

## **Cultivating Wisdom and Compassion in Relationships: Implications for Couples Therapy**

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*Brad and Sally sat down on my couch. She was crying before I could even ask them why they were here. From his body language, I could see Brad was seething. This young couple had been seeing each other for a few years but she was very clingy and anxious in the relationship. Sally was sure he was seeing other women and couldn't understand how he could be attracted to her. She felt she was too overweight and not beautiful enough for him. Brad worked hard in his own business and when he arrived home at night he would be withdrawn towards Sally and hostile towards her attempts to get close to him. He had a low libido and would often reject her initiation of physical intimacy. Both of them were miserable, and, although they said they loved each other deeply, they didn't know how to improve things.*

How can this lovely couple be helped to develop their relationship into one that is mature and embraces the qualities of wisdom and compassion? What can we learn from Buddhism and the Western psychotherapy traditions that can support them to grow beyond the emotional issues that are holding them back?

### **What Is Wisdom And Compassion?**

In Mahayana Buddhism, wisdom manifests as a deep understanding of our inherent nature. It is a recognition of our own suffering and what it means to be truly human. Through that realization we can then learn to understand the suffering of others, and compassion will spontaneously arise. The practice of meditation allows us to know “which states of mind, emotions, thoughts and attitudes are beneficial and which are harmful to ourselves and others, and also how these states influence our interactions with other people and the way we live our lives.” (Traleg Kyabgon, 2001, p.23)

As we appreciate our true nature we gain a sense of common humanity; that we're all in this existential mire together. Understanding that “you” suffer as “I” suffer increases compassion towards the other person, and in understanding that “I” suffer as “you” suffer there is increased compassion towards the self. In recognizing that we are interconnected we cultivate empathy and altruism; yet in a way that is not stifling of the other, or compromising of ourselves. It is a light recognition and nod to each other, along with a concern that enhances the autonomy of both. This concept of common humanity is an essential component of self-compassion that has been identified by Kristin Neff (2011) in her research.

Glaser (2005) defines compassion as “...the basis of connection, intimacy, openness, kindness, hospitality, and joy. It is an expression of human freedom, flowing from a sound intuition of the unity of life and all living things.” (p. 11). She differentiates between the compassion one has for the other which emerges from genuine love and regard, from the love associated with attachment.

Compassion in intimate relationships “...is more than simply caring for the partner; it is a love founded on an accurate understanding of the partner. Compassionate love is personally fulfilling, in that spouses can reap the rewards of their love; but it is also selfless, in that spouses accept their partners – the good and the bad, for who they are.” (Neff and Karney, 2009). So the old scripts that are played out through either

idealizing or denigrating the partner are revealed; and true acceptance for oneself and the other forms the foundation of this more mature love.

## **ATTACHMENTS AND PROJECTIONS**

*To help Brad and Sally we must enable them to begin to see the workings of their minds. We can help them to understand their thoughts and their emotions. In particular, we need them to be able to observe how they project underlying issues onto their partners.*

According to Buddhism, we can be blindsided by our perceptions in how we relate with the world generally, and in our relationships, specifically. Our perceptions about ourselves, our expectations and our assumptions are projected onto the external world, which we must then relate to. One of the reasons that we practice meditation is to be able to see through these projections, and to relate to the world with genuineness. To know our own minds clearly; rather than distorting the external world to fit into our own view of how things are.

In Buddhism, our projections towards others tend to take the form of attraction or aversion, which bring up the corresponding emotions of passion or aggression. We like certain things and dislike others, and we are constantly shifting in our preferences. It is possible that we can have the strong reactions of both aggression and aversion towards the same person at different times in the same day. These emotional reactions are a reflection of what is happening in our own minds.

We tend to create a story or a scenario around these shifts in our attraction or aversion which then influences how we feel about the other, about ourselves, and how we communicate and behave within the relationship. From a Buddhist perspective it is these attachments that we have towards the external world that are a cause of our suffering. It follows that any relationship will be fraught unless we are able to develop the appropriate view and ways of dealing with phenomena, both external and internal, as they appear.

Compassion can arise when we are able to see this play of the mind. We can see reality for what it is – to see that in effect, we create our own world and then relate to it. Trungpa points out that when we can loosen our solid and fixed view of ourselves, others, and the world, then we can begin to realize compassion. He says: “Compassion sees the nature of the samsaric game that is being played...” (Trungpa 2011, p 132).

### **Attachment theory and attunement**

From a Western view, psychological projections are discussed from the perspective of attachment theory. Our earliest childhood relationships set up emotional and behavioral habits that can affect the way we manage our intimate interactions for the rest of our lives. If we are insecurely attached this might lead to anxious behaviors of becoming clingy, demanding and overly dependent. Alternatively, we may be avoidant and ambivalent which leads to aloofness and withdrawal (Bowlby, cited Snyder et al, 2011).

