Wheels Within Wheels
A Buddhist Approach to Couple Therapy
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**Introduction**

When many people think about Buddhism they presume that its primary purpose is to detach them from worldly affairs and cultivate inner calm and solitude. This is understandable, because the most well-known icon of Buddhism is the sitting Buddha, a man sitting alone in meditation. What is less well understood is that Buddhism is also a theory about relationships, and its practice cultivates deep intimacy with others and with life as a whole.

The Buddha’s awakening experience under the Bodhi Tree was in fact an experience of deep intimacy. He burst out of the bubble of self-centredness that disconnects us from others, and experienced a profound heart-felt love for all of life. The contemporary Vietnamese Zen Buddhist teacher, Thich Nhat Hahn, refers to this deep sense of connectedness as *Interbeing*, the experience of mindful and loving identification with all things and all living creatures, including spouses, children, extended families, friends, communities and all cultures.

When we reflect on the Buddha’s teachings of the *Brahma Viharas* (loving kindness, compassion, joy and equanimity), we can see that they are the emotional expressions of this insight into non-self and interbeing.

The precepts also provide us with ethical guidelines on how we can avoid harming relationships, including our relationship to ourselves. The
practice of mindfulness provides us with a way to regulate our emotional states and create vibrant awareness of our self and others.

The teaching of Interdependent Co-arising also provides us with a psychological theory as to how self-centered delusion and its mood of un-love arises in the individual, and how this can be transformed. This will be the key theoretical teaching of the Buddha that we will draw on to explain the Buddhist path of intimate relationship. It has a remarkable resonance with Systemic Couple and Family Theory and the integration of these two theories can provide us with a foundation for a Buddhist approach to couple therapy.

**Interdependent Co-arising**

The Buddha’s first teaching after his Awakening was:

The Four Noble Truths:

*There is dissatisfaction* *(Samsara)*

*There is a cause of dissatisfaction* *(grasping, aversion and ignorance)*

*There is an end to dissatisfaction* *(Nirvana)*

*There is a path that leads to the end of dissatisfaction* *(Insight, Ethics and Serenity)*

For the purposes of this essay we can paraphrase these same principles in working with couples in therapy.

*There is often distress, disappointment and dissatisfaction in intimate relationships.*
The cause of this suffering is self-centred grasping and aversion towards love and intimacy.

When this self-centred grasping and aversion is dissolved, relationships can be more loving and fulfilling.

There are practices of mindfulness and principles of non-harming that can deepen our insight and help untangle the self-centred dynamic of grasping and aversion that both partners bring to their relationship.

In order to understand the four noble truths in a more comprehensive way it is essential to understand the Buddha’s central teaching of Interdependent Co-arising (Puttciita Samutphada). This is the same teaching that Thich Nhat Hahn refers to more simply as Interbeing.¹

In a metaphysical sense, interdependent co-arising is the Buddhist term for the mutual interconnectedness of all things. Let us look at this concept first from the nirvana (awakened) perspective, before looking at it from the samsara (delusion) perspective and then finally putting the two together.

The nirvana perspective

If we look into the nature of any particular thing like a mountain or a bird, a cloud or a human being, we can see that it is interwoven into the whole fabric of life and has no separate existence. When Buddhists use the word emptiness, it refers to all things being empty of separate existence.
Paradoxically, when we see that all things are empty of separateness we realise that life is very full! Another commonly-used metaphor is the wave and the ocean. Waves exist but they are not separate from the ocean.

Interdependent Co-arising is often misunderstood as a theory of linear cause and effect, in the way one billiard ball hits another billiard ball and so on, and so on. We usually think of cause and effect as separate categories with causes always preceding effects. Many scientific experiments are based on this simple model, but according to interdependent co-arising, cause and effect arise together and everything is a result of multiple causes and conditions coming in all directions at once. In other words, for something to exist it needs everything else to exist. The one contains the many and the many contains the one.

Interdependent co-arising is also conveyed visually through a beautiful Buddhist metaphor - the Jewel Net of Indra.

Imagine a vast net that is spread across the whole universe. At each crossing point in the net there is a many-faceted jewel; there they hang, glittering like stars in the heavens, each jewel perfectly reflecting every other jewel in the net. If we take one jewel we find that it is intimately connected with every other jewel in the net. Not only that, but each of the jewels reflected in this one jewel is also reflecting all the other jewels in an infinite reflective whole. Touch one and they all shimmer.
Interdependent co-arising also finds a resonance in modern science. When quantum physicists examine sub-atomic particles they see nothing solid—just swirling patterns of interconnected energy. The hologram is another example. When laser beams are used to create a three-dimensional image, one fragment of the image contains the whole image.

As a Buddhist monk, Thich Nhat Hahn intuitively saw this principle at work in the practice of Family Therapy. When a child has an emotional or behavioural problem, he or she reflects the problems in the whole family.

When all of life is seen as a network of mutual interdependence this insight has a radical impact on how we understand ourselves and relate to life. Our inner conscious awareness is not seen as something that stands alone and constant, independent from objects in the external world. Both arise together and are mutually dependent for existence. The same is true of mind and body, self and society, human beings and the natural environment, or two people in an intimate relationship.

When we see life in the light of interdependent co-arising, we start to see everything as a pattern of relationships that are constantly shifting and regulating themselves. We start to see polar opposites such as life and death, enlightenment and delusion, right and wrong, success and failure, as involved in an intricate dance rather than being in stiff opposition. When we see life as an interconnected whole and as an energetic pattern of constantly changing relationships, we can also understand the Buddha’s teaching of impermanence. While the Jewel Net of Indra is a metaphor for
interconnectedness on the dimension of space, a stream or a river is a metaphor for transience on the dimension of time.

The teaching of interdependent co-arising is at the heart of the Buddha’s teaching because it expresses the essence of his insight. It is not that a person does not exist, but rather we are made up entirely of non-self elements. It is easier to see this in relationship to our bodies: that they are made up of water, air, food, minerals, genes, DNA. etc. but not so easy to see, or more importantly, to experience our whole being as made up of non-self elements.

**The samsara perspective**

The Buddha, however, was not just an academic philosopher in an ivory tower concerned only with metaphysics. He was more like a clinical psychologist or a doctor who was more interested in using metaphysics in the application of treating a psychological condition.

So the concept of interdependent co-arising and transience is also used to explain specifically how ‘suffering and dissatisfaction’ arises and how it ceases.

The Buddha explained that there were twelve conditions that come together in the creation of suffering and dissatisfaction. These factors can be seen as looping back on themselves in a vicious circle, spinning around and
around and creating an apparent ego identity, or closed system, that is locked
into a self-absorbed separate existence. The experience of being in this
closed system is one of being isolated from life, out of touch with the intimacy
of interconnectedness and out of touch with unconditional love, joy,
compassion and peace of mind.

