Contemp Fam Ther (2010) 32:412–426
DOI 10.1007/s10591-010-9129-z

ORIGINAL PAPER

Relational Aspects of Mindfulness: Implications for the Practice of Marriage and Family Therapy

Laura Eubanks Gambrel · Margaret L. Keeling

Published online: 31 August 2010

Abstract Research has demonstrated the benefits of mindfulness interventions with individuals, including connections to increased life satisfaction, and positive affect. Mindfulness has effectively treated anxiety, borderline personality disorder, depression, chronic pain, and addiction. Recent studies show the positive effects of mindfulness on relationship satisfaction, empathy development, and skillful communication. We explore the potential benefits for integrating mindfulness, defined as nonjudgmental awareness, into the practice of marriage and family therapy. We argue that mindfulness may be useful with couples and families to improve communication, emotional regulation, empathy, and relationship well-being. Finally, we discuss practical ways of applying mindfulness in family therapy.

Keywords Mindfulness · Therapy · Family therapy · Mindful parenting · Couples · Acceptance

An earlier version of this manuscript was presented at the 5th Critical Multicultural Counselling and Psychotherapy Conference, University of Toronto, Canada.

L. E. Gambrel · M. L. Keeling
Department of Human Development, Marriage and Family Therapy Doctoral Program, Virginia Polytechnic Institute and State University, Blacksburg, VA, USA

Present Address:
M. L. Keeling
Department of Dispute Resolution and Counseling, Southern Methodist University, Dallas, TX, USA

L. E. Gambrel (✉)
The Family Therapy Center of Virginia Tech, 840 University City Blvd, Ste. 1, Blacksburg, VA 24061-0515, USA
e-mail: lauragambrel@gmail.com

> As irrigators lead water where they want, as archers make their arrows straight, as carpenters carve wood, the wise shape their minds (Dhammapada 6:80, trans. 1985).

Intimate relationships can be fraught with pleasure and pain, so much so that happiness and physical health are integrally tied to the quality of these relationships (Amato 2000; Gottman and Notarius 2002; The National Institute on Aging 2008; Schoenborn 2004). Further, relationship satisfaction has been closely tied to life satisfaction and psychological health (Mikulincer and Shaver 2007; Peterson and Park 2007; Shapiro and Keyes 2008). Often, negative patterns of thought and behavior interfere with one's ability to develop nourishing relationships with loved ones. For thousands of years, Buddhist teachings have outlined ways in which the mind and emotions can be brought into equanimity (Dhammapada, trans. 1985), therefore enhancing one's ability to skillfully navigate the challenges that come with romantic and familial love. Integrating the ancient technique of mindfulness into family therapy may be one way to help clients enhance the joys of intimate relationships.

Mindfulness is becoming increasingly popular in the practice of psychotherapy for treating a wide range of physical, mental and emotional ailments (Baer 2003; Brown et al. 2007). Hence, possible benefits it has to offer the field of marriage and family therapy (MFT) necessitate investigation. Research on mindfulness grew exponentially after mindfulness-based stress reduction (MBSR) was examined in medical settings and shown to substantially help those with chronic pain (Kabat-Zinn 1982). Mindfulness has since been shown to improve individual functioning in a wide variety of clinical and community settings (Baer 2003; Brown et al. 2007). Thus far, the majority of practice and research on mindfulness focuses on individuals in a group context (Baer and Krietemeyer 2006) and there is a lack of literature demonstrating the integration of mindfulness into therapy with couples and families (Gehart and McCollum 2007). Recently, interest in the role of mindfulness in intimate relationships has grown, and early research is promising (e.g., Carson et al. 2004). If preliminary research further supports the positive outcomes of mindfulness, family therapists will have an opportunity to benefit from the incorporation of this effective intervention.

The purpose of this article is to demonstrate the potential value of integrating mindfulness into systemic therapy. We define mindfulness, examine current research in the field, and discuss options for using mindfulness in clinical practice. Finally, we outline future directions for mindfulness in the MFT field.

