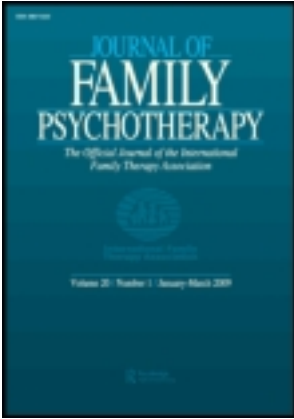


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### Enhancing Emotionally Focused Couple Therapy Through the Practice of Mindfulness: A Case Analysis

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## **Enhancing Emotionally Focused Couple Therapy Through the Practice of Mindfulness: A Case Analysis**

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*Though at first glance, mindfulness may not seem to be in concert with emotionally focused couple therapy, there are ways to intervene with each approach that enhances the treatment. Recent empirical evidence suggests that mindfulness practice can in fact complement emotionally focused therapy (EFT) in several areas of marital distress. This article reviews the empirical research on mindfulness and EFT and provides a case analysis that illustrates the use of mindfulness practice within the context of emotionally focused couple therapy.*

**KEYWORDS** *mindfulness, EFT, couple therapy*

### INTRODUCTION

This article examines the use of mindfulness practice within the framework of emotionally focused couple therapy (EFT) to treat the central challenge of a marriage: a wife's depression. There is empirical evidence that individual disorders such as depression can be significantly affected within the context of couple therapy (Baucom, Shoham, Mueser, Daiuto, & Stickle, 1998; Halford & Bouna, 1997; S. Johnson & Lebow, 2000; O'Leary & Beach, 1990). Recent research also suggests that mindfulness practice alongside several individual and couples therapy can be utilized effectively to treat depression and reduce depression relapse rates (Carson, Carson, Gil, & Baucom, 2004; Coelho, Canter, & Ernst, 2007; Segal, Teasdale, & Williams, 2004; Singh, Lancioni, Wahler, Winton, & Singh, 2008; Williams, 2008). This article reports on the interface of EFT and mindfulness practice when providing couple

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therapy. In assessing a distressed dyad with a depressed partner, the line of inquiry should be bidirectional, that is, how does depression contribute to dyadic conflict and how does the dyadic conflict contribute to maintaining the depression. The introduction of mindfulness practice can enhance EFT in enlightening this bidirectional dynamic in a distressed couple with a depressed partner.

## THEORETICAL FRAMEWORK

### EFT

EFT has proven effective with dyadic distress from depressive symptomatology of one partner (S. M. Johnson, 2004). The thesis of this article is that EFT in conjunction with the practice of mindfulness can complement and strengthen each approach effectively.

EFT, derived from attachment theory, emphasizes emotional engagement between partners and the importance of identifying feelings that inform emotional interactions and strengthening emotional bonds through this enhanced emotional connection (S. M. Johnson & Greenberg, 1985). The goal is to “repair or restructure the intimate emotional bond such that partners become accessible/responsive to each other’s legitimate attachment needs” (James, 1991, p. 266).

This approach includes nine steps or interventions that are commonly employed. They are (a) delineating conflict issues in core struggle (where the therapist assesses the conflicting issues presented), (b) identifying negative interaction cycle (how each partner contributed to the transactional patterns that have become negative), (c) accessing the unacknowledged feeling and underlying interactional positions (assisting the partners to identify and own feelings that contribute to the perpetuation of the transactional patterns), (d) reframing the problem in terms of underlying feelings and attachment needs (translating the conflictual behavioral and communication patterns in terms of emotional needs), (e) identifying disowned needs and aspects of self and integrating these into relationship interactions, (f) promoting acceptance of partner’s experiences and new interaction patterns, (g) facilitating experience of needs and wants and creating emotional engagement (helping partners to articulate their emotional needs and helping them to build an empathic connection), (h) establishing the emergence of new solutions, and (i) consolidating new emotional and therefore behavioral positions in relation to one another (S. M. Johnson & Greenberg, 1985). EFT focuses on both the immediacy and family of origin work that may be incorporated to ensure emotional clarity regarding the impact that childhood experiences may have on adult attachment relationships and their ensuing conflicts.