For the sake of simplicity it is often stated that this sense of
separateness and isolation is set in motion by ignorance. That is, ignorance of
the essential interconnectedness of everything. Ignorance is seen
metaphorically as darkness, and clarity as light. This ignorance that gives rise
to grasping and aversion is the shorthand version of the twelve-linked chain
that is stated as the Second Noble Truth.

In Asian countries, these twelve linked conditions are often interpreted
as the cause of rebirth or reincarnation. In Western Buddhism, rebirth tends
to be seen as a belief rather than a fact, and these twelve linked factors can
also be taught as a way of understanding how the isolated ego keeps
perpetuating and maintaining its own momentum as each moment is born
and dies. It is not necessary to believe in rebirth to understand or practice the
Buddha’s teachings.
The Twelve Links of Interdependent Co-Arising

Twelve Links: The Two Aspects of Interdependent Co-Arising

When Conditioned By:

True Mind

Clear Understanding
Wisdom of No Death
Great Desire

Deluded Mind

Ignorance
Old Age and Death
Volitional Actions
Four Wisdoms

Consciousness

Birth
Wisdom of No Birth

Coming to Be

Freedom
Grasping

Four Immeasurable Minds
Mindfulness of Feeling
Mindfulness of Contact
Result Body

Transition Body

Six Sense Organs and Their Objects

Feeling

Contact
From samsara to nirvana

Turning vicious cycles into virtuous cycles

However, as Thich Nhat Hahn points out, these twelve factors are usually seen only in a negative way. Their positive side has been overlooked by many Buddhist teachers after the Buddha. When we bring clarity and light to what is going on in our lives this gives rise to the desire to act with love and compassion, which in turn gives rise to positive actions, and so on. What is first experienced as a vicious cycle now becomes a virtuous cycle, as the diagram above shows. The same terms, vicious cycles and virtuous cycles, are also used in Systemic Couple Therapy, when couples shift from dysfunctional polarised patterns into functional ones.

In summary, Thich Nhat Hahn says:

There is co-arising conditioned by deluded mind and co-arising conditioned by true mind. The world, society and the individual have been formed by a cycle of conditions based on deluded mind. Naturally, in a world based on deluded mind there is suffering and affliction. But when conditions are based on true mind, they reflect the wondrous nature of reality. Everything depends on our mind. Imagine one thousand people whose minds are full of misperceptions, wrong views, envy, jealousy, and anger. If they come together they will create a hell on earth. The surroundings they live in, their daily lives, and their
relationships will all be hellish. If two people full of misunderstanding live together they create a hell realm for each other. How much greater the hell of one thousand people!³

Nirvana in the midst of samsara

The Absolute within the Relative

While a transformation from self-centredness to interbeing and from un-love to love, can occur in an individual who undertakes a spiritual or therapeutic journey, this in reality is too simplistic and too linear.

In everyday domestic life, people have different needs, different priorities and different interests; conflicts and misunderstandings will inevitably arise no matter how wise we may be. We all get tired or sick and irritable at times, and grief and loss continue to touch all of us as those to whom we are lovingly attached die or move on. The Buddhist psychotherapist John Welwood captures this succinctly in the title of his wonderful book *Perfect Love, Imperfect Relationships.*⁴

This is the authentic Buddhist way of being in the world as a human being—to love deeply and to see the wonder of life in the midst of personal suffering and the suffering of the world. It is not, as it is commonly mistaken to be, sitting in some lofty position above it all; this is just another form of separateness. In Zen Buddhism this is referred to as the distinction between non-attachment and detachment. Non-attachment is giving ourselves
completely to life and relationships in an egoless way, detachment is keeping others at arms-length, out of fear of being hurt or disappointed, and is therefore a defensive position, much like an avoidant/dismissive attachment style.

The capacity to abide in calm solitude is, however, at the heart of deep intimacy, not opposed to it, and follows the principles of *self-validation* and *other validation* as espoused by one of the leading American sexual therapists, David Schnarch.\(^5\) Self-validation is the capacity to calm one’s own anxiety rather than just relying on others to do it for us. But it can also become a place to hide, out of fear of intimacy. Zen literature is full of warnings to monks and lay people to avoid getting stuck in this ‘cave’.

**Systemic couple and family therapy**

Systemic Couple and Family Therapy is to one degree or another based on the theoretical frameworks of General Systems Theory, (Ludwig Von Bertalanffy)\(^6\); Cybernetics (Norbert Wiener)\(^7\) and the work of the social anthropologist Gregory Bateson.\(^8\) The recognition of the similarity between the Buddhist teaching of Interdependent Co-arising and General Systems Theory/Cybernetics has been made by Dr. Joanna Macey, a Buddhist teacher and peace activist, in her book *Mutual Causality in Buddhism and General Systems Theory, The Dharma of Natural Systems*.\(^9\)

General Systems Theory/Cybernetics led to the rise of various models of Couple and Family Therapy such as Structural Family Therapy (Minuchin)\(^10\) Strategic Family Therapy (Haley)\(^11\) Family Systems Theory (Bowen)\(^12\) and
Milan Systemic Family Therapy (Boscolo, Cecchin) The core view of this new therapeutic paradigm that arose in the latter half of the twentieth century was that individuals cannot be understood in isolation from one another, but rather as a part of the interactional emotional system to which they belong—their family. This principle can also be applied to the sub-system of the parents in a family, or the stand-alone system without children—the adult couple relationship.

This led to a radical change in the way therapy was conducted, by shifting the focus of pathology from within the individual to looking at dysfunctional patterns of interaction within family systems. This, in turn, led to working with the whole family or the couple in the therapy room, not just individual children or individual adults. Instead of providing therapeutic interventions for individuals in order to change how they were thinking, feeling, behaving, or to change their brain chemistry, it led to therapeutic interventions that attempted to change the dysfunctional interactional patterns between couples and within families, into healthier stable ones.

**General Systems Theory**

Bertalanffy was critical of what he called ‘the analytic, mechanistic, one-way causal paradigm of classical science’. General Systems Theory was a paradigm shift away from this old model. It is a paradigm that sees that a system is not so much a thing, but a sequence of events that form a pattern of organisation. Hence, the study of the organisation, not the analysing of
separate parts in the system, becomes paramount in order to understand the living organism.