Our early attachments influence the development of neural pathways in the brain. When we have secure relationships with our primary caregiver, then we have a stronger connection between the emotional parts of the brain (the amygdala and the limbic system) and the prefrontal cortex, which is able to mediate emotions. If we have insecure attachments, then as adults, we will have more trouble regulating our emotions (Lapides, 2010).

The right hemisphere of the brain processes empathy and attachment. When the right hemispheres of mother and child mutually connect, this forms the basis of empathy.

This capacity for attunement influences our adult relationships. Evidence shows that humans have a mirror neuron system that is implicated in the cultivation of attunement and empathy. When one individual views the actions of another their mirror neurons are activated. This allows the person to have an understanding of the behavior and emotional perspective of the other and ultimately to be able to develop empathy. (Gallese, 2001). According to Siegel (2009), neural integration and subsequent attunement can be propagated by mindfulness practice, a healthy adult relationship or a good psychotherapeutic alliance.

The human desire to attach to another forms the basis for our adult relationships. If we are attracted to someone, we may fall under the spell of romantic love. This is a state of physiological arousal known as limerence (Tennov, 1979; cited Diamond, 2004), and it is at this point we tend to project our idealized image onto the other person. It is a comforting experience whereby we have the notion that: “This person is a reflection of me, there is no difference between us. This feels safe, as if we have finally come home; the world makes sense and we can live happily ever after”.

Often this feeling towards the other is based on our old attachment issues. People seem to have what I call the “neurotic hook”, whereby they unconsciously come together and form a co-dependency with the other. This can lead to a heightened sense of arousal based on deluded notions of the other, rather than on genuine love.

When we are stuck in our projections, we tend to objectify the other person. They become an idealized or negative version of our own mind, and the relationship becomes a reflection of that. As the projections are resolved, one is able to see the other person for who they really are; then empathy and compassion can arise. Martin Buber says that “Only (persons) who are capable of truly saying *Thou* to one another can truly say *We* with one another.” (1965a pp 39-40 cited Fishbane, 1998). We see the other as a human being and then we can create a sense of real togetherness.

*We can see Brad and Sally both had attachment issues from their childhood. Brad’s mother had a substance abuse problem and she did not offer Brad any affection or stability in his life. He recalls that his mother would lie on the couch a lot, stoned, and he would feel trapped in the home often taking care of her needs while his were neglected. She was emotionally very demanding of Brad and he felt rejected. His attachment style was one of withdrawal. He was terrified of intimacy and would ignore Sally, but at the same time he was highly anxious that Sally would stop loving him and would leave him. His fear of intimacy and loss was such that he even suppressed his sexual desires.*

*When Sally was eight, her mother and father separated under the same roof. Her mother would often stay out late at night and on the weekends. Sally recalls feeling very anxious about this and would wait long hours by the window until she returned. She also experienced a great tragedy in early adulthood when her boyfriend was accidentally killed at work. This contributed to her anxieties and manifested in being overly demanding and immature in her relationship with Brad.*

*The attachment styles of each partner hooked into each other and continually reinforced the problems in their relationship. The more demanding Sally became because of her own insecurities, the more angry and withdrawn Brad would become. And the more he withdrew from Sally, the more anxious she would become.*

## **MINDFULNESS TRAINING**

*So in Brad and Sally's case we could begin by instructing them in mindfulness and loving-kindness techniques. This they could do on their own and some practices could be useful for them to undertake together.*

We can approach mindfulness training from the perspective of what I call the Four "Is" of Mindfulness.

### **1. Intentionality**

It is important in our mindfulness practice to have a clear intention of what we are trying to achieve. One of the limitations of the mindfulness movement is that it has been taken out of the overall context and view of Buddhist theory. Mindfulness is part of the Noble Eightfold Path and therefore forms part of our overall lifestyle, ethics and values. Right mindfulness is prefaced by right view and right intention. Unless we have an unambiguous intention, our mindfulness practice will not lead to personal transformation. According to Ajahn Brahm (2006): "Only when one has ... a clear goal will there be the possibility of spiritual progress" (p 258).

Research has shown that when we set our intention at the beginning of our practice, this will produce outcomes consistent with our goals (Shapiro and Carlson, 1992, cited Shapiro and Carlson, 2009). In our mindfulness practice we can establish the aspiration to learn to work directly with our emotions in order to be able to relate to others in a mature, empathic and compassionate way.

