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ELSEVIER

# The mindful family: a systemic approach to mindfulness, relational functioning, and somatic and mental health

Susan Maria Bögels<sup>1</sup> and Lisa-Marie Emerson<sup>2</sup>

The stress in family members of individuals with chronic mental or somatic health conditions may be great, and interferes with healthy adaptation of individuals and their families.

Interventions that address these systemic factors may be beneficial. Mindfulness-based interventions (MBIs) are effective in helping individuals living with chronic health conditions. However, most MBIs are directed towards individuals with the condition. We present research showing that individual mindfulness improves relational functioning, mindful parenting improves child outcomes, and mindful partners positively affect their partner's health and wellbeing. Regulating stress in relations appears an important underlying mechanism. We conclude that MBIs that target the system and not just the individual with a health condition, and target family relations, deserve a place in health care.

## Addresses

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“One of these days I’ll be over in a hospital somewhere with four walls around me. And the only people who’ll be with me will be my family.” — Robert Byrd

## Introduction

The nature of mental and chronic somatic conditions is systemic, often in more than one of four ways: (1) causal, (2) maintaining, (3) consequential, or (4) interventional. If for instance a woman suffers from depression, this may be caused by systemic factors such as her own upbringing and current relationship with her family of origin, her

relationship with her (ex)partner, her children’s functioning and her and her (ex)partner’s relationship with them. If such factors have not contributed to the cause of her depression, they are likely to maintain her depression. The system will also be influenced and will influence the course of the woman’s depression: the impact may extend to her relationships with her children, her (ex)partner and her parents. The same processes are relevant in the context of physical health. A child’s diagnosis of a chronic somatic condition may have been caused by aspects of their family environment, including food and life style. Poor illness control by the child may be maintained by parental stress, parental overprotection or underprotection, or family conflict. Thus, the entire family may be impacted by the child’s condition.

The stress, suffering and helplessness in family members of the individual may be great, and is likely to interfere with healthy adaptation of the individual and the system. Interventions that address these systemic factors may be beneficial for the improvement of the mental or somatic condition, such as supporting the individual to seek social support, or by the inclusion of the system in a systemic-based therapy. Interventions that do not involve the system may be suboptimal.

Mindfulness-based interventions (MBIs) are effective in helping individuals living with chronic mental health or somatic conditions. However, most MBIs are directed towards the family member with the condition. MBIs that target the system (e.g. children, siblings, parents), and not just the individual, can address an unmet need. MBIs have the potential to relieve suffering in whole families, increasing the impact and effectiveness in helping the individual cope with the condition. Mindfulness not only influences the way we relate to ourselves, including to our mental or physical conditions, but also the way we relate to others: ‘relational mindfulness’. By practicing conscious, present-moment, and non-judgmental attention, to the self and others, profound changes in relationships may occur. Therefore, in addition to mental and somatic conditions, MBIs may be effective for relational difficulties such as marital, co-parenting, or parent–child problems.

In this paper, we will discuss theory on relational mindfulness, and present evidence on mindfulness and relational functioning and on mindfulness of family members affecting somatic and mental conditions of sufferers and family wellbeing.

## Relational mindfulness

*Pratīyasamutpāda*, commonly translated as ‘dependent origination’, or ‘dependent arising’, is a key principle in Buddhist teachings, and states that all phenomena arise in dependence upon other phenomena. The Dalai Lama [1] explains: ‘In Sanskrit the word for dependent-arising is *pratīyasamutpada*. The word *pratīya* has three different meanings—meeting, relying, and depending—but all three, in terms of their basic import, mean dependence. *Samutpada* means arising. Hence, the meaning of *pratīyasamutpada* is that which arises in dependence upon conditions, in reliance upon conditions, through the force of conditions.’ *Interbeing* is a Buddhist notion that by living in the present moment, the interdependent nature of all phenomena and people is experienced [2]. Our capacity to be aware is dependent upon, and displayed within, our relationships with one another [3]. Although we may meditate alone, our meditation carries the traces from our teacher [4]. The thoughts that arise during meditation are mostly social, about others and our relationships, one is never alone [5]. So practicing mindfulness enhances our own awareness of our relatedness and interdependence, and as such will influence the way we relate to others. When we meditate and tune in, we attune to others, which in turn promotes others’ tuning in, a process called *co-meditation* [6]. On a neurological level, mirror neurons allow us to attune to the behavior, emotions and perspectives of other people. Mindfulness is assumed to strengthen these neurons [7].