## Mindfulness Practice

Mindfulness can be defined as “the direction of attention toward one’s ongoing experience, in a manner that is characterized by openness and acceptance” (Bishop et al., 2004, p. 231). Mindfulness stems from an Eastern tradition of meditational practice and is an ongoing practice in which one pays particular attention to one’s thoughts, feelings, and bodily sensations in the present moment without having to alter or avoid them. This approach, originally employed in group form, fosters the client’s abilities to stay in the present moment and obstruct reactive negative thought cycles (Teasdale, Segal, & Williams, 2003). In depression relapse prevention, clients are taught mindfulness practices such as how to stay in the present moment and heighten sensory awareness; how to disengage from their judgmental, evaluative language; and then how to specifically apply these skills to notice and disengage from depressive thinking before it spirals into depression relapse. Clients are encouraged to try and maintain a more objective relationship to their thoughts, that is, “thoughts” are “thoughts” rather than “truths” and these thoughts may hold some significance and they may not (Greason & Cashwell, 2009; Segal, Williams, & Teasdale, 2002; Williams, 2008).

Meta-reviews of controlled trials have confirmed that there is benefit from mindfulness-based interventions for a range of affective disorders with individuals, groups, and dyadic client systems (Bishop et al., 2004; Brown, Ryan, & Creswell, 2007; Coelho et al., 2007; Sher, Baucom, & Lars, 1990). Mindfulness is currently being most widely used in the following treatment models: dialectical behavior therapy (DBT; Linehan, 1993), acceptance and commitment therapy (ACT; Hayes & Wilson, 2003), mindfulness based stress reduction (MBSR; Kabat-Zinn, 1990), and mindfulness based cognitive therapy (MBCT; Segal et al., 2002).

Carson et al. (2004) evaluated the effects of mindfulness-based relationship enhancement, an approach designed to enrich and enhance the emotional intimacy of relationships. Results suggested that introducing mindfulness, with its major tenet proposing that one hold an open and accepting stance, had a threefold effect on dyadic distress: (a) improving couples’ levels of relationship satisfaction, autonomy, relatedness, closeness, acceptance of one another, and relationship distress; (b) beneficially affecting individuals’ optimism, spirituality, relaxation, and psychological distress; and (c) maintaining benefits at 3-month follow-up. Those who practiced mindfulness experienced improved levels of relationship happiness, lower levels of relationship stress, and better coping efficacy with marital strains (Carson et al., 2004).

Another study on the approach sought to identify how the practice of mindfulness can positively impact intimate relationships, determining that the ongoing practice of mindfulness of both partners in a relationship resulted in greater intimate relationship satisfaction (Wachs & Cordova,

2007). Researchers found that the more mindful each partner is with their own internal process and with their partner, the more aware they are of one another, and the less judgmental they are with one another when potential conflict arises (Wachs & Cordova, 2007). With meditation and reflection interrupting the entrenched set of responses between partners, each individual can have the presence of mind to reflect on and select a more adaptive behavioral response (Marlatt & Witkiewitz, 2002).

Whether practicing traditional cognitive behavioral marital therapy, integrative couple therapy, or DBT, mindfulness practice can be effective as partners “become more mindful of the events in their relationship and the emotional impact of these events, and can thus respond to them differently” (Christensen, Sevier, Simpson, & Gattis, 2004, p. 293). Additionally, in practice of mindfulness the nonjudgmental stance can be very helpful in facilitating each partner’s ability to notice and identify his or her range of affective responses to any one trigger (Fruzetti & Fruzetti, 2003). Another excellent use of mindfulness (and attentional focus) that can be very useful is found in helping partners to practice reminding themselves of the positive emotions they feel about their partners. This serves as a another way of interfering with escalating negative reactions (Fruzetti & Iverson, 2004).

