

Mindfulness: Implications of and Evidence for Use in Couples Therapy

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Abstract

The practice of mindfulness has been actively integrated into psychotherapy for decades. Mindfulness has been successfully used to reduce stress, prevent relapse of major depression and substance abuse, and for the treatment of borderline personality disorder. However, its use in marriage and couples therapy settings is still somewhat novel (Carson, Carson, Gil, & Baucom, 2004; Gehart & McCollum, 2007). In this brief article the basic tenets of mindfulness and Buddhist philosophy are explained and their application in couples therapy and therapist training are explored. Specifically, the benefits of non-attachment and mindfulness to both clients and counselors are discussed as are the changes needed to promote mindfulness cultivation in therapist training programs. Additionally, research into the effectiveness of Mindfulness on marital satisfaction is examined.

Mindfulness and the Four Noble Truths

Mindfulness is a concept which is hard to define but is largely based upon Buddhist religious and philosophical foundations (Bodhi 2011; Gambrel & Keeling, 2010). According to Buddhism there are four noble truths which can be roughly expressed as: 1) Life is suffering. 2) The source of suffering is our attachments to objects, ideas and constructs. 3) The reduction or cessation of attachment reduces suffering. 4) The path to this reduction of suffering is through concentration, wisdom and morality which are gained through non-attachment or acceptance of suffering (Gehart & McCollum, 2007; Teasdale, 2011).

Mindfulness is the most common way of cultivating non-attachment and involves becoming aware of internal and external occurrences and attending to them without judging or ascribing cognitive or emotional value to these phenomena. While the most widespread form of practicing mindfulness is through seated meditation, this is not the only way to do so Gehart & McCollum, 2007; Shapiro, Oman, Thoresen, Plante & (Flinders, 2008). Gambrel and Keeling (2010) explain that mindfulness can be practiced

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anytime a person pays attention to cognitions, sensations and emotions without automatically reacting to them and can be done while practicing yoga, walking or even washing dishes.

Suffering and Therapy

Mindfulness and Buddhist principles can also be applied to the therapy setting. For instance the idea that to be human is to suffer is very much in-line with the reason why individuals seek treatment. Most, if not all, individuals who come into couple's therapy do so because they are suffering distress. This may be due to some acute stress like having to cope with the loss of a child, but most often is attributed to common, consistent themes. Indeed, having a sense that one is not achieving one's goals, feeling that a marriage is stagnate, and other common forms of distress account for the majority of reasons why couples seek counseling. Additionally, research shows that around 69% of marital quarrels revolve around the same, unresolved, issues that are largely personality characteristics instead of external events (Gehart & McCollum, 2007). Furthermore, the prevalence of Americans diagnosed with a psychiatric diagnosis is high, with an estimated 26.2% of adults suffering from a diagnosable mental illness in any given year (National Institute of Mental Health, 2008). Additionally, many others who do not meet the criteria for a mental disorder according to the fourth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) may be close (e.g. they may meet 4 out of 5 of the criteria). This provides support for the first noble truth; it is in our nature to suffer (Gehart & McCollum, 2007).

However, in the United States the idea that with enough work we can live without suffering is pervasive. This belief in the ability to conquer all adversity has led to many viewing suffering as a life failure to be hidden which only adds to distress. This is especially true when there is no satisfactory outcome. A good example of this is a couple who must choose between staying in a dysfunctional marriage for the sake of their children and separating for their own happiness. In such a case it seems that both choices will lead to suffering (Gehart & McCollum, 2007).

Acceptance/Non-Attachment

These lose-lose situations present a problem for the therapist who is often expected by clients to come up with a solution which is painless. When this is not possible the couple often becomes unable to make any choice at all. This is a fundamental dilemma for change-therapy models; sometimes change will not lessen suffering. However, if change is not the answer, what is? According to Buddhist psychology, acceptance is the key (Gehart & McCollum, 2007; Hayes, & Plumb, 2007).