### **2. Intrapersonal**

Mindfulness practice can help us to learn to regulate our emotions. We can become more aware of the physical manifestation of different feelings and able to recognise the emotions associated with those sensations. We then become more willing and effective in accepting and tolerating our feelings and emotions (Hayes and Feldman, 2004, Brown et al, 2007). This means that when we have a reaction to our partner, or to a relationship issue, we will be able to take responsibility for our emotions rather than looking to blame the other. We are able to take care of ourselves in a mature way.

Through mindfulness one is able to observe how the causes and conditions arise that influence how we think, feel and act. When we can see that our thoughts and emotions are, in essence, without substantiality, we can learn to befriend them and not be compelled to act out of those transient states. When we can recognise the origins of the assumptions that we hold about ourselves and about the other person, we don't have to act on those assumptions in the same way. For example, if we have a belief about ourselves as unlovable and our partner looks at us in a way that seems dismissive, we might either get angry at that person or be overly critical of ourselves, or both. But when we realize we might be reading too much into that look, we don't have to react in the same way.

From a Western perspective, difficult emotions have been seen as something unwanted; to be controlled or eliminated. However, by rejecting emotions we actually make them stronger and more resistant. When we have the view that an emotion is bad and unwanted, we are in effect rejecting a part of ourselves. It is true that when we can accept and embrace our negative emotions, they will spontaneously self-liberate.

We can set the intention at the intrapersonal level of being aware of the rising and dissipating of negative and positive thoughts and emotions. It seems to be a function of the Western mind that we focus on unhelpful thoughts and emotions, and we can cling onto them and create a whole story that can last for a week. Conversely, when it comes to positive thoughts and emotions, we have a tendency to dismiss them. It is possible that we can benefit from being able to look at the negative thoughts and emotions and let them

go, and to actually focus on the positive ones – “to burn them into our brains.” (Traleg Rinpoche, personal communication).

The extent to which we focus on negative or positive aspects seems to be linked to the early messages we introjected during childhood. If we have internalised critical self-talk, we will be inclined to continue with that script into adulthood (Ryan and Brown 2003). Research shows that mindfulness practice can be an antidote to self-criticism and allow for the cultivation of self-compassion (Germer, 2009; Neff, 2011). Self-compassion is strongly associated with psychological well-being and individuals with high self-compassion show increased happiness, optimism, and personal initiative, and are more connected with others. They also show higher levels of emotional intelligence, less anxiety, depression, neurotic perfectionism and rumination (Neff 2009).

Mindfulness allows us to see through our projections. As we become more mindful we can become aware of how these projections arise. Chogyam Trungpa (1975) talks about the possibility of becoming aware of even small fluctuations in our attention between these states, these “flickerings” (page 57) of thoughts and emotions.

### **3. Interpersonal**

So as we start to take responsibility for our own thoughts, emotions and behaviors we begin to truly have compassion for ourselves and others. We develop a sense of confidence and no longer need to take a defensive stance or to attribute blame. Because we are not as fearful, we can open up to a more direct communication with others.

As we become more self-compassionate, our relationships with others will markedly improve. Research has shown that people with higher levels of self-compassion are more satisfied and happy with their romantic relationships (Neff, 2011). They are more accepting and non-judgmental of themselves and their partner. They are also able to be more affectionate, intimate and caring and to allow their partner more autonomy in the relationship. People with lower levels of self-compassion are more critical of themselves, less affectionate and more controlling (Baker and McNulty 2011).

Consequently, as we are able to deepen our understanding of our own thoughts and emotions as they arise, this mindfulness allows us to tolerate, accept and become more empathic. We become empathic in the sense of being able to take the perspective of the other person as well as being able to have empathic concern for them (Block-Lerner et al, 2007). Mindful individuals also can become more vulnerable with each other, repair conflict easily and be more intimate (Mirghain and Cordova 2007). This can be a result of being able to regulate any difficult emotions that might arise for them in the relationship.

Overall, mindfulness practice can increase relationship skills and marital satisfaction. (Burpee and Langer, 2005). People with higher levels of mindfulness show less relationship stress, higher levels of satisfaction and generally more positive emotions about the relationship and their partner. (Barnes et al 2007, Gambrel and Keeling, 2010). Siegel (2007) introduces the acronym COAL – curiosity, openness, acceptance and love – for the attitude that develops with mindfulness practice.

Mindfulness can help us to know when there are ruptures in the relationship that need to be repaired (Siegel 2007). According to Gottman and Silver (1999), successful relationships are not without conflict, but when conflict arises the couple are quick at making reparation. The practice of mindfulness also contributes to healthy relationships because it allows the individual to slow their emotional reactions down and to respond to their partner in a more deliberate and useful way. Mindfulness allows for an increased space for the individual to decide how to respond (Snyder et al, 2011).

