). The therapist's role is to facilitate constructive client change through insight building within each client and between the couple (Morgan & MacMillan, 1999). Many images or roles can be applied to
the therapist throughout the relationship of the client couple and the therapist. The therapist serves as a guide, a teacher, a referee, and a confronter. The therapist must be active and directive with the couple in session by creating a sense of control in the development of boundaries, structure, rules, and an overall sense of safety. By modeling these behaviors in session, interactions between the couple can hopefully change over time with less dysfunction and become more nurturing (Weeks & Treat, 1992).

Assessment of the Couple. The assessment is a critical first activity in the phases of the integrative model of couples therapy. Assessing the dyad is a circular rather than a linear process that includes examining themes constantly emerging between the couple. A thorough and accurate assessment is crucial and ongoing, not limited to the information gathered in the first few sessions (Weeks, 1989). It is at this point in the initial stage of therapy that the couple presents a statement of the presenting problem from each person's point of view (Young & Long, 1998). The importance of helping clients tell their stories should not be underestimated because it allows each individual in the couple to interpret their experiences into words. Helping clients spell out their problem situations in concrete detail assists them in learning more about themselves and interactions with others. The therapist must then break down the initial and often times, overwhelming problem of the couple into the smallest possible parts. This breaking down process allows for the presenting problem to be tackled piece by piece (Carlson & Sperry, 1998).

Next in the assessment process is an examination of family historical influences. Theorists of Attachment theory and Object Relations theory both
recommend taking a look at past relationships so that both partners can recognize that their ways of interacting may have been inherited (Young & Sperry, 1998).

Object Relations Theory. The more recent theories provide insight into how an individual's 'inner world' or inner child can cause difficulties in living in the 'real world' of people and relationships. Margaret Mahler observed children as a pediatrician. Her research has focused on the interactions between the child and the mother in the first three years of a child's life. Mahler observed that an individual develops through broad stages. The individual starts off in a stage of psychological fusion with the mother and advances gradually to separation. It is the unfinished crises of the earlier states of fusion and the process of separating that produce our effect on an individual's later interactions in relationships (Corey, 1996). Object relations theorists have proposed that various coping mechanisms are developed by individuals to defend against the reality of inadequate caregivers and the lack of a nurturing environment and quality of early attachment (Morgan & MacMillan, 1999). The blending of the object relations theory concepts and techniques in couples therapy assists the therapist in making a bridge between the couple as a system and the couple as two unique individuals (Corey, 1996). Individuals bring their histories into their relationships. A person's history almost always comes along with a totebag of expectations and bookkeeping moments of life. William A. Ross (1997) suggests that only in the past half of the century have therapists recognized how a child's interior life and childhood experiences can wound an individual and require insight and healing. Every individual has experienced a childhood of wounds, pains, and reminders of one's vulnerabilities and inadequacies. Each individual has secret hurts,
grievances, and explanations for why he or she interacts and reacts in a particular way. The inner child continues to be an important aspect of the individual's adult personality. Individuals can usually hide this part of themselves from others. It is when the individual feels safe, usually in his or her most intimate relationship, where he or she feels comfortable in revealing the inner child based on beliefs and behaviors learned in childhood (Creighton, 1998). The joining of individuals into couplehood often presents, for the individuals involved, a repeating of the wounds of unfinished business from their family of origin. Revisiting the couple's family of origins is necessary for both the individual and the couple because it allows each member to identify and work through what is in their pasts and where possible roles evolved. It allows the couple to investigate their lives growing up, acknowledge wounds in order to right the wrongs, and approach a resolution in the relationship.

The assistance of the therapist can be used as a guide for the client couple to explore his or her internal working, way of making sense of his or her life, and how early experiences such as attachment and separation helped in shaping life patterns and themes of the individual. The therapist can utilize a genogram as an assessment tool to graphically display family arrangements. A genogram is a format for drawing a family tree that records information about the client's family members and their relationship throughout the generations. The genogram is designed to assist with identifying relationships between family members and other significant individuals and illustrating important events and transitional periods (Egan, 1997; Morgan & MacMillan, 1999). Patterns of behaviors and thinking in one's current relationship will not have a lot of success in changing
Bowlby's Attachment Theory. The suggestion that social interactions of early life predict later emotional and cognitive development is a generally accepted concept. The concept of attachment and its role in relationships is an interesting area to focus on when evaluating the success and failure of a relationship. John Bowlby (as cited in Santrock, 1995), a psychiatrist who takes on the ethological perspective of attachment, stresses the importance of attachment in the first year of an infant's life and the responsiveness of the infant's caregiver. Attachment is referred to as a relationship between two individuals who feel strongly about one another and do specific things to continue the relationship. Attachment begins with the type of emotional bond between an infant and his or her caregiver (Santrock, 1995). Researchers in attachment studies assessed the early attachment patterns between an infant and his or her caregiver. The studies indicated that similar attachment patterns are evident in adult relationships. The tendency of an individual to be able to establish relationships with people who provide a potential for security physically and socially is adult attachment. Results in the research studies regarding attachment indicated that an early history of poor, insecure attachment with significant others or caregivers predisposes individuals to difficult adult relationships (Corey, 1996).