He also recognised that living systems are open, not closed, and are embedded in larger systems in which they are in constant communication and in a natural hierarchical order. In biology the smallest systems that are studied are atoms, which are embedded in molecules, and then in turn embedded in cells, then organs, which make up various distinct systems of organisation within the body such as cardiovascular, nervous, muscular/skeletal systems that together make up a biological organism such as a human being, a mouse or an ant.

In a hierarchical system, with one system nested in the other, it functions most effectively when communication is top down as well as bottom up. A breakdown in the communication process either way leads to a breakdown in the functioning of the organisation.

It is only one step further from biology to psychology, and then on to sociology and anthropology, to see individual human beings nested into even larger systems of couples, nuclear families, extended families, communities and cultures.

**Cybernetics**

Cybernetics is a theory of information and describes how systems maintain stability or homeostasis through negative feedback loops, or change (for better or for worse) through positive feedback loops. Positive feedback loops
produce both novelty and instability; they can generate runaway growth or collapse unless stabilised anew within more inclusive negative feedback loops. (Note that these terms diverge from popular lay usage, where negative feedback connotes criticism and positive implies encouragement).

The term feedback loop has now entered common currency in describing how many phenomena work – for example, thermostats; the carbon dioxide/oxygen exchange by plants and animals in ecological systems; the information exchange between the right and left hemispheres of the brain; or the recurring behavioural sequences of couples or family systems. In an everyday social sense it describes what happens when we recognise the return smile that greets one’s own, or the return frown that meets one’s own.

Gregory Bateson described Cybernetics as ‘the biggest bite out of the Tree of Knowledge that mankind has taken in the last 2,000 years.’ Through his research in social anthropology, he applied cybernetic principles to describe how patterns of interaction happen between individuals or between groups of people. He described these patterns as complementary patterns, symmetrical patterns and reciprocal patterns.

Complementary patterns are where polar opposites maintain one another in a system. Many examples of these can be seen in couple or family interaction: pursuer/distancer; dominant/submissive; attack/withdraw; over-functioning/under-functioning; over-responsible/under-responsible; rational/emotional; optimistic/pessimistic; or hard/soft splits in parenting styles.
Symmetrical patterns are where similar behaviours maintain one another in a more competitive style: attack/attack; withdraw/withdraw; complain/complain; conflict avoid/conflict avoid; volatile/volatile; affair/payback affair; or mutual undermining in parenting patterns.

Both complementary and symmetrical patterns can be relatively stable but dysfunctional. Many couples live in complementary relationships, often for years, until an event occurs at the time of onset that upsets the system and shifts it into a symmetrical pattern. This is the point at which many couples present for therapy.

For example, an older and more experienced male of 30 years of age marries a younger and more naïve partner of 20 years of age and supports her financially, which creates a dominant/submissive pattern. This works in the earlier years of the marriage but changes when the woman has children and becomes more confident through gaining part-time employment. She then starts to challenge the dominant/submissive pattern which no longer works for her, and this ends up creating a competitive pattern of critical attack/critical attack by both partners as they attempt to adapt to the impermanence inherent in the family life cycle.

Reciprocal patterns, by contrast, are where the polarities tend to dissolve into stable but functional patterns. For example, mutual responsibility, mutual ability to enjoy solitude and intimacy, mutual ability to lead or to follow. Systemic couple therapy attempts to intervene in habitual
and dysfunctional complementary and symmetrical patterns in order to develop more sustainable reciprocal patterns.

**Integrating Buddhism and systemic couple and family therapy**

One of the criticisms directed at systemic therapy is that it overlooks the importance of the intra-psychic dynamics of the individual, and therefore lacks depth. Systemic therapists, on the other hand, criticise individually-focused therapy as not paying enough attention to context, and therefore lacking width.

In other words, one approach says you can’t see the trees for the forest and the other says you can’t see the forest for the trees. In integrating Buddhism and Systemic Therapies, an attempt is made to bring both depth and width to an understanding of human behaviour and develop the flexibility to move between different dimensions of understanding.

As both of these models are based on understanding circular patterns of dysfunction, they nest into one another in the following way:
WHEELS WITHIN WHEELS

MALE PARTNER WITH PREDOMINATELY GRASPING APPROACH TO SEXUAL INTIMACY LEADS TO PURSUING BEHAVIOURS

FEMALE PARTNER WITH PREDOMINATELY AVERSIVE APPROACH TO SEXUAL INTIMACY LEADS TO DISTANCING BEHAVIOURS
At the individual level in, say, a marriage relationship, both partners are subject to one degree or another to the inner circular patterning of grasping, aversion and ignorance that solidifies their sense of existential narcissism or self-centredness and their lack of intimacy with each other. As they react to various stimuli from one another, they create an outer circular feedback loop between them.

For example, a man pursues sexual intimacy with his partner in a way that has a grasping energy to it. The woman has an aversion to the grasping energy of the approach and distances herself from contact. The more one pursues, the more the other distances, the more one distances, the more the other pursues in a complementary pattern. The reverse may also occur. A woman pursues for emotional intimacy in a way that is grasping, and the man distances with aversion. This is one of the most common patterns of dysfunctional intimacy that presents in couple therapy, with neither getting their needs met for sexual or emotional intimacy. Men often seek emotional intimacy through sex, and for women, sex is generally and outcome of emotional intimacy.

A client of mine once referred to it as “God’s cruel joke”. I tend to think of the sense of frustration and suffering that arises out of these dysfunctional intimacy patterns as ‘Samsara with Two’ or ‘The Dance of Narcissism.’ It is the dysfunction of two closed systems attempting to relate to one another, rather than two open systems relating to one another.
The same principles may be seen to apply to the nature of dysfunctional conflict: One person grasps onto a fixed view of the other, or of an issue, and holds tightly to it, triggering the other to grasp onto an opposite view and hold onto it in a symmetrical pattern.

An aversion/aversion symmetrical pattern may also develop which leads to acute short-term distancing that becomes so uncomfortable that the predominantly grasping patterns come into play again. Or, alternatively, chronic long-term distancing occurs and leads to the acceptance of a loveless relationship. It also often results in separation, and the same dysfunctional patterns become played out with another partner unless insight and change in emotional management and behaviour have occurred.

**The path that leads to the end of dissatisfaction**

This leads us into the ‘pointy’ end of the four noble truths, the path of practice that leads to the end of Dissatisfaction. This is referred to in Buddhism as the Eight-Fold Noble Path.

- **Insight** – Wise View, Wise Intention.
- **Ethics** - Wise Speech, Wise Action, Wise Livelihood
- **Serenity** – Wise Effort, Wise Concentration, Wise Mindfulness.