### EFT and Mindfulness Integration

Although some see EFT and mindfulness as fundamentally different, there are several ways in which mindfulness and EFT can be effectively integrated in couple counseling. Although EFT focuses primarily on attachment-focused emotions and mindfulness teaches us to watch our emotions and not actively respond to them, these different perspectives can dovetail and be reconciled. There are several studies that indicate that mindfulness practice utilizes the same neural circuits involved in interpersonal attunement (Lazar et al., 2005; Segal et al., 2002). Because mindfulness emphasizes the awareness of the present moment, without judgment to our own thoughts and feelings, we are better able to connect to our internal mental and affective processes and, in turn, to others around us. When we simply experience and note the feelings and thoughts in the present moment without judgment, we may be more able to regulate our feelings and thoughts in reaction to others (Germer, 2005; Turner, 2009). Segal et al. (2002) posit that as a result of this increased level of self-awareness, and increased acceptance of thoughts and feelings, clients are better able to experience compassion for themselves and for those around them. It is in this way that mindfulness practice can be utilized to create an effective means of coping and to diminish high emotional reactivity and destructive communication patterns with a distressed dyad.

When intervening with couples in acute conflict (with or without the complication of major depression) there is often a hair trigger level of

emotional reactivity and we are often asked to diffuse this conflict. By practicing mindfulness, couples are more likely to stay in the moment and regulate their affective responses and less likely to respond to thoughts or feelings from their history or imagined future together (Batchelor, 2001; Brown et al., 2007). This dovetails with EFT, which aims to help clients to interrupt their usual fighting or even problem-solving attempts so that they are able to “stay in the present and focus on what is happening between them right now” (S. M. Johnson, 2008, p. 100). Thus, mindfulness can be utilized to assist clients to cope with their immediate emotional response to their partner in the present conflict as a prelude to longer term EFT family of origin work or underlying attachment restoration.

To assist any couple toward attachment restoration, it is important to assess and intervene on both the immediate and historical attachment issues, the presenting issue, and the underlying attachment issues. Those underlying attachment emotions (such as longing for the attachment) are referred to as “primary emotions” and the anger and frustration felt in response to emotional attachment injuries are referred to as “secondary emotions” (Fruzetti & Iverson, 2004, p. 179; S. M. Johnson, 2008). Secondary and primary emotions occur simultaneously and will manifest differently for each different couple and at each different phase in a couples’ attachment history. Secondary emotional responses are often intense and can overwhelm or obscure primary emotions, especially if the couple has a history of high reactivity (Fruzetti & Jacobson, 1990). Another way mindfulness can enhance EFT is with the use of the following mindfulness technique: “bringing awareness of one’s own emotional reactivity, accurate identification of emotions and self-validation” (Fruzetti & Iverson, 2004). This technique can be utilized to provide a means of coping with this highly emotional state. Both EFT and mindfulness can serve to heighten awareness of each member and their contribution to the reactive cycles of dyadic conflict.

Another dimension of compatibility between the two frameworks is the use of awareness of physical reactions to emotional distress in session. S. M. Johnson (2008) explains that when one sees a physical shift in his or her partner such as a change in facial appearance or tone of voice, it takes only one 200th of a second for one to register the emotion. This exchange between partners may be accurate or misconstrued and may induce underlying attachment injuries or anxieties (S. M. Johnson, 2008). Eisenberger, Lieberman, and Williams (2004) elaborate that when the specter of rejection is introduced, an alarm goes off in the brain’s amygdala triggering an automatic physical response of physical distress. Johnson provides direct quotes from her clients that corroborate the connection between emotional and physical distress when couples are fighting or withdrawing: “my stomach churns, I get cold, I get hot, I feel spacey, I feel tightness in my chest” (S. M. Johnson, 2008, pp. 105, 106). With mindfulness, we can help our clients to be alert to these signals, reflect and check on distortions in initial perceptions

of the exchange between partners, and enable deeper attachment issues to be addressed instead of staying on a superficial level of discord. Helping clients to note their thoughts, feelings, and bodily sensations with some distance, so that they are identified but not always acted on, can be used to allow entry into deeper feelings as the work progresses (Segal et al., 2004). Mindfulness practice (such as a body scan) can be used to promote each partner's identification and understanding of his or her initial physical reactions that induce his or her impulse to lash out in anger or withdraw. This technique can be followed by helping clients to identify their underlying attachment feelings that each partner was experiencing and displaying at the height of the flashpoint.