Mindfulness Defined

Mindfulness is a basic concept that is hard to define and even harder to practice (Brown et al. 2007; Kabat-Zinn 1994; Teasdale et al. 2003). The difficulties with defining mindfulness have been thoroughly discussed, for a complete discussion see Bishop et al. 2004. Leaders in the field of mindfulness have argued that mindfulness is composed of two aspects: "self-regulation of attention" and "an orientation that is characterized by curiosity, openness, and acceptance" (Bishop et al. 2004, p. 232). For clarity, the definition of mindfulness that we use in this article is that of Kabat-Zinn (1994): mindfulness is "paying attention in a particular way: on purpose, in the present moment, and nonjudgmentally" (p. 4). More plainly stated, mindfulness is *nonjudgmental awareness*. The ability to pay attention in the moment is often called *awareness* (Brown et al. 2007). Awareness means the ability to observe, to track thoughts, feelings, and sensations as they are happening in the present, noticing the body and mind, and contacting one's actual felt experience

without holding on or pushing away (Germer 2005; Kabat-Zinn 1994). Merely observing or having awareness does not constitute mindfulness; mindfulness also has the quality of *nonjudgment*, which includes softness, acceptance of experience as it is, non-evaluation, kindness, openness, and curiosity (Kabat-Zinn 1994; Siegel 2007). Mindfulness, then, has two components—awareness and acceptance—both of which are needed to meet its definition.

When one is mindful, one is training in paying attention to thoughts, emotions, and sensations, instead of automatically reacting to them. The more one trains to be mindful, the more one realizes the fleeting nature of things, and the easier things are to accept (Carmody et al. 2009). After these experiences are accepted, and thoughts are seen as thoughts, instead of reality, then one has a choice in how to respond to them. In this way, the awareness and acceptance aspects of mindfulness are essential in breaking habitual patterns (Bishop et al. 2004; Carmody et al. 2009).

In general, mindfulness is a trait that individuals have in varying degrees, and a quality that can be developed (Brown et al. 2007). Mindfulness training can include the formal practice of sitting or walking meditation to train the mind in nonjudgmental awareness of thoughts and feelings, and the informal practice of learning to pay attention in normal daily activities, like washing dishes (Baer and Krietemeyer 2006; Germer 2005). There are specific types of practices that may promote mindfulness, including yoga and transcendental meditation, that are beyond the purview of this article. In this article, we focus on general mindfulness practices that have been applied using Western clinical frameworks, including mindfulness-based therapies.

Initial practice in mindfulness can be an almost overwhelming experience, a flood of stimuli that has, for good reason, been ignored. Beginning meditation practitioners may feel more anxious and their minds can become increasingly busy, not instantly calm. The reason why mindfulness is difficult—not automatic—is because paying full attention to one's experience without distraction is contrary to customary patterns, especially when the current experience is extremely painful. From a Buddhist perspective, the nature of existence is suffering, and we, as human beings, go to great lengths to avoid that basic fact (Rosch 2007). Therefore, coming to mindfulness can be contrary to all of the mechanisms we have developed to shield ourselves from the distressing aspects of reality. Paradoxically, the more we can attend to that which is painful, without judgment or trying to make it different, the less painful it becomes (Brown et al. 2007). Buddhists believe that we cannot escape suffering, but that we do have a choice in the nature of suffering that we experience:

> There are two kinds of suffering: the suffering which leads to more suffering, and the suffering which leads to the end of suffering. The first is the pain of grasping after fleeting pleasures and aversion for the unpleasant, the continued struggle of most people day after day. The second is the suffering which comes when you allow yourself to feel fully the constant change of experience—pleasure, pain, joy, and anger—without fear or withdrawal. The suffering of our experience leads to inner fearlessness and peace. (Chah 1994, p. 121)

Creators of mindfulness-based therapies have drawn upon Buddhist and Christian religious and philosophical foundations to develop their interventions (Kabat-Zinn 2003; Van Nuys 2007). Most mindfulness-based therapies are secular in nature, and have removed any overt religious teachings from their application in hospital and mental health settings (Baer and Krietemeyer 2006). However, there are current trends that question whether the effectiveness of mindfulness training is diminished by removing it from a

larger context, be that spiritual, religious, ethical, philosophic, or theoretical (Dimidjian and Linehan 2003; Leary and Tate 2007; Teasdale et al. 2003). It is possible that therapists feel more comfortable with the concept of mindfulness when it is removed from religious language (Carlson et al. 2002; Grams et al. 2007). For example, my (L.G.) understanding and use of mindfulness in therapy is informed by Buddhism, but it is rare that I overtly discuss any of these theories with my clients; I assume some clients would not be open to interventions based in Eastern philosophy. Further investigation is warranted regarding how to best apply the teaching of awareness and acceptance so that it is both accessible to diverse populations and does not disregard thousands of years of wisdom. Also, by including experts from religious and philosophical fields in dialogue about this topic, theory and intervention development for clinical applications may be greatly enhanced (Dimidjian and Linehan 2003). Examples of such rigorous interdisciplinary dialogues are limited, but available (cf. Harrington and Zajonc 2008).