## Evidence on whether and how mindfulness impacts relational functioning

Within the field of social psychology theoretical overlaps between mindfulness and attachment theory have been proposed [8]. Secure attachment, denoted by a balanced approach to relationships, and dispositional mindfulness are both associated with positive outcomes on well-being, successful relationships, and self-regulation. By contrast, insecure attachment (anxiety and avoidance) is incompatible with increased mindfulness; a recent meta-analysis confirms that attachment anxiety and avoidance are associated with lowered mindfulness [9\*\*]. Furthermore, studies assessing the overlapping features of mindfulness and attachment have related these characteristics to emotion regulation; factor analyses have indicated two underlying constructs [10,11]. A resilient functioning style is characterized by increased mindfulness, decreased attachment anxiety, and adaptive emotion regulation. A disorganized emotional functioning style is characterized by decreased mindfulness, increased attachment avoidance and maladaptive emotion regulation. This indicated link between mindfulness, attachment and emotion regulation suggests that mindfulness has a place in the social context.

The available evidence suggests that individual mindfulness is linked to relationship satisfaction and coping with

relationship stress. In the context of romantic relationships, cross-sectional and intervention studies converge on the view that increased individual mindfulness is associated with increased relationship satisfaction [12,13,14\*] and a longitudinal study of young adults showed that mindfulness of only the female partner is related with relationship stability [15\*]. Kozlowski [16] proposed a number of mechanisms to explain the association between individual mindfulness and relationship quality, including increased individual wellbeing, improved emotion skillfulness and healthier stress responses. Mindfulness may have a key role to play in how individuals manage conflict within the relationship, including improved control over the impulsive expression of anger [17]. In the moment of conflict, increased state mindfulness is associated with a quicker cortisol recovery when faced with negative partner behavior [18]. Moreover, higher dispositional (trait) mindfulness is associated with lower cardiovascular activity in the partner during a conflict [19\*\*]. These findings illustrate the positive effects of mindfulness in buffering against physiological effects of relational conflict. It is unlikely that this pattern of findings is unique to romantic relationships. The research on parental mindfulness and parent–child relationships indicates a similar pattern in the broader familial context. Mindful parenting interventions have demonstrated resultant improvements in the quality of parent–youth relationships [20], which included both mother and youth reports on anger management and expression of negative and positive affective behavior [21]. Moreover, mindful parenting interventions also showed improvements in the co-parenting relationship [22,20]—but not in marital satisfaction [22] and in the partner-relation [20,23\*\*] - and note that mostly the partners or co-parents were not present in the intervention.

There is an emerging picture that individual mindfulness influences relational functioning, which is likely to be through a mechanism of improved emotion recognition, regulation and expression, particularly in relation to negative emotions.

## Mindfulness affecting health of family members

Having considered that mindfulness influences relational functioning, we turn to the research on whether mindfulness in family members affects the mental and physical health, and reduces symptoms of (psycho)pathology of the individual, starting with parents. There is a large body of recent cross-sectional evidence showing that higher dispositional mindful parenting is associated with lower child (psycho)pathology: with parent-reported adolescents’ anxiety and depression [24] with parent-reported child behavior problems [25] with adolescents’ risk behaviors substance abuse and sexual engagement [26] with parent-reported youth internalizing and externalizing problems across three developmental stages [27] and youth-reported mindful

parenting in fathers was associated with youth-reported lower internalizing and externalizing problems [28]. Mindful parenting was also associated with objective measures such as better glycemic control in adolescents with diabetes [29] lower cortisol response in infants during a dyadic stressor in the context of high life stress [23\*\*] and healthier food intake in children [30]. Indirect effects of mothers' mindful parenting on children's emotional problems have been demonstrated, through perceived maternal warmth and children's dispositional mindfulness [31] or through attachment, involvement, parental confidence, and lower discipline practice and relational frustration [32]. Longitudinal studies are scarce: Tak *et al.* [33] reported that mindful parenting predicted adolescent depressive symptoms six months later, but only in girls and when parents were depressed.