### Case Prologue

To incorporate mindfulness practice within the framework of the treatment of the couple to be presented, psychoeducation was provided to each partner to explain the tenets of mindfulness, and didactic instruction was employed to teach each several ways to conduct meditational practice. Daily homework (meditation, deep breathing several times a day, and journal notations) was employed with several aims: (a) to note negative thoughts as they arise; (b) to help them to make the distinction between primary and secondary emotions, that is, anger that may be rooted in hurt; and (c) to increase nonjudgmental thought patterns.

In the following case study, principles and interventions of mindfulness were included within the context of EFT to enhance the positive impact of EFT. As there was a high emotional reactivity for both partners, mindfulness was particularly effective as a complement to EFT interventions. Wherever one or both spouses reverted to this high emotional reactivity or historical or projected negativity, mindfulness was introduced to heighten the awareness of their own internal emotional processes that ignited or intensified dyadic conflict. The select use of mindfulness practice became the gateway to the deeper underlying attachment injuries and patterns. Specific applications of EFT and mindfulness are provided within the context of the following case.

## CASE ILLUSTRATION

### Point of Referral

Nicholas and Debra, a middle-aged couple, were referred by Debra's psychopharmacologist. Debra has had numerous bouts of major depression over the past 10 years of her 15-year marriage to Nicholas. She has been treated with psychopharmacology and individual cognitive therapy over the past 10 years with varying levels of episodic success. Most recently, she has complained to the pharmacologist that she feels her marriage is "making

the depression worse.” Her pharmacologist referred Nicholas and Debra to “resolve marital strains” in the hopes that couple therapy would contribute to lifting Debra’s depression.

### Presentation

In the initial consultation, Nicholas and Debra presented as a very burdened couple. Both were slightly underweight, pale, and tense. Sitting across from one another, each was hesitant to express his or her concerns about the marriage. With some probing, Nicholas articulated that he has been feeling frustrated and unattended to due to his wife’s depression. Debra expressed feeling that a significant part of her depression was a result of her husband’s “constant disappointment” and critical evaluation of her.

Assessment included brief family of origin inquiry as well as their historical and recent relationship conflicts. What emerged was further understanding of Nicholas’ deeply ingrained role of caretaker that evolved throughout childhood and appeared in all of his formative relationships. Additionally, it became increasingly apparent that Nicholas, usually the arbiter in the couple’s life decisions, exhibited ambivalence about this role. He expressed his wishes to be relieved of these responsibilities but was simultaneously fearful that relinquishing this role to Debra would result in chaos and her disappointment in him.

Debra explained that her depression was always at its worst when she and her husband were in conflict. She reported a recent example of this where intense fighting with each other led to her feeling like he “no longer loved her” and left her with a sense of fear that his accusations of her being “lazy” and “selfish” meant that he might not want to remain married to her. This incident seemed to have engendered Debra’s emotional withdrawal from Nicholas. Her mood became profoundly sad, her energy level became very low, her appetite dissipated, and she slept most of the following days. Her withdrawal and her increasingly reclusive behavior activated her husband’s internal sense of isolation and subsequent criticism of her. The more he criticized, the more she withdrew, and the more she withdrew, the more he criticized; an entrenched pattern of behavioral and emotional exchange for this couple.