The mindfulness movement has been proven to be revolutionary in individual psychotherapy. Now this paradigm shift is embracing how we can work more effectively

with couples. A program for couples has been developed (MBRE mindfulness-based relationship enhancement) comprising of an eight-week program which includes mindfulness and loving-kindness practices. In this course, loving-kindness meditations emphasized focusing on each partner as the main object for their compassion. Overall results showed that individual participants were more relaxed and optimistic. The couple dyads also exhibited less relationship stress, and this correlated with the amount of mindfulness practice done on any given day. (Carson, Carson, Gil and Baucom 2006, Carson et al 2004).

Later research demonstrated that mindfulness was effective in increasing self-compassion and empathy (Birnie, Speca and Carlson, 2010) and that loving-kindness meditation can lead to an increase in compassion towards self and compassionate love for others (Wiebel, 2007). Overall we find:

Unmindful couples:

- Engage in harmful patterns of behavior.
- Withdraw emotionally.
- Express anger, frustration, violence.
- Show a lack of intimacy.
- Cannot resolve conflict.
- Engage in behaviors as an unmindful attempt to gain power, or even to keep the relationship together.

Mindful couples are:

- More loving and thoughtful.
- Less likely to act out of entrenched and negative patterns of behaving – try a new way.
- Able to resolve conflict.
- Able to move from blame to empathy.
- Mutually empowered.

They also:

- Allow themselves to be vulnerable and therefore have increased intimacy.
- Embrace self-responsibility.

Fruzetti and Iverson (2005) also talk about how this mindfulness can be applied to relationships in four steps:

1. Individual mindfulness: Both individuals are mindful that current attempts to solve the problem are not working.
2. Behavioral tolerance: The couples then attempt to tolerate the other's behavior rather than trying to change it.
3. Radical awareness: They are aware of the current dynamic and able to communicate about it.
4. True (radical) acceptance: occurs by transforming the conflict into intimacy through acceptance of the patterns and motivations of the other, and enhanced understanding and closeness.

When working with couples I suggest they take on certain practices that will help us with our work together. These include:

- Practicing individual mindfulness meditation and loving-kindness practices on a regular basis.
- Practicing mindfulness meditation at the same time as their partner: “the couple that are still together, are still together.”
- Doing loving-kindness practices as a couple, doing sending and receiving practice.
- Reflective listening practices

#### **4. Insight**

The practice of mindfulness helps to develop insight into the nature of our own minds and how we experience the world. We can begin to truly understand how our thoughts and emotions arise and dissipate and to be able to regulate our internal experiences. Siegel (2010) refers to this as "mindsight".

In addition, through clearly seeing how we relate to the phenomenal world we develop a deeper wisdom and a clarity of those around us. And through the practice of loving-kindness we can become increasingly mindful and compassionate to the suffering of others, which in turn increases our wisdom.

*So Brad and Sally could enhance their relationship and develop empathy between them by practicing loving kindness. This could become a part of their ongoing commitment to each other. They can set time aside on a regular basis to sit opposite each other and send kind thoughts, love and light to the other.*

### **COUPLES IN THERAPY**

#### **Creating a mindful and accepting therapeutic alliance**

The basic frame of all therapy is to be able to create an atmosphere of awareness, acceptance and change and it is the mindful presence of the therapist that facilitates that process. We now know that techniques are important but account for only 15 per cent of change and that an optimal therapeutic relationship is one of the main factors contributing to change in therapy. (Hubble et al, 1999). This is true for individual and couples therapy.

#### **To be present and mindful**

The most important aspect of working with couples is to be as present and accepting as possible to both members of the dyad. This leads to a heightened awareness of how the couple are relating in the room in the here and now. We are noticing the content of what the couple reveals and the process of their interrelationship. The *content* is what happens between them –their beliefs, values, how they communicate, how they feel, how they act. The *process* is about the dynamic; what is underneath that which is being displayed.

It is crucial for effective therapy that the therapist has her own mindfulness practice. Studies have shown that therapists who are regular meditators display higher levels of empathy than non-meditating therapists (Wang, 2006; Block-Lerner et al, 2007). In fact, clients of therapists with a mindfulness practice report being more satisfied with the therapy than the clients of therapists who do not practice mindfulness. (Grepmaier et al, 2007; Baer, 2003).

Being as present as possible, the therapist can observe the dynamic as it is unfolding and to notice even small signs of emotions that each individual may be experiencing. When working with couples, being mindful allows us to notice any subtle

shifts in mood, tension and non-verbal communication that the couple might exhibit. The therapist, through mindfulness, has developed the capacity for acute attunement (Bruce et al, 2010).