We will now explore how these practice principles may be translated into therapeutic interventions in working with couples.
**Insight**

Insight is not something that can be directly practiced, but rather is something that is cultivated and awakened by practicing mindfulness and the ethics of non-harming. It is sometimes a profound and completely character-changing insight that happens suddenly after many years of practice, as in the experience of the Buddha or the *satori* experience of Zen Masters. However, it can also be a gradual experience that slowly develops with time and practice and can be seen on a relative continuum from shallow to deep.

Insight into interbeing as a personal experience begins with the understanding that existential narcissism is an element of the human condition, that it causes frustration and harm to oneself and others and blocks the experience of interbeing that gives rise to love, compassion, joy and equanimity. From a Buddhist perspective, the purpose of practicing mindfulness and ethics is to reduce existential narcissism. If there is a reduction of existential narcissism in each of the partners in a relationship then from the Buddhist perspective it will naturally give rise to one’s true nature of love, compassion joy and equanimity, and deepen the intimacy in the couple relationship and improve the ability to resolve conflict.

It is interesting to note that a review of contemporary literature on Couple Therapy shows that there are no papers written on narcissism and couple therapy in professional journals, even though narcissism has become a significant area of study in psychiatry, psychotherapy and sociology. The only reference to narcissism and couple therapy I have come across is a brief one
in David Schnarch’s book *The Sexual Crucible* where he refers to the death of narcissism as being essential to the growth of the relationship. There is also an excellent book on the many forms of narcissism in *Mirror, Mirror: When Self-Love Undermines Your Relationship*, by Australian psychologist Bruce Stevens.  

(The craver, the special lover, the body shaper, the rager, the power broker, the trickster, the martyr, the fantasy maker, the rescuer). A conclusion may be drawn that this is a blind spot in the practice of contemporary couple therapy and that Buddhism can help contribute to understanding narcissism and its impact on dysfunction in couple relationships.

Further to the issue of narcissism, one of the strangest things about most forms of contemporary systemic couple therapy is that it very rarely has anything to say about healthy love either. My sense is that this has come about because couple therapy theorists, (despite many of them being feminist in their orientation) have been so much under the spell of the male dominated scientific paradigm, that any discussion of love or tenderness tends to be seen as amateurish in academic circles and relegated to the status of pop psychology. Instead, we talk more freely about negative and positive feedback loops, homeostasis, differentiation, self-validated and other-validated intimacy and the biochemistry of love. But never about love itself.

Alternatively, the cultivation of love is centre-stage in Buddhism and other spiritual traditions. It is also at centre-stage in the couples who come to see us for therapy. Much of what we see in clients who present for couple
therapy is a failure to love fully. Why can’t we speak their language and meet them directly in their dilemma?

This is one of the clear distinctions that you find in the work of John Welwood, one of the leading American Buddhist couple therapists, and in the teachings of Asian Buddhist teachers like Thich Nhat Hahn.

Both Welwood and Thich Nhat Hahn explore the two different types of love that exist in relationships; love based on passion, and love based on friendship. Welwood looks at both more from the experience of a married person, while Thich Nhat Hahn looks at it more from the monastic point of view.

There are direct and indirect ways in Buddhist practice to cultivate love, but all paths lead to the same aspiration. One of the central practices in Theravada and Tibetan Buddhism is the practice of loving kindness—consciously and intentionally evoking the experience of love, and directing it towards oneself, loved ones, neutral people and enemies.

Practices like Zen Buddhism tend towards the indirect methods, examining what blocks love: grasping, aversion and ignorance, and its many manifestations such as resentment, impatience, grievance, jealousy and anger, and eliminating them so that love naturally begins to flow. One method cultivates the flowers and the other pulls out the weeds.
People have different tastes in dharma practice, like they have different tastes in food. Some Buddhists find loving kindness meditations to be of great help to them in transforming their narcissistic ways and opening their heart, while others find it too cloying and syrupy sweet, and liken it to spraying perfume over a bad smell.

Many people in the Zen tradition like a good dose of salty wisdom in their dharma diet and prefer to practice the indirect method. The trap in this indirect method is that the practice can become too dry.

A good integration of these two methods can be found in the work of Ezra Bayda, a lay Zen teacher of the Zen Center of San Diego, and author of many books on Zen including *Zen Heart*.20

These loving kindness practices can be adapted in a couple therapy setting as well. We also find these methods coming through in Imago Relationship Therapy developed by Harville Hendrix, which does deal directly with love and cultivating love, and while not Buddhist in origin, shows many similarities to the Buddhist approach.

Alternatively, one can go down the path of the biochemistry solution. Pharmaceutical companies have begun to promote the idea that couple therapy doesn’t work effectively and has poor results, and that what is required is giving couples doses of oxytocin (the ‘love hormone’ that is found in large quantities in the mother during and after childbirth, which develops bonding) to stimulate loving feelings. This type of medication could be
described as *Viagra for the Heart*. From a pharmaceutical company’s point of view, this scientification of love could be seen as a great financial success and a great leap forward in psychological medicine. From a Buddhist perspective it would be seen as a failure of heart, and a profound loss of faith in human potential, to have to reach for the prescription pad in order to cure the human condition.

**Ethics**

Bringing ethics into the therapeutic arena may appear at first glance to be controversial. Isn’t therapy supposed to be a value-free zone where therapists don’t impose their own values onto clients? Isn’t therapy based on a scientific paradigm, not a religious one? As we examine this more closely, perhaps it won’t seem quite so controversial. However, it is my strong belief that an ethical foundation to relationships based on non-harming is a major factor that is missing in Western Couple Therapy. I believe Buddhism can make a significant contribution in this area.

To begin with, it is not quite accurate to suggest that therapy is value-free. As well as therapists being required to act in accordance with professional ethical standards, clients are also required to act in accordance with established societal laws based on certain values. We have values that are enshrined in law; for example, that pedophilia is harmful to children and adolescents and we are mandated by law to report it. Domestic violence is also a crime, and to protect the victim and engage the perpetrator to take responsibility for their actions, special policies are put in place when it
presents in therapy. Adultery and homosexuality, by contrast, are not illegal in our culture but are in others, and psychotherapy in Western countries follows these cultural norms.

**Philosophy of ethics**

According to Margaret Somerville, the Australian ethicist, professor of law and psychiatry, and author of the book *The Ethical Imagination*[^21], there are three philosophical systems whereby people make moral decisions.

1. **Absolute morality**, as in morality decreed by a deity or a religious institution; for example, that abortion of a human fetus is immoral under any circumstances.

2. **Utilitarian moral philosophy** in the tradition of the British empirical ethicist John Mills, which is based on making decisions that bring the most happiness to the most people (or, conversely, create the least pain and suffering). For example, supporting pro-choice concerning abortion provided the choice brings the least amount of pain and suffering to all involved.