Learning about Debra’s family of origin and earlier phases of their attachment revealed that she has often behaved in passive dependent patterns within their marriage, particularly when she has felt his disappointment in her. They each seemed to feel the experience of disappointing or fear of being disappointed with little ability to find an empathic connection to each other. (Through the use of mindfulness practice and EFT, they were more able to access an empathic connection to each other at a later date.) Debra was the youngest in a family that was marked by enmeshment and anxiety. She was often in conflict about asserting her separation from the

family unit, fearing it would result in an emotional cut-off from her parents. She often dealt with her anxiety as an adolescent by emotional withdrawal from her family and friends. As an adolescent, she withdrew instead of experiencing the enmeshment or the anxiety associated with fighting for more independence. Nicholas came from an emotionally disengaged family and he adapted by becoming the caretaker. He reported that he was only “seen” or “taken in” when he did physical and emotional caretaking. Their respective emotional blueprints from families of origin left them poised to pursue attachment conflict. However, when he does the caretaking with Debra, he does not feel he receives the wanted response: to feel recognized, appreciated, and emotionally closer.

Reviewing recent events in their relationship, Debra explained that she felt that Nicholas was always disappointed in her and always criticized her, which resulted in her feeling entirely insecure, “beaten down,” and ultimately “depressed.” There were some early periods in their marriage when this was not the norm, but over the past several years she reported that she felt that her husband’s chronic disappointment in her was the primary source of her depression.

The initial reframing was introduced in the first session by encouraging this dyad to transition from seeing Debra as the “identified patient” or Nicholas as the “problem.” This became a means toward increasing their awareness of how they both contributed to their maladaptive dyadic interactions, which became the prelude to practicing mindfulness. Once this reframing was introduced, each partner was asked to accept responsibility for how he or she reacted to the other and each was made aware of how these reactions tended to create a judgmental attitude with “blame” and subsequent “disappointment” being at the forefront.

In assessing their patterns, the core principles of EFT were utilized: delineating conflict issues in core struggle and identifying their negative interaction cycles (Johnson & Greenberg, 1985). Further EFT interventions informed a major portion of the treatment plan, which became operationalized by the introduction of mindfulness practice for Nicholas and Debra both individually and as a couple. Nicholas and Debra, deeply entrenched in their destructive patterns, were encouraged to identify their thoughts as a “thought and not necessarily a truth” without judgment (of themselves or each other). They were also encouraged to differentiate by mindfully bringing themselves to the awareness of their own responsibility for their own emotional reactions instead of blaming one another. By reflecting this in therapy and through their respective mindfulness practice outside of therapy, the couple was much better able to identify how each partner contributed to the transactional patterns that had become negative (S. M. Johnson & Greenberg, 1985).

This couple was prone to manifest heated conflicts in session. As EFT treatment progressed, efforts were aimed at helping both Debra and Nicholas to access their respective unacknowledged feelings and their

underlying attachment needs fueling the conflict patterns. Mindfulness was introduced to enhance the work of EFT. After an initial moment of high conflict was somewhat resolved, both clients were asked to sit comfortably, close their eyes, and begin to concentrate on a deep breathing exercise. They were asked to expand their attention from breathing to note all their bodily sensations. They were guided in practicing to simply note how they were feeling without judgment and were encouraged to kindly notice their breath and bodily sensations and to notice when they had wandered from these. Nicholas and Debra were guided to remain aware of how they felt. This was particularly helpful in diffusing an escalating conflict as each member was prone to introduce “old injuries” into the present conflict.

At a later session, when the next conflict erupted, the mindfulness practice of the body scan was introduced to reduce the acute emotional reactivity and confused communications between the Debra and Nicholas. As they sat quietly as in meditation, they were asked to scan their body from head to toe to try and understand what they were feeling and where they were carrying tension, sadness, and so forth. They were taught to notice when their mind wandered from this scan and to try and bring their focus back to their body and their feelings. After each client had scanned his or her emotions, the conversation was facilitated toward the present moment (communication and attachment conflict) at hand.