Mindfulness for Individuals

There is extensive research on the positive outcomes of mindfulness training including: increased general life satisfaction and well being (Nyklicek and Kuijpers 2008), increased positive affect (Barnes et al. 2007), and increased secure self-esteem (Heppner and Kernis 2007). There are four main modalities in the mental health field in which mindfulness has been integrated and which have been shown to be effective; these are: mindfulness-based stress reduction (MBSR), dialectical behavioral therapy (DBT), mindfulness-based cognitive therapy (MBCT), and acceptance and commitment therapy (ACT). Due to the existence of extensive reviews related to these modalities (e.g., Baer 2003; Brown et al. 2007) discussion here is brief. Mindfulness-based stress reduction is designed as an eight to ten week group mindfulness course that includes daily meditation practice of 45 min (Kabat-Zinn 1982). Body scanning, mindfulness meditation, hatha yoga, and loving-kindness meditation are all aspects of this program. Dialectical behavioral therapy was originally designed as a year long program integrating mindfulness into the training of coping skills to treat individuals with borderline personality disorder (Linehan 1987). It includes individual therapy, group therapy, and a therapist who is available on-call to assist clients in crisis. Mindfulness based cognitive therapy (Teasdale et al. 1995) is part of the third wave of cognitive therapies that integrate mindfulness into more traditional models (Hayes 2004). It follows an eight-week program similar to that of MBSR, and teaches clients nonjudgmental awareness in order to become detached from destructive thought patterns (Segal et al. 2002). Acceptance and commitment therapy (Hayes et al. 1999) focuses on clients becoming aware of their inner desires and values, accepting them and then committing to make changes in their lives in accordance with these values. Clients are taught to observe thoughts, feelings and sensations from a non-evaluative stance and to disentangle thoughts from identity (Hayes 2004).

These mindfulness-based therapies have been shown to effectively treat chronic pain (Kabat-Zinn 1982), anxiety (Miller et al. 1995), borderline personality disorder (Linehan et al. 2006), eating disorders (Kristeller et al. 2006), depression (Ma and Teasdale 2004), and addiction (Marlatt et al. 2004). Though the methodologies of current research have been critiqued, including the waitlist control group design, and there is a lack of randomized clinical trials (Chiesa and Serretti 2009; Roemer and Orsillo 2003), early research findings are positive. The benefits of these therapies are far reaching, yet to limit treatment to individuals may diminish their efficacy.

Mindfulness in Relationships

The mindfulness process of awareness, acceptance and choice has powerful implications for interpersonal relationships (Wachs and Cordova 2007). From a Buddhist perspective, we are all intertwined (Hanh 1988). *Sangha*, community, is thought to be essential for spiritual growth, as is the ability to connect with others in a loving, caring way (Dhammapada, trans. 1985; Hanh 1998). Anger and negative emotions disrupt our own happiness through inflicting pain on others, and much of Buddhist mindfulness practice is undertaken with the intention of developing compassion for all sentient beings (Dhammapada, trans. 1985; Hanh 1998). Thus, it is congruent with Buddhist principles that mindfulness be taught within the context of relationships.

Though it has been limited in the past, research in the West is emerging regarding the implications of mindfulness for family relationships. In couples relationships, mindfulness has been found to be positively correlated with relationship satisfaction, skilled responses to relationship stress, acceptance of partner, and empathy (Barnes et al. 2007; Pruitt and McCollum 2010; Wachs and Cordova 2007; Walsh et al. 2009). In parent–child relationships, mindfulness can help to break maladaptive automatic patterns, and allow parents to connect with children in deeper, more attuned ways (Siegel 2007). The mindfulness process of awareness and acceptance leads to lowered emotional reactivity in interpersonal relationships, resulting in more positive communication between partners (Wachs and Cordova 2007).

Mindfulness has also been shown to increase compassion and empathy, specifically perspective-taking and empathic concern (Wachs and Cordova 2007). Therefore, mindfulness training may be an important element in empathy training for individuals, couples, and families (Block-Lerner et al. 2007). Mindfulness also may be useful in sex therapy; preliminary qualitative research has shown that women recovering from gynecologic cancer increased their sexual fulfillment through mindfulness practice (Brotto and Heiman 2007). Mindfulness has been found to be positively correlated with secure attachment and negatively correlated with both anxious and avoidant attachment (Shaver et al. 2007; Walsh et al. 2009), thus connecting mindfulness to the vast attachment literature.

Mindfulness for Couples

Many studies have investigated the role of mindfulness in couple relationships and have found significant correlations between mindfulness level and relationship satisfaction (Barnes et al. 2007; Burpee and Langer 2005; Wachs and Cordova 2007). The majority of the studies involve correlational designs and therefore should be cautiously interpreted in order to avoid turning correlations into cause and effect relationships. For example, it may be that people who are highly mindful also tend to have more positive views of others, act more empathically, and have increased sensitivity to others' needs, and that these variables actually influence relationship satisfaction, instead of mindfulness itself.