Past experiences clearly influence current behaviors, however, this does not mean that they determine present behavior. Exploring the couple's family of origins is helpful and insightful, but it is insufficient in and of itself in establishing
effective client couple change and growth. Many clients come into therapy expecting to talk about their past experiences (Egan, 1998). It is the process of linking insight of the past with the present that opens the doors for progress between the client couple. Making sense of the present needs to remain center stage for therapy (Corey, 1996).

Stage Two of Couples Therapy

Linking Insight and Setting Goals for the Present

An exploration of the client couple's feelings and thoughts regarding past and present circumstances and behavior and thought patterns is crucial in the next phase of couples counseling. The therapist is responsible for guiding the individuals in the couple in exploring how their current relationship behaviors or thought processes may be a result of earlier experiences with caregivers or significant others. Achieving insight concerning an individual's relationship with his or her caregiver or significant others is extremely helpful in understanding how internal images of his or her past relationship influences his or her current choice of partner and relational patterns.

The therapist can assist the individual in recognizing that his or her history of behavior or thought processes may or may not be effective currently in his or her relationship. This possible gain of insight by the individuals in the client couple can empower the dyad to recognize and adaptively manage feelings, thoughts, and behaviors (Morgan & MacMillan, 1999). The therapist utilizes the techniques of confrontation and clarification to assist the client couple with
recognizing and changing perceptions and behaviors that currently exist between them. The process of exploring memories and feelings associated with each member's past in counseling can lead to changes in perceptions of self and others.

The technique of clarification can be used by the therapist to guide the individual in deciphering personal history, recall of memories and feelings of the past and facilitating reinterpretations of misconstrued events. Confrontation is used by the therapist to help the client uncover his or her blind spots. Challenging questions can be used by the therapist to help clients ask themselves to develop new perspectives. Clients can be helped to challenge themselves to clarify problem situations by recapitulating particular experiences, behaviors, and feelings when they are being vague or misleading. Challenging clients also helps the client talk about issues, feelings, failures, realities, opportunities, and behaviors when they are reluctant to do so. Confrontation and challenging questions allow the therapist to invite the client to transform outdated, self-limiting thinking and behaviors into more self-enhancing new perspectives void of their clinging distortions. Confrontation invites clients to challenge and change internal and external self-defeating behaviors that effect not only the individual, but also seep into the couple's relationship. Challenging the client allows him or her to review the situation, develop goals, and spell out specific plans for the pursuit of change (Egan, 1998). Clarification and confrontation by the therapist allows the client couple to examine inner representations and how they emerged as a result of their history and current irrational, distorted thinking and behaviors. Gaining awareness and affectively experiencing the events, beliefs, and feelings regarding an individual's past with attachment style, relationship interaction, and
level of separation from family of origin allows clients to understand that there is a need to develop a new perspective in order to achieve successful change and progress. This newfound understanding can be integrated as the individuals begin to form new representations and modify his or her views in a therapeutic setting (Morgan & MacMillan, 1999). When the initial assessment is completed, a more solidified definition of the problem should be identified. "The interactive definition of the problem is a key feature of the integrative model because it is the negotiated goal that drives the treatment plan for couples therapy (as cited in Young & Long, 1998, p.113).