Using an exercise such as this, Debra was increasingly able to interrupt her negative thought cycles and therefore remain emotionally present with Nicholas and not revert to withdrawal behaviors. After practicing mindfulness exercises, Debra was better able to remain as observational as possible in the face of Nicholas’ judgmental comments. EFT, the primary approach, was used to help each partner continue to identify their underlying attachment needs for each other. Both partners were increasingly able to express their sense of loss that they no longer felt close to one another or even safe with one another.

Subsequent to these exchanges, Nicholas was better able to temper his negative thought patterns about his wife and experience her with more complexity of why she was prone to a depressive mental state when she felt criticized by him. Each partner was increasingly able to experience their primary emotions because they now had developed (through mindfulness practice) the coping mechanisms to deal with them. This led to an interruption of the negative spiraling process that had historically led to Debra’s depression.

“I stand” interventions were also shared with both partners and they were each asked to communicate in a different way. Instead of Nicholas chastising Debra for being passive, he was able to communicate in a more differentiated fashion that did not accuse and put Debra on the defensive (Bowen, 1966). An example follows: Nicholas: “I feel exhausted by having to be the only responsible one” instead of “You’re lazy.”

Additionally, he was helped to stay with this feeling having no judgment about it. When he was able to say, “I just feel exhausted and miss you.” Debra was able to step out of the mutual accusing and empathize with his weariness. Following EFT principles, Nicholas was able to identify and “own” (admit and take responsibility) his feelings. This shift resulted in a more compassionate experience between them rather than the recursive pattern of disappointment-blame-emotional withdrawal. This compassion toward themselves and toward one another is a critical part of mindfulness practice and can be described as a quality embodying benevolence, gentleness, empathy, and unconditional love, which enhances the empathic connection sought in EFT (Brantley, 2007). Helping them to frame their own emotional reactions in this more aware, respectful, and compassionate way illustrates both mindfulness and, of course, a major component of EFT. “Accessing the unacknowledged feelings and underlying interactional positions thereby assisting the partners to identify and own feelings that contribute to the perpetuation of the transactional patterns” (S. M. Johnson & Greenberg, 1985, p. 179). Debra who had often said to her husband “You’re so critical!” was learning to feel less emotionally triggered by his statements and behaviors. As EFT and mindfulness work progressed, each partner worked on accepting their own emotional experiences, developing new emotional and behavioral interactions, and, from this, they were building a repaired empathic connection. The compassion experienced by them had been learned through both mindfulness practice and EFT interventions.

In a later stage of therapy, Debra admitted that she missed the “old” Nicholas and wished they could find a way to be close again. After a brief mindfulness check-in about this sense of loss and wish, Debra stated “I’m sorry you feel I haven’t been attentive enough. Now that I feel safer to try again, maybe neither of us will be disappointed or feel as alone as we have.” This shift was made possible by helping Debra to access her feelings through mindfulness practices in specific reactive moments in session as well as through her own mindfulness practice at home. In session, she was encouraged to try and delay her response by tuning in to her present state through breathing techniques, a body scan (where and what she was feeling in her body), and identifying her feelings about her needs of Nicholas in a nonjudgmental and compassionate manner.

Consequently, there was a positive shift in their communication patterns that was brought about by delaying their emotional reactivity to one another. When there were moments of high reactivity and conflict in session (and outside of session), they incorporated the EFT principle of learning to “identify disowned needs and aspects of self” and express this directly to one another instead of reenacting historical conflicts (S. M. Johnson & Greenberg, 1985, p. 175). For example, Nicholas was increasingly able to identify that his historical set of judgmental thoughts and

reactions resulted in a sometime distorted and nonproductive conflict with his wife. He was able to express his need for consistent attention from Debra and his anxiety and emotional hurt when she became inattentive or “depressed.”

As he was increasingly able to identify his critical thought process, he was helped to also tune in to the feelings of anxiety and identify the primary feeling of hurt and disappointment that he was experiencing. Using EFT, he was encouraged to express these genuine feelings in ways that would open up a more productive exchange with his wife.