3. **The postmodern view of morality**, where all moral values are seen to be relative and therefore there is no inherent right or wrong. Consequently, what is good for the individual is good. Abortion is not even a moral issue; it is simply a lifestyle choice.

Buddhism is most closely aligned with Utilitarian ethics although it is not limited to what brings the most happiness to human society, but what brings the most happiness to all beings.

Buddhist ethics is not about taking absolute moral positions but living in accordance with the principles of non-harming. The precepts of Buddhism are not commandments, but ethical guidelines that need to be applied with wisdom and compassion according to context.

However, neither is Buddhism aligned with the postmodern view of ethics. From a Buddhist perspective absolute morality may be too rigid and lack wisdom and compassion, but postmodern ethics may also be seen as simply amoral and symptomatic of an increasingly narcissistic culture.

While other religious-based counselling organisations, such as those under the umbrella of the Catholic Church, work from some absolute principles (for example, around abortion and divorce), much of what passes for psychotherapy under the value-free scientific paradigm follows the postmodern view and is focused primarily on what the client does to harm themselves, not what they may do to harm others (with the exception of criminal behaviour).

The Buddhist position is a middle way between these two extremes. A search of the literature shows that Buddhism does not take an absolute stance on, for example, the various ways that life may be taken, although on
each issue it leans towards compassionately supporting life. This is true of abortion, euthanasia, killing animals for food, suicide and even war.

Buddhist ethics work hand-in-hand with mindfulness to increase our awareness of what thoughts, what speech and what actions cause harm, and what thoughts, speech and actions support life. It is based on the touchstone of right intention. At the deeper level of interbeing, Buddhists take the view that if you harm others you invariably harm yourself. This is the essential meaning of karma.

I find in discussions with other Buddhist therapists that compared to non-Buddhist therapists, they do tend to focus more on what clients may do to harm others. Generally speaking, therapists don’t challenge or confront behaviors in their clients that harm others, other than in the extreme cases of criminality, because personally it raises anxiety to do so and professionally it doesn’t fit the scientific value-free paradigm of therapy. This is not to suggest that non-Buddhist therapists don’t have a sense of values or morality, or don’t care that their clients harm others, or that Buddhist therapists are morally superior. But all psychotherapists are often unconsciously constrained by the scientific paradigm and don’t see it within their role to address ethical issues of harm done to others, outside of criminal behaviour.

Here are some examples to illustrate the point.

• One Buddhist therapist became aware that her client, who had been sexually abused by a man when she was a child, had a pattern of being rude, disrespectful and verbally aggressive to men, particularly
when they challenged her about overstepping social norms. The therapist addressed this in therapy with the client and refocused on the traumatic events again, so that the client’s anger was directed specifically towards the perpetrator until it was more completely resolved, rather than it being generalised to other men who she set up as being authoritarian targets for her anger.

- Another Buddhist therapist who was treating for depression a man who had just left his wife and one-month-old child for another woman, asked him to address the harm and suffering that he caused his wife and child. The therapist didn’t take the position that he should return to the marriage, but simply acknowledge that his decision to leave had a consequence for others and was a factor in his own depression.

- Another Buddhist therapist, when told in a boastful and self-justifying manner by his client that she became involved in a name-calling spat with the wife of her former lover, stated to her directly that her behaviour was immature.

In my own work with couples where an affair is the presenting problem, I address it at both the ethical level and the psychological level. Not one or the other. Regardless of whether monogamy is a natural way of being, or whether it is an ethical choice (there is considerable scientific evidence that it is not natural, see *Sex At Dawn*, by Chris Ryan, that examines the prehistoric roots of modern sexuality.) Most couples in Western cultures
marry with an explicit or implicit agreement to have a monogamous relationship, and if there is a breach of that agreement that isn’t by mutual consent then it often causes emotional trauma and betrayal in a relationship. Discovery of an affair is one of the most common reasons that couples present for couple therapy. An acknowledgement of the harm done by an affair needs to be addressed at the ethical level before it can be addressed at the psychological level. Often, aggrieved partners find the therapeutic process frustrating because the ethical issues are bypassed or not taken seriously enough. However, if aggrieved partners just stay fixated at the ethical level there is no deeper understanding of what might have been happening individually and in the dynamics of the relationship that contributed to the affair occurring.

The Therapeutic Application of Buddhist Precepts

The Buddhist Precepts are at the core of Buddhist practice. In Theravada Buddhism, there are five precepts. In Mahayana there are traditionally ten. They are all variations on the theme of non-harming.

I have included here a contemporary version from my fellow Ordinary Mind Zen School teacher, Diana Rizzetto, from her book Waking Up to What You Do – A Zen Practice for Meeting Every Situation with Intelligence and Compassion. This version expresses the precepts as aspirations rather than in the negative language of injunctions; however, both have their place.

1. *I take up the way of speaking truthfully*
2. *I take up the way of speaking of others with openness and possibility*

3. *I take up the way of meeting others on equal ground*

4. *I take up the way of cultivating a clear mind*

5. *I take up the way of taking only what is freely given and giving freely of all that I can*

6. *I take up the way of engaging in sexual intimacy respectfully and with an open heart*

7. *I take up the way of letting go of anger*

8. *I take up the way of supporting life.*

It is not the role of the therapist to be prescriptive, to preach ethics to clients or to impose an ethical point of view. However, it can be within a therapist’s role to point out to clients the consequences of actions and hence it opens up the possibility of exploring ethical issues of non-harming with them in intimate relationships.

The precepts can act as a guide to the therapist, to help them pinpoint harmful ways of thinking, speaking and behaving that impact on the client’s relationship with others in a way that goes beyond the more gross forms of harm such as domestic violence.

One way of understanding relationships from a Buddhist perspective is to remember that we are all somewhere on the spectrum of domestic violence. Using sarcasm or being contemptuous could be seen as a form of violence, or taking a morally superior position; or harassing a partner for sex
or stealing their time or energy; not keeping commitments; or pathologising our partner as a way of absolving ourselves of responsibility, could all be seen as harmful.

A Buddhist variation on David Schnarch’s Sexual Crucible method gives us a process whereby personal ethics can be included in therapy. We can point out to clients that their harmful behaviours undermine them getting what they want in their relationship: love appreciation, sexual intimacy, cooperation, and hold them in the crucible of their own dilemma.

When we examine it more closely, there is really nothing that is particularly controversial about exploring the ethics of non-harming with clients. It is simply asking questions like *What do you think you might do that harms your wife (husband)?* and following it through consistently and therapeutically. All that is required is a paradigm shift away from the idea that ethics is based on either absolute morality or postmodern versions of relativity.