It is also important when working with couples not to be afraid of the emotions as they arise. The effective therapist is able to sit with the ambiguity of what might develop in the session and to try not to solve things immediately. I find my own meditation practice helps me to sit with uncertainty. In addition, being mindful helps me to be aware of my own emotions and to not let them influence what is happening between the couple. For example, if there is anger or aggression in the room, this can feel quite threatening and bring up my own fear, and it's important to be aware of that and not let fear overwhelm me.

As a therapist, it's useful to be aware of my own emotions because it can facilitate an understanding of how each partner might feel in relation to each other. In this way I am using the countertransference; any reaction that I am having is useful information to reflect back to the partners. There might also be more traditional countertransference going on. For example, is there anything in this dynamic that reminds me of my parents' relationship or my own past intimate relationships? It's important to control for this so that I am not contaminating the process between the couple.

Chogyam Trungpa (2005) talks about the necessity of the therapist being able to have a mindfulness practice. He says that one must "...study and experience one's own mind. Then one can study and experience accurately the mind in the interpersonal situation." Gehart and McCollum (2007) reiterate how mindful presence allows the therapist to be less reactive to the emotional ups and downs in therapy and "the therapist welcomes whatever is brought into the process with compassion and openness." (p 220)

According to Cooper (2008) the therapist's mindfulness is important in therapy in a few ways:

1. Being able to embrace one's own suffering (face own anxiety) so that we can be compassionate and skillful with our clients. Suffering and resistance to suffering impacts on the attentiveness of the therapist.
2. Capacity of attention is related to how aware we can be in a given moment. Being able to distinguish between our own and the other's issues.
3. Our ability to attend in the present moment requires an attitudinal shift related to acceptance. Not trying to change what is happening in the present.

So this is also true of couples therapy in the formation of an effective therapeutic alliance. The couple therapist must form an alliance with each individual partner as well as the "in between" (Rait, 2000) of the relationship. As I empathize with one partner, I must skillfully ensure I am not alienating the other. This can, of course, be tricky at times. Also, I must ensure that I am working for the benefit of the relationship. This can mean that I can call each partner to task, a bit of tough love, if it is for the benefit of the health of the relationship. Therapist acceptance of the individual can foster non-defensiveness and change by:

- Bringing awareness of the couple dynamic into the therapy as it occurs in the here-and-now. Bring them back to the room, to their breath.
- Notice when they are drifting off or disengaging with the process.
- Therapist reports what is evoked, their own experience of sitting with the couple.
- Talk more about what is happening 'right here' rather than 'out there'.

- Therapist must be aware of own responses to the couple – e.g. biases, likes, dislikes etc.

## **THE THERAPEUTIC SPACE**

A skillful therapeutic relationship allows for the establishment of a workable, creative and expansive space in which to work. This effective therapeutic realm has been labeled as “sacred space” by Siegelman (1990), by Winnicott as “potential space” (cited Siegelman, 1990). What happens in therapy is a microcosm of what happens in the world and vice versa. It is the “lived space” of the individual or couple reflected in the therapeutic relationship that enables the therapist to participate in the client’s world (Fuchs, 2007).

Ogden (1986) and Gabbard (1996) (both cited in Safran and Muran 2000) assert that the therapist can be absorbed into the client’s world while maintaining the capacity to observe the self and the other. The therapist is as aware of himself as he is of the client. He is also aware of what is happening between them. There is an awareness of proximity to and distance from the client. The therapist moves between her own subjective experiences and the objective tuning in with the client. (Siegelman, 1990) As the therapist is able to be fully present this capacity for “...mindfulness dissolves the artificial boundaries that define our separateness.” (Fulton, 2005).

The therapist must be mindful of their own internal process, their own thoughts, projections and emotions. The therapist is, effectively, able to get out of his/her own way. This increases the “internal space” of the therapist by decreasing the attachment to one’s own thoughts and emotions (Safran and Reading, 2008) and creates the space for other things to emerge such as feelings and deeper aspects of the client.

I allow this space to develop by not stepping in too soon, by breathing, and actually imagining that my mind is expanding. Because I am not motivated by my own anxiety and by being comfortable in silence I take up less space so the clients can find their own place in the room.

When working with couples, this therapeutic space expands to incorporate the three people in the room. As the therapist works to keep the couple in the moment, by focusing on feelings, thoughts and behaviors as they occur in the immediate time and space, there can be a sense of time standing still. It is an emotional space, one that I can only describe as being full of wisdom and compassion. It is in this space that the couple can transform the existing habitual dynamic to access a sense of love, acceptance and positive regard for one another. It is an extraordinary experience and one I feel very privileged to be a part of. At this time all three of us have our hearts open and are able to attune to one another. Potentially, this positive experience can undo negativities from the past and facilitate the re-wiring of the neural pathways.