Even though there are such limitations to the research, correlations can provide a foundation for future experimental research. For example, Wachs and Cordova (2007) investigated the relationship between mindfulness, empathy, and relationship satisfaction by studying 33 couples. They revealed significant positive correlations between mindfulness and marital satisfaction ($p < .05$), empathic concern ($p < .05$), perspective taking ($p < .01$), lack of personal distress ($p < .05$), control of anger ($p < .01$), and impulsivity ($p < .05$). In this study, researchers used the Mindful Attention Awareness Scale (MAAS; Brown and Ryan 2003) to measure mindfulness and the Interpersonal Reactivity Index

(IRI; Davis 1980) to measure empathy. The authors found a significant relationship between mindfulness and one's ability to identify emotions and communicate them to others. These results suggest that those individuals who are higher in mindfulness also have an increased ability to regulate emotions, communicate feelings to others, and relate to a partner's feelings and experience.

Research by Barnes et al. (2007) confirmed these results. They found that higher mindfulness was correlated with increased relational satisfaction, more adaptive response skills when faced with relational stress, increased self-control and accommodation, more positive perceptions of the partner, and more effective communication. These results were based on two different studies, one of which examined correlations over time between mindfulness, as measured by the MAAS, and relational satisfaction ($p < .05$), as measured by the Dyadic Adjustment Scale (DAS; Spanier 1976) and the Investment Model Scale (Rusbult et al. 1998). Further data were collected by videotaping couples ($N = 60$) discussing a subject of conflict in their relationship. Self-report measures of anxiety, stress, anger, and mindfulness were given to the couples and observational coding of videotapes was completed using the System of Coding Interactions in Dyads (SCID; Barbee and Cunningham 1995). In this second study, mindfulness was found to be related to increased relational satisfaction ($p < .0001$), and decreased anxiety ($p < .05$), verbal aggression ($p < .001$), anger-hostility ($p < .01$), and negativity and conflict ($p < .05$). One more noteworthy finding from this study was that the level of mindfulness was found to affect only the individual's emotional state, communication, and perception of the conflict, not the partner's perceptions. These results suggest that mindfulness training would be more beneficial if both members of the couple were involved. Hence, mindfulness interventions may be more effective in improving marital satisfaction for couples in conjoint, instead of individual, therapy.

In studying seventy people who attended a three month meditation retreat, Shaver et al. (2007) found that total mindfulness scores, measured by the Five Factor Mindfulness Questionnaire (FFMQ; Baer 2006) were negatively correlated with both attachment anxiety ($p < .01$) and avoidant attachment ($p < .01$) as measured by the Experiences in Close Relationships scale (ECR; Brennan et al. 1998). Results also indicated that attachment-anxious individuals were less able to be nonjudgmental and avoidant individuals were less able to be mindful, when compared with secure attachment participants. These results are promising, but this study's methods were not discussed in-depth, so it is difficult to know who the participants were and how they were recruited. Nonetheless, considering the large amount of research available on the benefits of secure attachment (cf., Mikulincer and Shaver 2007), mindfulness may prove to be an essential component in developing healthy attachment, and could become a useful foundation for couples' interventions.

Also examining mindfulness and adult attachment were Walsh et al. (2009). These authors sought to discover significant attachment related predictors of mindfulness level as measured by the MAAS. In study one ($N = 127$), attachment anxiety ($r = -.32$, $p < .001$) and attachment avoidance ($r = -.25$, $p < .01$) were measured by the Experience in Close Relationships Questionnaire-Revised (ECR-R; Fraley et al. 2000) and found to be significantly negatively correlated with an overall mindfulness score. Trait anxiety also was found to be significantly negatively correlated with mindfulness ($r = -.33$, $p < .001$). With regression, only trait anxiety ($\beta = -.21$, $p < .05$) and attachment anxiety ($\beta = -.24$, $p < .01$) were found to be significant negative predictors of mindfulness scores. Whereas attachment avoidance and mindfulness were correlated, attachment avoidance was not found to predict mindfulness level, perhaps because of the measures used. Hence, it is important to follow this study with a more multidimensional measure of mindfulness to determine more fully the relationships between mindfulness and avoidant attachment.