It is also a paradigm shift away from victimism. Many people present to therapy with issues around how others have harmed them or how they harm themselves. Bringing an ethical dimension to therapy based on non-harming simply broadens the exploration of how clients may also harm or give grievance to others. As with any challenging issues in therapy, timing and sensitivity are paramount.

I have also found that many spiritually-minded clients of all persuasions are interested in receiving a hand-out on the precepts when I
have mentioned it to them, as a way of guiding them in their interactions with each other.

A word of caution, however. The precepts also need to come with a user instruction manual. They are about waking up to what you do, not waking up to what your partner does. They also come with an on/off switch. There is more to relationships than right and wrong.

**Apology and forgiveness**

**The spiritual foundations of Emotional Repair**

Formally taking up the precepts as a Buddhist is not a matter of becoming morally superior, or right. In fact, always taking the high moral ground and not meeting others on an equal footing is itself a breach of the precepts, and often the bane of many relationships. The spirit in which precepts are taken formally is to assist us to aspire towards a non-harming way of being in the world that promotes love and compassion and joy, and to help us to recognise when we have done harm. All human beings do harm of some kind in relationships, minor or otherwise, and when that occurs we have the safety net of apology and forgiveness to address our common vulnerability as human beings. Genuine apology and forgiveness can not only repair emotional wounds but also deepen the bond between couples.

Apology and forgiveness are time-honored processes in human relationships; they are the staple of all the major religious traditions, including Buddhism.
Unfortunately, their therapeutic value is often overlooked in the healing of intimate relationships even though it is a potent force in the public healing of national wounds, such as in the apology to the stolen generations of indigenous people. The complementary skills of apology and forgiveness are often missing from the repertoire of couples in modern relationships. This again may be seen as symptomatic of an increasingly narcissistic style in Western cultures. Introducing the themes of apology and forgiveness to couples who present for therapy can lead to deeply healing outcomes.

The ability to apologise for harm done, as well as the ability to forgive for harm received, goes to the heart of differentiation and emotional maturity in relationships as well as to the heart of spirituality. In order to introduce these healing processes into couple therapy, clients need to also be aware of what restrains them from apologising and forgiving each other. In everyday language, it is ‘stubborn pride’, a form of narcissism, that is at the core of limiting couples from finding emotional repair and resolution to conflicts.

It is also important that apology and forgiveness are seen as a process, and the outcome of reflection and working through of emotions, rather than a spiritual ideal that has to be met. Pushing apology and forgiveness can lead to the spiritual bypassing of negative emotions such as anger and sadness. Apology and forgiveness may be seen metaphorically as the last station that is arrived at on the long journey towards resolution.

Misunderstanding of the emotion of shame is also a psychological issue that is relevant to this topic. Often, couples are not aware of the distinctions
between healthy and unhealthy shame. There is a tendency in modern pop psychology to promote the view that shame and guilt are destructive emotions only. However, the inability to feel remorse (healthy shame) is symptomatic of sociopathy as well as narcissism. The expression of genuine remorse in our legal and justice systems is taken into account when sentencing.

It is an important part of the therapeutic process that couples become aware of the harm they do to one another, as it has a direct bearing on the level of trust in the relationship and the capacity for openness and intimacy. As mentioned previously, it is a recognition of the therapeutic implications of karma. When we harm others, in particular those who are in intimate relationships with us, we harm ourselves.

**Serenity**

Cultivating serenity is the outcome of practicing mindfulness and/or concentration methods of meditation. Mindfulness-based models of psychotherapy have already been extensively developed and practiced to work clinically with individuals who suffer from depression, anxiety, personality disorders, chronic pain. However, so far it has not been developed specifically for couple therapy.

One of the criticisms that has been made of clinical mindfulness by Buddhist psychotherapists is that it only selects one of the key components out of Buddhism and ignores the other vital two. This could be likened to extracting the vitamin C out of oranges for health and medical purposes,
instead of eating a whole orange with all of the other natural nutrients that complement it. Mindfulness practiced alone outside of the context of insight and without an ethical foundation of non-harming, has been found to be effective in treating many mental and physical disorders. However, treating dysfunctional relationships is more complex, as it involves how to relate to the other differently, not just relating to oneself differently. It is axiomatic from the Buddhist perspective on couple therapy that all three components are required for deeper and longer-lasting results to occur.

Bringing mindfulness into the clinical setting requires training the couple into a slower, more attentive, way of speaking and listening to each other that requires stopping and pausing and allowing silence to exist rather than attempting to anxiously to fill in the gaps or impatiently getting one’s point across, or having the last word. In other words, it is the practice of impulse control.

There are various way of structuring this. To begin with, a presenting couple needs to be assessed as to whether they are ready for couple therapy. This point is often overlooked in the treatment of couples. If a presenting couple is in the severe range of being highly reactive to the point that they both consistently interrupt each other and ignore the attempts of the therapist to structure the process into some kind of order, or if one person is dominating and cannot be contained, then a decision needs to be made to see each of them individually and assist them on working on individual issues of emotional regulation before they are ready to be seen together. The level
of emotional maturity in each partner needs to be clinically assessed as well as the relationship patterns between them before further work can proceed. This is not always done in many models of systemic therapy because it doesn’t fit into its epistemology. The success of the couple therapy is dependent on the level of emotional maturity that each partner brings to the process, how willing they are to mature through the therapeutic process, and the ability of the therapist to assist them to grow.

Many couples need to vent pent-up feelings of frustration in the first and perhaps second session and this is normal; however, if the pattern keeps on continuing session after session in an intense way, then further couple work is contra-indicated. If partners demonstrate that they are in the mild-to-moderate range of emotional reactivity then couple therapy can proceed.

One of the ways of introducing mindfulness into the couple session is to do individual work in the presence of the partner. This is particularly useful where there is an impasse in the therapy—the sense of going around in circles!

This involves first introducing the idea to the couple as a way of working that is different to the three-way conversational model between the therapist and the two partners.

If they agree to working this way, then it is structured so that the therapist works with just one individual on their issues while the other is inducted into the role of the empathic non-judgmental observer. This requires
clear instruction for it to work effectively, and a commitment on the part of
the observer to stay in role. The observer is to take a non-judgmental stance
and not interrupt or comment on the other or use facial gestures or body
language to convey certain reactions. As well as observing their partner do
therapeutic work in a non-judgmental manner, they are also to observe their
own experiences and reactions that arise during the process. At the end of
the period of therapeutic work the observer is then asked to report what their
own experience has been and not make judgments on the other. Then, in
either the same session or the next session, the roles are reversed with the
observer being in the therapeutic chair. The process has to be done equally
with both partners to maintain therapeutic neutrality. This process could be
seen as externalising the inner process of observer and experience in mindful
meditation.