The idea of acceptance is not entirely new to family therapy. Both Integrative Couples Therapy (ICT) and Internal Family Therapy (IFT) view marital therapy as being composed of change and acceptance. IFT encourages clients, through internal dialogue, to recognize that the aspects of themselves which they view as negative are often protective. Once this insight has been achieved, acceptance and compassion of one's own perceived flaws can begin. Additionally, as the client achieves a higher level of acceptance and compassion for himself, he is less inclined to be judgmental of his partner which ultimately leads to positive changes in his relationship (Schwartz, 2013). According to ICT, behavioral techniques should be the first approach used to improve marital quality but in more intractable situations, the solution is to encourage acceptance. ICT proposes two components in this process: viewing problems as a potential way to become more intimate and abandoning efforts to change one's partner. Through this process change often occurs, paradoxically, as acceptance of one's partner can often be the most effective means of generating change (Gehart & McCollum, 2007).

As mentioned previously mindfulness is a way to cultivate non-attachment as attachment is the most common cause of suffering. This is because when we are attached to objects or ideas we affix stories or expectations to them and suffer when these 2stories are not played out. Additionally, the more attached we are to a story the more we suffer when this occurs. This idea is at odds with approaches that utilize sociopolitical therapies such as narrative therapy which externalize distress, viewing it as being caused by the dominant culture (Gehart & McCollum, 2007; White, & Epston, 1990). Instead of ascribing distress to the dominant culture, Buddhist psychology

emphasizes the importance of reducing one's investment in the dominant social discourse without being confrontational towards the discourse. This allows the reduction of suffering by decreasing the level of attachment to how things in life "should" be and increasing acceptance of what "is" (Gehart & McCollum, 2007).

It is important to note that non-attachment is not detachment. Detachment suggests that one be disconnected or distanced while non-attachment requires the individual to be patiently engaged while at the same time not placing value on an experience as being "good" or "bad." To do so we must put aside cultural social narratives and previous life experiences and simply be in the moment (Gehart & McCollum, 2007; Zimberoff & Hartman, 2002). This is very much in-line with experiential approaches to family therapy which focus on the present, immediate experiences of the family members and posit that experiencing the present leads to awareness and this awareness, to change (Moan, 2012).

Compassion/Equanimity

Another core Buddhist concept is compassion. Mindfulness is a method by which compassion is cultivated and self-compassion is a key mechanism which accounts for the effectiveness of mindfulness based therapy (Germer & Neff, 2013). Mindfulness allows us to be aware of, and accept, all of our emotions and physiological states including those which are uncomfortable (e.g. anxiety, hopelessness) because these states are natural. Doing so increases our compassion for ourselves and others as we come to terms with the suffering which is inherent to the human condition. Additionally, as we become more mindful and accepting of suffering we learn to be better able to replace judgment of these states with a more kind, loving response. Last, this acceptance helps to cultivate a calm mind as we come to peace with uncomfortable emotional states (Gehart & McCollum, 2007).

Implications

Now that the basic concepts of mindfulness and Buddhist psychology have been addressed it is appropriate to examine their implications for practice. As mentioned earlier, mindfulness helps to cultivate equanimity (i.e., mental calmness), compassion and non-attachment. These are all characteristics which can be very beneficial to the

therapy process (Feldman & Kuyken, 2011). For example, remaining non-attached but fully engaged is very useful for the therapist. It allows her to remain open to what the client brings into the session without judgment, but with compassion and openness. Non-attachment to outcomes allows the therapist to focus on the therapy process instead of goals which, if the counselor becomes too concerned, can hinder the therapy process. Non-attachment is also useful when clients are struggling with terrible circumstances such as abuse and cruelty that are part of the human experience; when counseling such individuals, adopting a non-attached stance allows the therapist to be submerged in the client's inner world without being carried away by it. Additionally, if the client is the perpetrator, non-attachment allows the therapist to address the client's impulses without judgment (Gehart & McCollum, 2007).

Being mindful and therefore non-judgmental allows the therapist to "befriend" problems instead of rushing to "fix" them. This often leads, paradoxically, to perceived problems becoming our best "friends" in that they lead to learning about ourselves, our relationships and life in general which promotes wisdom and compassion. Therefore, both psychological and physiological problems are viewed as messages which provide insight, not as symptoms to be treated. When therapists change their relationship to a couple's problems and begin to view them as "friends" the pressure to cure them is reduced and the counselor is allowed to become more curious and interactive. Additionally, this process reduces the therapist's biases about the problem and clients. This frees the therapist to then introduce this unbiased viewpoint to the clients and encourage them to gain wisdom from the problem instead of trying to avoid or eradicate it. If this introduction is successful, the couple can begin to change their attitude about their problems and become more flexible and creative in how they address them. Also, it is important to note that this idea is not too far from systematic family therapy techniques such as *reframing* and *positive connotation* which encourage the client to reexamine problems in a different, positive light (Weeks & Treat, 2001), and is therefore not a completely novel concept to family therapy (Gehart & McCollum, 2007).