One of few experimental studies related to mindfulness and couples was completed by Carson et al. (2004). The program they developed, Mindfulness-Based Relationship Enhancement (MBRE), was tested through a randomized controlled study with a waitlist control group ($N = 44$ couples). This program was developed for nondistressed couples. Following the design of MBSR, MBRE was an eight week course with 30–45 min of daily practice six times per week and one day-long mindfulness session, with modifications for couples including: partner yoga poses, loving-kindness meditation, and mindful touch exercises. This study was based on the theoretical premise that mindfulness would be effective for couples because it teaches a way of being in the world that is open and nonjudgmental, instead of being a specific coping mechanism for certain types of emotions or situations. The authors emphasized that mindfulness may lead to compassion for self and other, which is especially relevant for enhancing interpersonal relationships.

Carson, et al. (2004) reported that as a result of participating in the MBRE program, the treatment group ($n = 22$ couples) had significantly higher relational satisfaction ($p < .001$), autonomy ($p < .001$), relatedness ($p < .001$), closeness ($p < .05$), and acceptance of partner ($p < .05$), and lower relational distress ($p < .05$) than the waitlist control group ($n = 22$ couples). Individuals who completed the MBRE program also were significantly higher in measures of optimism ($p < .05$), spirituality ($p < .01$), and relaxation ($p < .05$), and lower in psychological distress ($p < .001$). Of the participants in the experimental group, those with more daily practice of mindfulness showed increased relationship happiness ($p < .001$) and an increased ability to cope with stress ($p < .001$). These findings illuminate how a mindfulness-based program may be beneficial when members of a couple are enrolled concurrently. More studies showing the effects of mindfulness training are needed in order to confirm the benefits of mindfulness training for couples and families.

Mindfulness and Families

Through both theory and research, the link between mindfulness and outcomes for parent–child relationships is being explored. Siegel (2007) argues that mindfulness can improve bonding and attachment between parents and their children. Research and theory have focused on how mindfulness may improve a parent's ability to regulate emotions and become more emotionally attuned to his or her offspring (Altmaier and Maloney 2007; Dumas 2005; Reynolds 2003). Duncan et al. (2009a) have determined the main aspects of mindful parenting to be:

> (a) listening with full attention; (b) nonjudgmental acceptance of self and child; (c) emotional awareness of self and child; (d) self-regulation in the parenting relationship; and (e) compassion for self and child. (p. 258)

These skills are consistent with mindfulness in general, and may be a useful framework for understanding the essentials of interpersonal mindfulness.

Siegel's work in the field of interpersonal neurobiology is based on neurobiology and attachment theory (Siegel, 2007). He argues that humans have "mirror neurons" (p. 167) that allow us to attune to the behavior and emotions of other people, thus demonstrating that our social nature is deeply ingrained. Mindfulness training improves brain functioning to make these neurons stronger and more capable of resonating with others. Siegel also discusses ways that parents can train in mindfulness to improve emotional regulation, thereby aiding in the growth and development of their children.

To our knowledge, Siegel has not developed his framework into a systematic clinical model, though he has written about ways parents can apply these ideas to themselves and

their families (Siegel and Hartzell 2003). However, clinicians and researchers are beginning to develop mindfulness training programs for parents (Altmaier and Maloney 2007; Dumas 2005; Reynolds 2003). For example, the Mindful Parenting Program focuses on parent–child relationships post divorce (Altmaier and Maloney 2007). Researchers studied the effects on 12 parents' interactions with their children following the 12 week mindful parenting training program. Parents had increased mindfulness scores following the program ($F(6, 163) = 7.36$, $p < .001$), but there were no changes in self-reported stress level or quality of the parent–child relationship. Keeping in mind the small sample size, it is difficult to interpret these results fully. However, it may be that how this specific program was designed, or the fact that only parents—and not their children—were involved in the mindfulness training led to the lack of positive change in the relationship. Details about the intervention were not provided in the article, so it is difficult to evaluate the program. This also means that further research on mindfulness-based parenting programs is needed before it is assumed to be effective and becomes widely implemented.

Researchers have found contradictory results when integrating a mindfulness component into a preexisting drug prevention program called the Strengthening Families Program (Duncan et al. 2009b). Four families participated in this seven-week program, with two hour meetings per week. In this program there were times when parents met separately, and others that involved the whole family. Each week included teaching adults the five aspects of mindful parenting skills. Based on a mixed methods approach including a survey and focus groups, the qualitative and quantitative data converged to show that parents felt the group helped their emotional reactivity, connection with their children, and coping with stress. This preliminary study was followed by a larger pilot study with a waitlist control group and a treatment control in which parents participated in the original Strengthening Families Program (Coatsworth et al. 2010). The results based upon 65 families showed that the mindfulness treatment group had significantly greater gains in mindful parenting skills and improved parent-adolescent relationships than both control groups (Coatsworth et al. 2010).