Surrey (2005) calls this process an opening up into the spiritual dimension. It is “...the practice of opening wholeheartedly to the present reality - of themselves, of each other, and of their connection - an expanded receptivity that goes beyond the particularity of this relationship, or this setting.” (p. 97)

I think it is in this moment that wisdom and compassion come together - when the individuals involved have a deeper understanding of the interdependence of each other and the “flow” (Surrey 2005) of their relating to one another. They can realize how their dynamic comes into existence, how their thoughts affect their feelings and emotions, and how they behave with one another. In this moment, they can realize they don’t have to hold onto such a solid perspective of how they relate, that in this moment it can be different. This loosening of their reality can create hope for them; they don’t have to be so afraid of their emotions or suspicious of their partner and this in itself is transforming.

I tend to work with couples in a way that is reflective of Buddhist perspectives of interconnectedness and of how we relate to the world and with our own thoughts, emotions and behaviors. The basic premise of working with couples is one of developing awareness. I work with the dynamic of the couple in the present moment. I listen to their story and get to understand how they interrelate, what their values are, what emotions arise, their patterns of thinking and their habits of attachment. As well as talking about what happens, I look for the opportunity of this being demonstrated in the room. As an emotion arises we go into it – what is this feeling, how do you label it, what are the causes and conditions that lead to this emotion, and how do you relate to the other once this emotion arises? In general I draw from systems theory, dialogical perspectives and Emotion Focused Therapy.

## **THERAPEUTIC APPROACHES**

So we have talked about how the therapeutic alliance sets the scene and provides an embracing atmosphere for change. In couples therapy the aim is to encourage attunement between the couple. It is a function of the therapist's capacity for empathy that allows the emotions of the couple to arise. The habitual dynamic between them can appear, be explored and understood, and allow for the creation of a new experience. As this new experience is assimilated, it can create a sense of attunement between the couple. Other authors believe that therapy is less about the content of what is happening in the dyad, and more about creating an experience of connection that may eventually change the neural patterning of each partner. (Roberts, 2007, Solomon and Tatkin, 2011). This represents a new way of doing therapy, which historically has been about discussing the problems and working on communication and behavior. Of course behavioral approaches are important, but research is showing that acceptance therapy has more enduring long-term benefits (Jacobson et al, 2000).

In working with couples, we must identify the deeper intentions of the couple. What brought them together in the first place? What has kept them together? What are their strengths? What do they want for themselves and the other person in this relationship? What are the values that they have and how do these values match in their coming together?

Values are particularly important in a relationship as they form part of the contract between the couple. It may be that creating a family is a strong value and that is what has been part of the glue between them. It may be that they want to grow together spiritually. What are the personal values of integrity, honesty, mutual caring that they want to develop? These form a point of focus that we keep coming back to. It is in a sense the "view" of both partners as individuals in relationship to each other and the world in general. As in mindfulness practice, we must base our practice on our view. So it is with couples therapy. We must clarify the view if the relationship is to deepen and become sustainable.

Another very potent and interesting aspect of couples therapy is to notice the playing out of attraction and aversion in the relationship. As mentioned previously, from a Buddhist perspective we are often relating to others and having strong emotional content depending on whether we are operating out of attraction and aversion. When couples come to see me they will wax lyrical about all the things they don't like about the other. At some point I will ask them what they liked about each other when they met. Almost without fail, they will use exactly the same words they had used previously. So we are seeing that what attracted them now is creating aversion. This is very useful because the couple can begin to see how their projections work and how unreliable their perceptions and emotions can be.

I will now talk about the psychotherapeutic approaches I believe align with Buddhist thought which I have used successfully with couples.

### **Dialogical approach**

As I have mentioned, it is the aspiration in couples therapy for each partner to be able to see through their projections and to be able to see the humanness of the other. Fishbane (1998) and Lysack (2008) discuss the importance of individuals being able to loosen up their own self-talk and to be able to focus on what is happening in the here and now. Rather than engaging in one's own projections, one can deeply listen to the other person and, consequently, be able to put what is happening between them into context. She says it is important to be able to view the partner as "thou" -as an individual with their own thoughts, feelings and relationship with the world, rather than "it". This enables the development of a dialogue between the couple whereby they can genuinely relate to the other as a whole person. This will lead to the development of empathy and compassion.

### **Systems theory**

We are also working with couples from a systems theory perspective, where each partner is observed as well as the "relational space" between them (Zinker, 1994). The basic premise of systems theory is that the whole is greater than the sum of its parts. Each part will impact on every other part of the system. Systems theory is similar to Buddhist theory because it looks at how things are interconnected; how causes and conditions come together to produce a behavioral and situational outcome.

From a systems theory perspective, we are working not just with the content the couple presents but also the process of the dynamic between the couple. Understanding that the couple relationship operates as a system that is self-perpetuating and self-reinforcing, with the assumption that first, the system will operate in a way that will attempt to maintain the status quo and second, any change to one part of the system will evoke a change in the whole system.