Stage Three of Couples Therapy

Cognitive Restructuring

In order for the individuals in the couple to change internal and external representations, they must change how they think about and assign meaning to life's situations. At this stage in therapy, the client couple is introduced to new ways of thinking about life and the interpretations of certain situations through the process of cognitive restructuring (Morgan & MacMillan, 1999). The therapist demonstrates for the clients how to dispute irrational beliefs, change language patterns, decatastrophize thoughts and events, assess advantages and disadvantages of maintaining a particular behavior or belief, label distortions, and assist with thought stopping behaviors. The therapist assists the clients in acquiring a philosophy based on reality and developing new, more adaptive ways to calm himself or herself down (Carlson & Sperry, 1998; Corey, 1996). This
cognitive restructuring promotes a sense of self-efficiency within each of the clients in the couple to foster growth. The client's learning and insight into his or her life pattern and its influence on his or her continued insufficient representation of the world opens the door to change.

Promoting change and growth in a couple requires the therapist to use a medley of approaches and to fit the approaches to the couple. Weeks and Treat (1992) suggest that integrating the couple's internal cognitions with their behavioral interchanges and affective expressions is a must. To apply cognitive interventions with the couple, the therapist must understand that a client's cognition includes considering how and what the individual is thinking. Thinking can be an automatic process that relies on a habitual pattern of thinking in assessing a situation. Habitual patterns can in turn create cognitive distortions. Such distortions might include labeling, magnification, jumping to conclusions, all-or-nothing thinking, overgeneralizations, and personalizations. These cognitive distortions must be processed within the context of the relationship.

The therapist is responsible for explaining to the couple the approach of understanding the relationship between the client's thinking and how he or she feels and behaves. Therapy with this type of approach should not continue until the client couple realizes that changing thinking is the necessary step in promoting change in the relationship. It is important for the therapist to explain to the couple that what is unfolded as a relationship problem is most often the result of tainted knowledge, faulty skills, and inaccurate attitudes or beliefs within the dyad. This encompasses distorted knowledge about the other individual, about intimacy, faulty skills in communication, problem solving, positive expression, and faulty
attitudes or beliefs regarding the 'musts', 'shoulds', and expectations of a relationship (Carlson & Sperry, 1998). Cognitive techniques used by the therapist focus on confronting the client couple's irrational beliefs and unrealistic expectations regarding their relationship. Cognitive restructuring revolves around the theory that it is necessary for the therapist to teach the client couple how to adopt more realistic beliefs and expectations of each other and of the relationship. The purpose of the cognitive approach is to help the client look within him or herself to evaluate individual and relational cognitive distortions and irrational thoughts. This process begins with education provided by the therapist regarding feelings and how a person thinks about a situation. As the cognitive exploration progresses, the therapist assists the couple in session by identifying their distortions and negative statements. The statements and distortions are pinpointed and processed by the couple and the therapist. As the thoughts and feelings are better understood by the clients, it will become clearer as to what creates problems within the relationship. The couple's awareness of negative and contorted thinking is the crucial step before behavioral change can occur individually and between the couple.

Stage Four of Couples Therapy

Promoting Change Behaviorally

As a client gains insight, better understanding of cognitions, and the process of cognitive restructuring, behavioral change can be attempted by the client. The behavioral approach is used by the therapist with the client couple to
increase the level of communication and problem solving skills that will enable the couple to cope with their differences in a constructive manner. The therapist can assist the clients in identifying positive acts that each can do for the other, encourage couples to engage in these specified behaviors, and train them to show appropriate acknowledgment for them. The therapist can also serve as a communication trainer teaching couples how to express themselves to each other without blaming and how to utilize active listening skills. Finally, the therapist is a problem solving trainer who teaches the couple how to define problems thoroughly, how to generate possible solutions to the problems, negotiate and compromise, and implement the solutions. Structured problem solving is very helpful for couples in that it allows the couple to analyze the problem and to plan and achieve the most effective strategies for change and growth (Andrews, 1996; Christensen, 1999).

Conclusion

Couples create a very interesting and unique type of relationship. Couples share a relationship that is based on the deepest intimacy in life, as well as the greatest possible hurt. This union of two people is influenced by both individual’s family of origin, attachment styles, modes of thinking and feeling, and coping styles. Couples are required to build a new identity together, establish new roles, while still hold on to past experiences and personal needs and growth. With all of the complexities that affect and influence a couple, it is no surprise that there is a need for mental health attention in the area of couples counseling. The
integrative model for couple therapy is a blend of various theoretical perspectives that draw on a mixture of concepts and techniques to bring together what works best based on each client couple's unique needs. The integrative approach allows the client couple to link insight from each client's past with the current issues presented in the couple's relationship today. It is during the final process of couples counseling that the couple is assisted by the therapist in identifying irrational thought patterns, learning different communication styles, improving problem solving skills, and adapting coping mechanisms.
References