Additional research has examined the benefits of mindful parent training with specific populations. For example, a 12 session mindful parenting program with mothers has been shown to decrease maladaptive behaviors (e.g., self-injury, aggression) for children with autism (Singh et al. 2006), decrease noncompliance for children with attention-deficit/hyperactivity discorder (Singh et al. 2010), and to promote prosocial behavior for children with developmental disabilities (Singh et al. 2007). Higher mindful parenting skills are correlated with increased father involvement in parenting children with disabilities (MacDonald and Hastings 2010), suggesting that mindful parenting programs may be equally effective for mothers and fathers. Finally, mindfulness-based interventions may be useful for families undergoing traumatic situations, including the loss of a child and living amidst political conflict (Pigni 2010).

Medical staff and midwifes are exploring the value of mindfulness training programs for mothers during childbirth in order to minimize the stress and pain associated with this event, and to lessen the need for medications (Hughes et al. 2009). Researchers also are currently studying the impacts of such training, including a modified MBCT program for new mothers to treat postpartum depression (Hughes et al. 2009). Duncan and Bardacke (2010) have developed a mindfulness-based childbirth and parenting (MBCP) program adapted from MBSR that was shown to be effective in decreasing negative emotion, and increasing mindfulness and positive affect ($n = 27$). Family therapists need interventions that are developmentally appropriate, and mindfulness has been applied effectively across the lifespan with children and adolescents (cf. Burke 2010 for review), young adults

(Caldwell et al. 2010; Schure et al. 2008) and older adults (Smith 2006). Although research in the area of mindfulness-based approaches for families is still developing, variables such as empathy, responsive parenting, secure attachment, and relationship satisfaction are important and elusive qualities to cultivate. Mindfulness training may impact these variables, therefore being a valuable asset to family therapists.

Future Directions for Mindfulness in Marriage and Family Therapy

Considering the demonstrated potential for mindfulness to benefit relationships, the field of MFT could be enriched by embracing mindfulness in practice, training, and research. There are many possible avenues to this integration. However, there are few documented studies that demonstrate what would be most effective. Mindfulness could be integrated into work with families and couples through overtly taught mindfulness techniques or as a therapeutic stance. Already existing models, such as MBSR, could be reconceptualized to work with systems, or family therapy models could be re-examined to discover whether they are beneficial in increasing mindfulness. We propose that there are four main areas of useful integration of mindfulness and MFT: theory, models and techniques, training, and research.

Theory

Theory that provides the foundation of mindfulness-based systemic therapies needs to be developed. While many clinicians are beginning to implement mindfulness in their work with couples and families, few discuss their theoretical premises for doing so. Macy's (1991) philosophical discussion of general systems theory and Buddhism is a useful starting point for theory development. Also, examining the interpersonal aspects of mindfulness used in mindful parenting literature could be a foundation for a broader systemic theory for couples and families (Duncan et al. 2009). Considering diversity within MFT, Christian-based (cf. Hathaway and Tan, 2009) and secular mindfulness theories for families are also worthy of exploration.

Training

Being trained in mindfulness may help therapists be more skilled at mindfulness-based interventions (Dimidjian and Linehan 2003; Kabat-Zinn 2003), more present with clients (Dimidjian and Linehan 2003; Kurash and Schaul 2006), less prone to burn-out (Shapiro et al. 2007; Shapiro et al. 1998) and more compassionate (McCollum and Gehart 2010). Mindfulness training may change therapists' approach to the therapeutic process in ways that do not necessarily include overt teaching of mindfulness, but are still helpful to clients in a unique way (Grepmair et al. 2007). If therapists take a mindful stance in therapy, this could fundamentally shift the traditional focus in therapy from change to acceptance (Gehart and McCollum 2007). As mindfulness becomes more prevalent in the mental health field, it will be increasingly salient for therapists to have training in order to effectively apply the many available interventions. Beginning to incorporate mindfulness training into curricula of MFT programs will have the advantages of creating professionals who are uniquely trained to develop strong therapeutic relationships while being less prone

to the negative effects of stress. For a thorough discussion about the therapeutic stance of mindfulness and MFT, see Gehart and McCollum (2007).

Models and Techniques

Techniques and models of therapy that utilize mindfulness in work with couples and families need to be developed. Existing experiential models and techniques may provide useful frameworks on which to build. Also, extant mindfulness-based interventions (e.g., MBSR, DBT) could be enriched by integrating mindfulness and systems theories in order to focus on families. First, considering the wide success and popularity of MBSR, a systemic version of this program may be realistically created and well received. The MBRE program was developed to expand MBSR to couples, and was found to be effective in increasing relationship satisfaction (Carson et al. 2004). However, many couples would not commit to an eight week program due to lack of interest, time, or resources. To address these limitations, there may be a way to include mindfulness exercises, such as mindful touch or loving-kindness meditations in more traditional couple's therapy as a way to reach a more diverse clientele. This application of MBRE techniques would require much investigation, as it is possible that for this program to be effective the more intensive, eight week mindfulness practice and training is essential. Another area of possible integration is within medical family therapy; it is a field that may be well positioned for mindfulness, considering the widespread availability of MBSR in medical settings (Cohen-Katz 2004).