Training

Training in mindful therapy requires significant changes in two aspects of current education and supervision: the therapist should be taught compassion before theory and more emphasis should be placed on the therapist's self. Therapy without compassion for humanity does not appear to be beneficial in the least. Also, compassion does not come from a detached professional role but from connecting to other humans. Therefore before academic or mental health training, therapists should begin by learning to feel compassion without becoming caught up in the desire to rescue the client. This can be done through experiential exploration designed to heighten students' sense of compassion and humanity and make them more aware of the suffering which their fellow humans and they themselves endure. One way of doing this is through meditation in which the students are trained to breathe in the suffering of others and to breathe out good will to mankind. Another way of increasing compassion is to have students spend time in homeless shelters or with the mentally ill engaging in casual conversation. By having students engage in experiential compassion building activities before learning diagnosis and treatment techniques, the student is better able to view clients as human beings instead of diagnostic labels or through the lens of their marital problems (Gehart & McCollum, 2007).

Research

The use of mindfulness and the integration of Buddhist thought into psychotherapy is not entirely new. In the early twentieth century Jung explored the use of Buddhist ideas to enlighten therapy (Gehart & McCollum, 2007). However, research into the use of mindfulness and its implications for couple's relationships is fairly limited. Fortunately for marriage and family therapists interested in utilizing mindfulness, there are an increasing amount of studies examining the relationship between mindfulness and relationship satisfaction (Gambrel & Keeling, 2010). This article will now shift its focus from theory to evidence for effectiveness of mindfulness.

There are several recent studies that examine the role of mindfulness on couple's relationships which have found significant correlations between mindfulness and relationship satisfaction (e.g., Jones, Welton, Oliver & Thoburn, 2011; Wach &

Cordova, 2007). However, it should be noted that whenever correlational research is conducted it is not possible to infer causation and that correlations can be attributed to many other covariates. For example highly mindful individuals may, in general, be more empathetic, have more positive views of others and be more compassionate; these factors may be what account for increased relationship satisfaction and not mindfulness. With this caveat in mind, the research is still very promising (Gambrel & Keeling, 2010).

Wachs and Cordova (2007) studied the relationship between mindfulness, emotional skills, and relationship satisfaction using a small sample (33 couples). Mindfulness was measured using the *Mindful Attention Awareness Scale* (MAAS), which measured attention to the present, a core characteristic of naturally occurring mindfulness. Marriage satisfaction was gauged using the *Marital Satisfaction Inventory-Revised* (MSI-R) a self-report measure which assesses aggressive behaviors in a marriage and the *Dyadic Adjustment Scale* (DAS) which measures couples' agreement on issues and activities such as sex, religion and philosophy. Emotional skills were measured using the *Interpersonal Reactivity Index* (IRI) which measures level of empathy ability, the *Self-Expression and Control Scale* (SECS) which assesses how a person controls and expresses hostility and anger, the *Emotional Control Questionnaire* (ECQ) which assesses a person's strategies for controlling emotion and the *Toronto Alexithymia Scale* (TAS-20) which gauges a person's ability to identify and communicate emotions (Wachs & Cordova, 2007).

The results from the Wachs and Cordova (2007) study provide evidence that mindfulness is beneficial to intimate relationships. Specifically, a significant correlation between marital adjustment (as measured by the DAS) and mindfulness was found suggesting that greater attentiveness to the present helps couples maintain healthy relationships by improving their quality of emotional interactions from moment-to-moment. Next, correlations between the subscales of the TAS-20 and the MAAS suggest that partners who are higher in mindfulness are better at identifying and expressing their emotions. Also, marriage quality was negatively correlated with anger expression as measured by the SECS. Finally, it was found that the ability to identify, express and control emotions mediated between mindfulness and marital quality. This

was shown through an “anger reactivity” variable in the SECS which regression analysis showed fully mediated the association between marital quality and mindfulness (Wachs & Cordova, 2007).