Once this new process is set up, the therapist then focusses on
emotionally-laden areas in the person's experience that are at the centre of
the impasse, such as anger, frustration, sadness, shame. It follows the
general principles of John Welwood's work of moving from power to
vulnerability.25 The therapist invites the client into mindfully experiencing their
embodied feelings and the thoughts accompanying them, and just staying
with them in observational silence for a while. The client is then invited to try
speaking from this embodied experience in an unrushed, accurate and non-
judgmental way. The therapist is attempting to get the partner to show more
vulnerability in expressing what they feel in the presence of their partner in as
safe a way as possible. (Some issues may be agreed beforehand to be off
limits, such as sexual abuse trauma) The shutting down of vulnerability and the arising of attacking or defensive mechanisms is what has caused the relationship impasse in the first place, and this is a way of reversing it. Intimacy, as Schnarch defines it, is the ability to disclose core aspects of oneself to another person. When this process works effectively it can soften the interaction between couples and help them build more empathy towards each other’s experience, rather than continue to go around in circles.

**Mindfulness of Feelings**

**Case example**

John and Susan are a professional couple in their mid-thirties who are attempting to become pregnant, without success. They have been married for five years, and until six months ago they described their relationship as being good and fairly conflict-free. Susan, in particular, is becoming more and more anxious about her biological clock winding down. John also wants to have a child but feels anxious about the stress it is putting on their relationship and feels ambivalent about having a child if their marriage isn’t solid. Previously in their relationship John was mostly the initiator of sexual intimacy, but now he has withdrawn and appears uninterested. Susan has now become the initiator as she attempts to time intercourse to the most fertile period of her menstrual cycle while John feels sex has lost its spontaneity and feels he has been objectified as just a sperm donor. He has also started for the first time to lose his erection while having sex. Susan, as a result, feels increasingly anxious about not falling pregnant as well as rejected
by John. The conflict then spills over outside the bedroom to their relationship in general. Susan gets angry at John that he didn’t ask about the results of a gynecologist’s appointment. John says that she didn’t make it clear to him when she was going. Both criticise each other’s poor communication skills. The relationship has become increasingly distant over the past six months, which is the time Susan started to press the issue of falling pregnant.

The couple presents to couple therapy because John has threatened to move out.

It is clear by session three of couple therapy, after assessment and exploration of the presenting problem, that the therapy and the couple are at an impasse. The therapist then introduces individual work in the presence of the partner.

Susan, by agreement, chooses to go first.

Susan is asked to close her eyes and just focus on what she feels in her body at the present moment and stay with it. She says she just feels upset. The therapist guides her to go right into the epicentre of her body where she feels the emotional pain most acutely. She points to her heart region and describes it as a dead, hopeless kind of feeling that is almost numb. After staying with it a while, the therapist asks her to put words to the experience. She says it is a feeling of hopelessness that she is never going to fall pregnant, that John is going to become fed up with her and leave her,
and she won’t find another partner in time enough to form another stable relationship and fall pregnant.

The therapist asks her kindly to stay with her sense of powerlessness, to feel her way into it and develop a loving acceptance of it in the same way she would love a child; to love the emptiness in the same way she would love the fullness. She begins to cry softly and some of the harshness of tone in her voice softens.

After a while the therapist then empathically acknowledges her suffering and asks her what she tries to do to escape it. She says in a softer way that she pressures herself because she feels like a failure as a woman and into the bargain pressures John. She looks towards him in an understanding and somewhat remorseful kind of way.

John is then asked to debrief about what arose for him during this process. He says that it brought tears to his eyes and the memory came back to him of the love towards her that he felt when he first met her. He also states that he feels some remorse at not being understanding enough of her predicament. He also says that it is the first time he has been able to hear Susan talk about the issue of pregnancy without feeling blamed, but is worried that it will continue to keep happening outside of the therapy sessions.

The next session, the roles are reversed. John is in the therapeutic chair and Susan is the empathic non-judgmental observer. The therapist
draws John’s attention to how the last session ended. That he felt his love for Susan start to return but was wary that he would be hurt again by her pressuring. He asks John if that feeling is still present. John agrees that it is. The therapist then invites John to close his eyes and go into the bodily experience of the conflict—the desire to love Susan and the fear of being blamed by her. He stays with the experience and is asked to describe it. He says he feels it right through his neck and chest and belly, an agonising feeling of fearing the same thing that you love, not knowing whether to approach or avoid. He says he feels stuck. The therapist says, ‘don’t get caught up in your head whether you should approach or avoid, just stay with the experience of stuckness’, (the red hot iron ball in Zen that you can neither swallow nor spit out). John stays with the experience for a number of minutes in silence. The therapist invites him to speak about his experience. He says it reminded him of when his parents split up when he thirteen, and he felt a loyalty conflict between which parent he should go and live with. Whichever way he went he was going to make one parent happy and the other unhappy.

He said he felt pressured by both parents to live with them and the pressure from Susan to have a baby felt similar. He also said that he feared that he and Susan would split up after they had a child and he would feel terribly guilty if he put his child through the same dilemma he experienced. The therapist acknowledged the dilemma Jihn had felt from the past that has been projected onto the future, and how he could understand how it would lead to him feeling stuck.
The therapist then invites John to turn to look at Susan and just look into her eyes in the here and now and experience his stuckness at the same time. He begins to cry; they both begin to cry, and then give each other a hug and he softens into her embrace and accepts it. She then says affectionately to him, ‘You are such a boofhead, you know I love you AND I want you to be the father of my child, the two go hand-in-hand, and I never want to put you in a loyalty conflict.’

The session ended with the therapist acknowledging how touched he was at the courage they showed in being willing to expose their most vulnerable self to each other and that it gave them a chance to connect through touching each other’s pain. A suggestion was made to them that as a way of helping break the pursuer/distance pattern of sexual intimacy to become pregnant, that they adopt an idea invented by a previous couple the therapist had worked with. They were to buy an (inexpensive) ring and alternate who was wearing it. Whoever was wearing the ring had to initiate sex within the next two days. The ring was then to be transferred to the other to do the same. The partner could also decline wanting to be sexual but would thank the other for taking the initiative. The idea being that you have to have a genuine ability to say ‘no’ before you can genuinely say ‘yes’. This was the prescribed ‘homework’. Within three months they were pregnant and the relationship was back on track again, but wasn’t perfect. The old pursuing/distancing patterns continued around sexual and emotional intimacy but they were more manageable with each being less reactive in the position they were taking. Following the Buddhist theory, the grasping and aversion
had eased, and intimacy was restored sufficiently for the relationship to sustain itself.