It's true that for the couple relationship that when one shifts, the other will shift. This might not necessarily always be for the benefit of the couple. For example, if one partner grows, developing insight and responsibility for their own thoughts, emotions and behavior, this will impact on the system. The other partner may try to grow and change as well. But more often operating from fear, s/he will try to encourage the partner with newfound insight or maturity to shift back. The one who is growing will not be able to do this, because once insight is born one cannot go back to being ignorant. If that partner tries to compromise their emerging insight and fakes it, it may preserve the relationship but will lead to a deep resentment on their part and unhappiness in the relationship.

In therapy we explore when and how they system works well for the couple and when it becomes destructive. We also look at how the couple polarizes around certain issues. (Zinker, 1994). How does one individual in the couple under-function and the other over-function? This can be related to emotional intimacy and sexual issues, for example, or to more task-related issues. One partner may be the "emotional one" in the relationship, while the other may be more closed down. In terms of relational space, both partners must contribute to the space between them, but sometimes one will over-function and do the emotional work for both of them. So when working with a couple it is important to bring awareness to the process and for both to see how they need to shift within that system. This relates very well with Buddhism, where everything is interdependent and nothing stays the same.

One important issue that comes up in relationship therapy is the polarization around intimacy. I often see couples who have different expectations about the amount of intimacy that is acceptable within the relationship. This is often the core issue we deal with. When one partner desires less intimacy than the other, or in a different form than the other, it sets up patterns of pursuing and distancing between them. These different levels of intimacy are often a reflection of the history of attachment of each partner. So one of the things I do is look at how the couple manages different intimacy requirements – the amount of solitude each partner needs, and the time they need together in order for both to be comfortable. This often leads to an exploration of the ways in which they process their emotions in relation to their need for or fear of intimacy.

In the therapy room I am bringing to awareness the causes and conditions that are impacting on their thoughts, emotions and behaviors with each other. What are they bringing to the relationship in terms of habitual ways of relating? What are their values? What are the intentions towards the other person? How have they developed a system of relating that, over time, has become dysfunctional.

*In my work with Brad and Sally I was able to watch and comment on how their relational system works, bringing to light the causes and conditions of their functioning in relationships. I was able to identify their individual anxieties and how they are mutually reinforcing. As one partner began to feel anxious it then increased the anxiety of the other and then they both started to act in unhelpful and harmful ways towards each other. Their communication would falter and then they would begin to argue Sally would get more and more emotional (sometimes hysterical) and Brad would shout and walk out. Both would then feel more vulnerable and hurt. In being able to point out this dynamic it began to disempower that dynamic, to take some of the heat out of it. This initiated the process of acceptance.*

### **Emotion Focused Therapy (EFT)**

*For Brad and Sally we know that their emotional responses to each other come from their early childhood patterns of attachment. So we can look at how to help them to identify their feelings, label them, and learn to accept and work more directly with them.*

The ways in which each partner experiences their emotions form part of the important causes and conditions of how well the relationship functions. EFT is based on the premise that individuals are motivated by their emotions and that individuals will seek to move towards emotions that are less painful. In that way, the system can operate as it always has. With EFT, therapy can allow the individuals to access and work directly with painful emotions. Those emotions can then be transformed and the dysfunctional system can progress towards maturity and empathy.

EFT in couples therapy involves allowing emotions to arise in the room, and exploring the causes and conditions that lead to these emotions and the ways in which the dynamic between the couple perpetuates these emotions (Johnson, 2007). Focusing on emotions that are very immediate brings the process into the here and now, and it is a potent way of working. In effect, the emotions form the focus of mindfulness as a way of bringing the individual back to the present. Research has shown EFT to be effective in managing relationship stress (Baucom, et al, 1998, cited Makinene and Johnson, 2006) and cultivating forgiveness (Byrne et al, 2004).

According to Greenberg and Johnson (1988), emotions are an effective way of providing information about what is happening in the present moment. So when we work with couples, and we get an experience of the emotions of each partner at that time, then

we can look at the causes and conditions that have led to those emotions in the room at that immediate point. EFT focuses on the emotional process in the couple. It observes how emotions arise in the present moment, facilitating an understanding of how each partner feels and the attachment issues that may underlie those emotions, with the intention of increasing empathy between the couple. (Johnson, 2007). The therapist focuses on the process of the emotions that arise rather than the content.

EFT involves bringing emotions into awareness and exploring the causes and conditions that lead to these emotions. An important part is identifying the primary and secondary emotions. This therapy links into the early childhood patterns of relating. Often people will present with one emotion as the problem (secondary emotion), but that emotion is often masking a more uncomfortable feeling (primary emotion).