Mindful parenting training has also been shown to be effective in decreasing child psychopathology: as compared to waitlist [22,34,20], with adolescent girls with externalizing symptoms, as compared to a control group [35] and with children with ADHD as compared to a control group [36]. Similar results have been found in mindful parenting training with the baby [37\*] or toddler [38] partially present: infants' problems decrease when mothers are trained in mindful parenting. Decreased psychopathology in children was mediated by improved mindful parenting in their parents [34,20], and not by improved general mindfulness [34], suggesting that indeed relational mindfulness brings about improvement in child's psychopathology. As in most studies child psychopathology was rated by the parents who participated in the mindful parenting training, more objective indicators of improvement in children are needed. How (enhancing) mindfulness in children affects parents' functioning has not yet been studied. Several studies, using a mindfulness program for children with psychopathology and a parallel mindful parenting program for their parents, have observed improvement in parents' psychopathology. However, it is not clear whether this parents' improvements are caused by children's enhanced mindfulness, by parents' own mindfulness training, or by the combination [39,40].

Positive effects of mindfulness training for partners of people suffering from physical or mental conditions has also been reported. MBI for patients with cancer and their partners showed reduced distress in patients but not in their partners, compared to control conditions [41]. However, they did find that mindfulness of the partner was (borderline) associated with more open communication of the patient about the cancer [42\*\*]. Meta-analysis has also demonstrated that mindfulness for caregivers (often partners) of dementia patients is associated with a more favorable outcome on caregiver stress, compared to control conditions at posttest, but not at follow-up [43\*]. Similar benefits of mindfulness interventions on caregiver

well-being have been reported in the context of chronic conditions [44], palliative diseases [45], and neurodevelopmental conditions [46]. Several web-based mindfulness programs have been developed for informal caregivers of people with physical or mental conditions, showing improvement in caregiver stress and burden [47,48]. Finally, mindfulness for distressed pregnant women and their partners showed an effect on pregnant women's and their partners' anxiety and depression [49].

Taken together, evidence is growing that (enhancing) mindfulness for family members of individuals with physical or mental conditions, whether parents, partners of caregivers, has beneficial effects on family members' stress and research is beginning to investigate how this may also be beneficial to the individual's (adaptation to their) condition and wellbeing.

## Discussion

We have put forward a case for considering the relational nature of mindfulness. We presented evidence pertaining to mindfulness and family relations and family members' health. Increased mindful parenting leads to improved child outcomes. Mindful partners positively affect their partner's health and wellbeing. Regulating anger and stress in relations appears an important underlying mechanism. Mindfulness training for family members of those suffering from mental or physical health problems and for relational problems in families deserves a place in mental and somatic health care and in the prevention of health problems. There is a clear need for further research into the potential of mindfulness to improve the health and wellbeing of family members and family relationships. First, we have to think who to target with mindfulness interventions: the person with a health problem, the child, partner, parent, sibling, caregiver, teacher or professional, or combinations of members of a system. Second, we should assess not only the effects of mindfulness on the person(s) we target, but on other family members as well, and family members reporting on each other next to themselves. Third, mindfulness can be integrated in family and relation therapies, and novel MBIs targeting relational issues developed. Research should compare the effectiveness of standard relation therapy, relation therapy with mindfulness added, standard MBI, and novel relational MBI. Fourth, in order to unravel causal mechanisms the effects of mini-interventions of mindfulness during relational stress or conflict on physiological, emotional, cognitive and behavior outcomes should be tested in the lab. Finally, the effect of MBIs on relational outcomes, which are perhaps most pronounced in moments of conflict or high stress, should be tested.

## Conflict of interest statement

Nothing declared.

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