**Mindfulness of cognitions**

While the above case is primarily an example of mindfulness of feelings, other mindfulness-based interventions involve mindfulness of thinking. Couples often get caught up in ruminating on each other’s faults, which are then solidified into a fixed belief and projected onto the partner, which keeps the dysfunctional behaviours recurring. This is similar to the psychotherapeutic concept of projective identification.

The partners in the session are invited to acknowledge whether they do this. Most acknowledge that they do. It is suggested that between the therapy sessions that they make it a task to pay attention to how much they were ruminating on the faults of the other, for example, while they were driving a car or chopping the vegetables. Once they recognised they were in a ruminating pattern they are to drop the chain of thought instead of keeping it going, and bring their attention back to the present moment of whatever they were doing. It is emphasised that as they know each other so well after living with each other for so many years, that they were not to get caught up in whether their view of the other was right or wrong. Their view probably has at least a grain of truth to it. It is emphasised, however, that it is the process of rumination that is the problem not necessarily the content. If they keep feeding and holding onto their negative perception they will only relate to the
idea of the other person, rather than the flesh and blood person who is actually present to them.

**Case example**

Peter and Jill are a couple who have been together for twenty years. They have three adolescent children, aged eighteen, sixteen and thirteen. Their presenting problem is arguing over how they manage the children, which has impacted on the intimacy of their relationship. Jill perceives Peter as being too soft with the children, giving in to their demands too easily and not being involved enough in their lives. He, on the other hand, sees her as being too hard, being over-involved and getting into battles with them, which aren’t necessary. He perceives her as being hysterical and irrational in the way she approaches him to resolve the issues, and she perceives him to being uncaring and preoccupied with his computer and work.

The therapist (confronting while maintaining engagement) invites them into seeing that perhaps they are both right about their view of each other rather than one being right and the other wrong. They are invited into acknowledging whether they think about the other’s faults a lot of the time, which they both acknowledge willingly (perhaps secretly believing that the therapist is really acknowledging their position and trying to present himself as neutral). They are both given the feedback that perhaps by holding these views of one another they unintentionally trigger each other’s behaviour. The more Jill thinks about and criticises Peter’s laissez faire approach to parenting and his lack of engagement in a highly emotive way, the more he withdraws
and finds the easy solutions. The more Peter thinks that Jill is hysterical and over-involved with the children the more he triggers her emotional behaviours. Perhaps they both do this to try to balance each other, but they end up unbalancing each other and the children are reacting to the lack of consistency and acting out and draining from both of them energy that could go into more quality couple time and more quality individual time.

The couple is then invited into looking at whether they want to keep trying to balance each other in the old way, hoping that the other will eventually see the light, or whether they would like to try something different. The choice is given in the spirit of genuine neutrality by the therapist, not out of the trickery of reverse psychology, which couples can easily sense and then feel they are being manipulated. Most couples accept the invitation to do something differently when given the choice. (If the couple agrees to want to do something differently but go back to the old way, then the therapist accepts that perhaps they know best but keeps pointing out the consequences).

The couple is then invited to practice challenging their ruminating around fixed beliefs and also to greet each other in a more friendly way when they meet up with each other after being apart, rather than immediately projecting onto each other what the other is going to do; the nature of immediate greetings after being apart often setting the tone for the rest of the evening or weekend. This intervention, when committed to by couples in therapy, often has remarkable results in the same way that mindful
meditation first has on people when they realise they don’t have to be a victim of their thinking. In this case Peter and Jill were able to let go of their fixed negative views of one another enough so that further structural therapy interventions could follow. Without doing this preliminary cognitive work it would have been difficult to begin behavioural interventions.

This is similar to Cognitive Behavioural Therapy, except that it is recognising fixed negative ruminating thoughts about the other rather than self-referencing thoughts about oneself, and not replacing negative thoughts with positive thoughts but, alternatively, returning to the present moment.

**Insight dialogue**

Is a method developed by Gregory Kramer, an American Vipassana teacher that brings mindfulness to speech, listening and interpersonal relationships. While these principles are embodied in many Buddhist traditions, Gregory Kramer deserves credit for creating a cohesive and contemporary approach of practicing mindfulness beyond the more traditional monastic practices of solitude and silence, and placing it within the dynamics of relationships.

The key instructions are:

1. Pause, relax, open
2. Trust emergence
3. Speak the truth and listen deeply.
Participants are placed in pairs or groups to mindfully speak, not intellectually, or casually, but from their own present moment experience about Buddhist themes, for example, old age, sickness and death.

It can also be applied successfully to working with couples who have reached a reasonable degree of mindfulness and non-reactivity, like most of the participants in Insight Dialogue Workshops. However, when couples are not grounded in a background of meditation it is difficult for them to engage effectively in this method. I would consider a more advanced form of therapy, that is unsuitable in the beginning stages, for many of the undifferentiated couples who present for therapy.

When it is used in therapy, instead of using classical Buddhist themes, the dialogue can be around the issues that arise from the couple out of the therapeutic process, such as loneliness or disappointment. This approach is excellent at cutting through the over-intellectualisation of emotional issues that is often the bane of dissatisfying therapy.

**The role of the Buddhist couple therapist**

In conclusion, a Buddhist approach to Couple Therapy does not require using a whole new set of Buddhist terminology to bring to the therapeutic setting. Couples don’t come to therapy to be converted to Buddhism, and a therapeutic setting should be free of Buddhist jargon. Also, in a Western therapeutic setting, it is Buddhist psychology that informs the Buddhist Couple Therapist and not Asian cultural norms or beliefs. It is not difficult to
communicate these principles to couples, as people of all cultures universally understand the meaning of generosity, kindness or compassion, or grasping aversion and harmful behaviors.

What is also essential for these principles to work is that the therapists themselves are a *work in progress* in embodying love, compassion, joy and equanimity in their own lives, and creating a therapeutic atmosphere that reflects these values.

The role of the Buddhist Couple Therapist is to explore the causes of relationship difficulties, including how patterns of grasping and aversion may arise due to early attachment experiences, but not to take up residence in the past, as many analytic therapies may tend to do. Neither does it espouse solutions to couple problems through simplistic communication techniques or cognitive restructuring or reframing. Its aim is to foster embodied authenticity and healthy vulnerability in the therapeutic setting that is experienced and witnessed by each of the partners, so they can settle more comfortably into deeper friendship and sexual intimacy and resolve conflict more effectively.
REFERENCES