*The secondary emotion Brad presented with was anger. When we looked underneath that anger we could hear the hurt and neglect from his past relationship with his mother and his fear of getting close with Sally. When this was brought up in the room it produced a shift in Brad; he was able to safely express his fears, and to cry. This allowed Sally to empathize with him, become less defensive, and feel more connected and less insecure in herself, because she felt that he did love her.*

*Brad reported some months later that he was able to feel his emotions more quickly when they arose, and to label them and let them go much more easily than ever before.*

*Sally, too, became more confident and self-accepting when she realized where her fears and anxieties had started. She was able to draw a direct comparison between when she felt abandoned by her mother and when Brad went away with his mates. Even though she still felt upset, she was not as crippled by anxiety as she used to be.*

Research is now showing that mindfulness practice can be a useful adjunct to EFT. When individuals practice mindfulness it enhances their capacity to observe their emotions as they arise, to label them and to have a greater capacity to be able to sit with their emotions and learn from them. (Beckerman and Sarracco, 2011).

Being able to sit with and accept our emotions is one of the basic aspects of mindfulness meditation. We don't judge or try to change the feelings that arise but try to be open to experience the entire range of our emotional lives without hope and fear. As in Buddhist mindfulness meditation, as we learn to accept our emotions they can become self-liberated. This acceptance forms the basis for compassion towards ourselves and the other person. EFT is another way we can help clients to open up to their authentic selves, and in so doing develop real compassion for each other within the relationship.

### **Positive psychology**

Positive psychology in couples therapy involves the therapist looking for and promoting the positive in the relationship between the couple. The focus is not so much on the problems and dysfunction but on acceptance and allowing the positives to emerge. With more attention on the positive, the couple's frustration with any negativity between them may dissipate. According to Fredrickson's broad and build theory (2001), positive emotions have the capacity to increase the emotional resilience of the individual and their social responsibility (Styron, 2005). We can then assume that as we increase the positive emotions for the couple, this will cultivate resilience in the relationship.

Seligman (2002) asserts that positive emotions are able to undo negative emotions. Positive psychology is about taking a positive approach to the past, the present and the future. So the future can be hopeful and optimistic, and the past is viewed with a

sense of satisfaction and contentment. The present can then be a happier, calm and pleasurable experience in the moment.

Kauffman and Silberman (2009) discuss PPI (positive psychology interventions) with couples in therapy. This approach involves three main steps. First, it cultivates a balanced acknowledgement of the negative/problematic and positive aspects of the relationship. What are the strengths, what works? Second, it develops the positive between the couple; and third, it explores how each partner can help develop the positive in each other.

Good relationships have been shown to have a higher positive to negative ratio of 5:1 (Kauffman and Silberman 2009). At an early point in the therapy I will ask the couple “what brought you together?” This question usually softens the couple’s attitudes towards each other even if they’re having a lot of conflict. They remember the good times, the positive feelings for each other. This is what I try to build on as a starting point for change. Mindfulness is important here – being aware of how much energy is being put into the negative rather than the positive aspects of the relationship.

*As for Brad and Sally, I was able to help them move to a happier place in their relationship. They both felt a strong alliance with me and with each other during our therapy. I held them safely in the sessions while we explored their fears and the obstacles to their expression of love for each other. Both reported feeling more accepted by me and by each other and over time their emotions became more contained and their destructive behaviors dissipated. Although they still have times when they get anxious or angry, overall they are much happier in their relationship. Our therapy finished two years ago when they decided they were ready to get married. I have since discovered that Sally gave birth to a baby girl nine months ago.*

## **FUTURE DIRECTIONS**

The future of therapy with couples may be to offer mindfulness and loving-kindness training for individuals and couples as a basis for enhancing relationships. Our larger counseling agencies could offer regular programs as part of a holistic approach to working on relationship issues. In this scenario, therapist training programs in mindfulness would be crucial in future development of the practice of couple therapy.

As the mindfulness movement moves from a focus on the alleviation of individual suffering to embracing compassion for others, scientific research is validating what the Buddha knew centuries ago. Western psychology is increasingly turning towards Buddhist theories and techniques as a complement to their approaches to psychotherapy with individuals and now, more recently, with couples.

We are seeing a paradigm shift that may form the basis for the explosion of Buddhism in the West. As a culture there may be a natural shift to taking refuge in the Triple Gem, rather than in the false refuge of romantic love. Intimate relationships may then be based on a love that is accepting, expansive and fully compassionate. Couples can then rely on meditation practices and the guidance of the six paramitas (virtues) to form the basis of their relationships.

As Buddhist psychotherapists we have a wonderful opportunity to form part of this changing paradigm. May our work be of benefit to all beings.

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