Dialectical behavioral therapy is another mindfulness based approach that has been applied to therapy with couples, specifically related to intimate partner violence (Rathus et al. 2006). This combination works because DBT has been found to be effective in treatment of a variety of emotional regulation and chronic psychological and behavioral problems (Rathus et al. 2006). It may be possible that the model of intimate partner violence treatment with DBT could be applied to a variety of presenting issues for families. Other forms of mindfulness and meditation based treatment for intimate partner violence also may be effective (Claus, 2009).

Experiential therapy may be the best option for integrating a family therapy model and mindfulness because of its focus on the here and now (van Kessel and Lietaer 1998). Whitaker (Napier and Whitaker 1978), Satir et al. (1991), Schwartz (1997), and Johnson (2003) all have aspects of their therapies that focus on acceptance, present moment experience, and holistic views of the self. For example, Satir's model describes how when people are stressed they are more likely to communicate with others in less adaptive ways (Lee 2002; Satir et al. 1991). One goal of this form of therapy is to reach congruence; this is when people can be connected to their internal experiences while at the same time relating to others in open and authentic ways. Mindfulness may be a way of reducing stress so that people can communicate more congruently. This helps people to connect more deeply to themselves and to loved ones. Satir often used meditation and guided imagery to help people connect to spirituality and their inner worth (Banmen and Gerber 1985; Lee 2002). Previous authors have argued that there are many preexisting similarities between Satir's model and Buddhist philosophy (Lewis and Banmen 2008). It is possible that the experiential nature of this therapy leads to greater mindfulness due to it being present centered and grounded in the body. Other experiential techniques such as art, somatic therapies, psychodrama, and sandtray also may prove to be helpful in increasing levels of mindfulness in clients due to their ability to create a mind–body connection (Franklin et al. 2000; Monti et al. 2006). These areas are ripe for empirical research.

Research

Finally, mindfulness research should expand to encompass couples and families. Preliminary data on the effectiveness of mindfulness-based intervention for individuals and relationships may translate to positive outcomes in MFT, but exactly how effective mindfulness will be in systemic therapies is unclear. Therefore, much further research is needed regarding how mindfulness could be effectively utilized with couples and families, including why mindfulness training is not always beneficial (Altmaier and Maloney 2007). Adding the systemic perspective of family therapists to the on-going collaboration between Western neuroscientists, psychologists, and contemplative scholars (cf. Davidson and Harrington 2002; Wallace 2009) may enrich the interdisciplinary nature of mindfulness research as a whole. Research should be expanded beyond nondistressed couples, and include a diversity of ethnicities, economic backgrounds, and sexual orientations. Vallejo and Amaro's (2009) research with African American and Latina women demonstrates that changes to the instruction of mindfulness are necessary to be appropriate with varied populations. Also, more randomized trials are needed to build upon correlational research on mindfulness and relationship quality.

Conclusion

Overall, the mental health field is in need of a new model of mindfulness that focuses on relationships. Theory development is needed to integrate systemic therapy with mindfulness, perhaps based on Buddhist notions of interconnection. Model development and research, coming from systemic theories, will serve to further the effective use of mindfulness intervention with couples and families. As marriage and family therapists, with our unique training in systemic theory and models, we are most qualified to develop and implement the practice of mindfulness within a relational framework. In so doing, the benefits of systemic therapy and the positive outcomes of mindfulness training could combine to exponentially improve clients' intimate relationships.

Acknowledgments We are grateful to Dr. Fred Piercy for his comments during the development of this manuscript.

References

Altmaier, E., & Maloney, R. (2007). An initial evaluation of a mindful parenting program. *Journal of Clinical Psychology, 63*, 1231–1238.

Amato, P. R. (2000). The consequences of divorce for adults and children. *Journal of Marriage and Family, 62*(4), 1269–1287.

Baer, R. A. (2003). Mindfulness training as a clinical intervention: A conceptual and empirical review. *Clinical Psychology: Science and Practice, 10*(2), 125–143.

Baer, R. A. (2006). Using self-report assessment methods to explore facets of mindfulness. *Assessment, 13*, 27–45.