Nicholas and Debra were encouraged to reflect on their own historical and current emotional triggers for conflict and to share these reflections with one another (emphasizing differentiation). This intervention steered them away from entrenched patterns of who was right or who was wrong and helped to promote acceptance of each other's experiences (S. M. Johnson & Greenberg, 1985). These reframing efforts resulted from therapeutic redirection and interpretation in session as well as in response to daily homework of mindfulness reflection. Clearly, helping them not to “react automatically to their own affective states or the shifting states of their significant other” (Carson et al., 2004; Hayes & Wilson, 2003) was an example of how principles of mindfulness practice and principles of EFT can together significantly enhance the level of empathy experienced and expressed between partners alongside EFT (Carson et al., 2004; Hayes & Wilson, 2003; Johnson, 2008).

As each partner developed more conscious awareness of his or her thoughts and feelings (without judgment) through mindfulness practice, he or she were able to express them “in the moment” and eventually develop a better ability to hear each other's emotions, historical and current emotional struggles, and fears without them becoming a threat to each other. This further led to the ability to “articulate their emotional needs and help them to build an empathic connection,” a central concept in EFT (Johnson & Greenberg, 1985, p. 190). In the last stages of treatment, their ongoing mindfulness practices led to their respective abilities to incorporate new emotional and, therefore, new behavioral positions in relation to one another (Johnson & Greenberg, 1985).

## Epilogue

Focus on differentiation and mindful noticing complemented one another throughout the therapeutic process. By practicing mindfulness in the moment, noting without judging, the couple was able to have better access (as did the clinician) to the underlying EFT attachment issues. By helping them to note how they are feeling and cope with their emotional reactions, the clinician was able to safely guide them into seemingly more treacherous and more significant attachment waters. The work continued for nearly a year, during which time both Nicholas and Debra continued daily meditation

practice and reported that they were increasingly able to withstand thoughts, feelings, and situations that previously would have precipitated a worsening depression and worsening marital strain. Upon termination and in a 6-month follow-up, both partners reported significant improvements in both her depression and their marital strife. They each attributed their mindfulness practice to easing the usual tensions and conflicts, enabling them to communicate about their needs without high emotional reactivity.

## PRACTICE CONSIDERATIONS

The principles from EFT approach and mindfulness practice were integrated to assess and intervene with this couple affected by depression. By fostering differentiation and enhanced mindfulness, both intrapsychically and interpersonally, entrenched conflictual patterns were positively altered. Mindfulness practice was a critical skill set that enabled each partner to reflect on his or her own thought processes and take additional responsibility for his or her own thoughts, feelings, and behaviors with one another.

The clinician should encourage ongoing meditational practice so that clients can achieve a sense of mastery with this new skill set. Wherever possible, the clinician can role model one of the tenets of mindfulness by simply noticing a thought process with no subsequent judgment or evaluation. Several criteria for introducing mindfulness into couple therapy include the level of motivation each partner holds to be introduced to a new ongoing practice, the acuity of the depression, and the motivation of one or both participants to stay in the relationship and address complex conflicts.

## CONCLUSION

Integrating mindfulness practice into couple therapy poses several significant opportunities and challenges. Research has provided increasing evidence that mindfulness-based skills can positively affect those living with depression (Teasdale et al., 2000). Providing couple therapy to partners contending with these issues can be enhanced significantly by the introduction of increased awareness of one's negative thought patterns and how one's communication and behavior patterns can negatively impact the relationship. Integrating these skills within the EFT approach is a conceptual match as each relies on the identification of feelings and the regulation of emotional states. Mindfulness practice can lead to and enhance the ability of a couple to "repair or restructure the intimate emotional bond toward becoming accessible/responsive to each other's legitimate attachment needs" (James, 1991, p. 266). Thus, mindfulness practice enhances the ability to utilize the previously noted nine steps or interventions that are commonly employed

in EFT. EFT can also focus on immediacy with varying levels of emphasis on historical work, which parallels the “present moment” aspect of mindfulness. Future case studies, analyses, and research should focus on evaluating how mindfulness can be best integrated to enhance existing therapeutic approaches.

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