The authors posit that these results suggest mindfulness allows the person to be more in contact with his/her own experience as opposed to the non-Buddhist state of being, which revolves around avoidance or distraction. As a result of this state of awareness, mindful individuals watch their feeling states more closely and become more tolerant as feelings like anger come and go. This is in contrast to less mindful individuals who bolster negative feelings by attempting to suppress or them or by ruminating on them. Through this process of non-judgmental awareness, mindful individuals learn skilled emotional repertoires and have decreased impulsivity and hostility which leads to greater relationship quality (Wachs & Cordova, 2007).

Jones, et al. (2011) also found evidence that mindfulness may be beneficial for relationships as well as couples therapy. Their study examined 104 married individuals age 19-66 (mean = 35 years) who had been married an average of 8.14 years. Trait mindfulness (defined as the frequency of mindful states an individual experiences) was determined by the *Five Facet Mindfulness Questionnaire* (FFMQ) which assesses trait mindfulness using a self-report measure. Marital satisfaction was measured by the DAS (described above) and spousal attachment was assessed using the *Experiences in Close Relationships-Revised Questionnaire* (ECR-R) which uses a self-report questionnaire to gauge attachment-related anxiety and avoidance in spouses.

Like the previous study, Jones et al. (2011) found that mindfulness is significantly correlated with marital satisfaction. Also, they found that the amount of the variance in this relationship can be accounted for by the level of security couples experience due to feeling dependent on, and close to, one another. While the positive relationship between marital satisfaction and mindfulness is not a completely new finding (as supported by the previous study) this experiment does provide new evidence explaining why this correlation exists. This research suggests that spousal attachment provides the mechanism by which trait mindfulness contributes to increased marital satisfaction. Support for this idea is provided by the findings that while the effects of trait mindfulness

on relationship satisfaction was significant, when the mediators (attachment avoidance and attachment anxiety) were taken into account the effect of trait mindfulness were not significant (Jones et al., 2011).

Jones et al.'s (2011) findings suggest that mindfulness on its own does not have a significant effect on relationship satisfaction but, instead, that attachment acts as the mediator. Additionally, the authors purport that mindfulness activates neural substrates which perform automatic, internal appraisals of parasympathetic activation and therefore safety. Furthermore, they contend that this activation promotes growth of the neural circuitry involved in security, safety and positive affect in a romantic relationship and it is this strengthening of neural circuitry which accounts for increased marital satisfaction. Last, the authors posit that mindfulness training can be beneficial for couples therapy by enhancing relationship quality through helping to build healthy spousal attachment (Jones et al., 2011).

Conclusion

While mindfulness has been used successfully in individual counseling for quite some time, it is a fairly new approach to couples therapy. Mindfulness is based in Buddhist philosophy, specifically the four noble truths: 1) Life is suffering. 2) The source of suffering is our attachments to objects, ideas and constructs. 3) The reduction or cessations of attachment reduces suffering. 4) The path to this reduction of suffering is through concentration, wisdom and morality which are gained through non-attachment or acceptance of suffering (Gehart & McCollum, 2007; Teasdale, 2011). Mindfulness is the most common way of cultivating non-attachment and requires non-judgmental awareness and experiencing of all phenomena. Suffering is a common theme in therapy and mindfulness provides a mechanism for addressing it through acceptance, non-attachment, compassion and equanimity (Gehart & McCollum, 2007).

Therapists may benefit from practicing mindful non-attachment in therapy sessions which allows them to be present for, but not consumed by, clients' suffering. Also, non-attachment allows therapists to "befriend" problems and use the wisdom gained through this process to enlighten clients and allow them to learn from their suffering. Additionally this increased mindfulness may be gained through experiential

exploration prior to counselors beginning their therapy practice (Gehart & McCollum, 2007).

While mindfulness is a fairly novel concept in couples therapy there is growing evidence supporting its relationship to marital/couple satisfaction. Mindfulness has been found to be correlated with marital adjustment and skilled emotional repertoires (Wachs & Cordova, 2007). Furthermore, mindfulness has been shown to be significantly related to marital satisfaction and there is evidence that this is due to mindfulness' ability to increase healthy spousal attachment. Due to mindfulness' apparent ability to increase relationship satisfaction its use in couple's therapy may be good practice (Jones et al., 2011).\

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