Baer, R. A., & Krietemeyer, J. (2006). Overview of mindfulness- and acceptance-based treatment approaches. In R. A. Baer (Ed.), *Mindfulness-based treatment approaches: Clinician's guide to evidence base and applications*. Amsterdam: Academic.

Banmen, J., & Gerber, J. (1985). *Meditations and inspirations*. Berkeley, CA: Celestial Arts.

Barbee, A. P., & Cunningham, M. R. (1995). An experimental approach to social support communications: Interactive coping in close relationships. *Communication Yearbook, 18*, 381–413.

Barnes, S., Brown, K. W., Krusemark, E., Campbell, W. K., & Rogge, R. D. (2007). The role of mindfulness in romantic relationship satisfaction and responses to relationship stress. *Journal of Marital and Family Therapy, 33*(4), 482–500.

Bishop, S. R., Lau, M., Shapiro, S., Carlson, L., Anderson, N. D., Carmody, J., et al. (2004). Mindfulness: A proposed operational definition. *Clinical Psychology: Science and Practice, 11*(3), 230–241. doi: 10.1093/clipsy.bph077.

Block-Lerner, J., Adair, C., Plumb, J. C., Rhatigan, D. L., & Orsillo, S. M. (2007). The case for mindfulness-based approaches in the cultivation of empathy: Does nonjudgmental, present-moment awareness increase capacity for perspective-taking and empathic concern? *Journal of Marital and Family Therapy, 33*(4), 501–516.

Brennan, K. A., Clark, C. L., & Shaver, P. R. (1998). Self-report measurement of adult attachment: An integrative overview. In J. A. Simpson & W. S. Rholes (Eds.), *Attachment theory and close relationships* (pp. 46–76). New York: Guilford.

Brotto, L. A., & Heiman, J. R. (2007). Mindfulness in sex therapy: Applications for women with sexual difficulties following gynecologic cancer. *Sexual & Relationship Therapy, 22*, 3–11.

Brown, K. W., & Ryan, R. M. (2003). The benefits of being present: Mindfulness and its role in psychological well-being. *Journal of Personality and Social Psychology, 84*, 822–848.

Brown, K. W., Ryan, R. M., & Creswell, J. D. (2007). Mindfulness: Theoretical foundations and evidence for its salutary effects. *Psychological Inquiry, 18*(4), 211–237.

Burke, C. (2010). Mindfulness-based approaches with children and adolescents: A preliminary review of current research in an emergent field. *Journal of Child and Family Studies, 19*(2), 133. doi:10.1007/s10826-009-9282-x.

Burpee, L. C., & Langer, E. J. (2005). Mindfulness and marital satisfaction. *Journal of Adult Development, 12*(1), 43–51.

Caldwell, K., Harrison, M., Adams, M., Quin, R., & Greeson, J. (2010). Developing mindfulness in college students through movement-based courses: effects on self-regulatory self-efficacy, mood, stress, and sleep quality. *Journal of American College Health, 58*(5), 433–442.

Carlson, T. D., Kirkpatrick, D., Hecker, L., & Killmer, M. (2002). Religion, spirituality, and marriage and family therapy: A study of family therapists' beliefs about the appropriateness of addressing religious and spiritual issues in therapy. *American Journal of Family Therapy, 30*(2), 157–171.

Carmody, J., Baer, R. A., Lykins, E. L. B., & Olendzki, N. (2009). An empirical study of the mechanisms of mindfulness in a mindfulness-based stress reduction program. *Journal of Clinical Psychology, 65*, 613–626.

Carson, J. W., Carson, K. M., Gil, K. M., & Baucom, D. H. (2004). Mindfulness-based relationship enhancement. *Behavior Therapy, 35*(3), 471–494.

Chah, A. (1994). *No Ajan Chah: Reflections*. Chungli, Taiwan: Dhamma Garden.

Chiesa, A., & Serretti, A. (2009). Mindfulness-based stress reduction for stress management in healthy people: A review and meta-analysis. *Journal of Alternative and Complementary Medicine, 15*(5), 593–600.

Claus, S. L. (2009). *Mindfulness meditation for intimate partner violence*. Unpublished thesis, Virginia Polytechnic Institute and State University, Blacksburg, VA.

Coatsworth, J., Duncan, L., Greenberg, M., & Nix, R. (2010). Changing parent's mindfulness, child management skills and relationship quality with their youth: Results from a randomized pilot intervention trial. *Journal of Child and Family Studies, 19*(2), 203. doi:10.1007/s10826-009-9304-8.

Cohen-Katz, J. (2004). Mindfulness-based stress reduction and family systems medicine: A natural fit. *Families, Systems, and Health, 22*(2), 204–206.

Davidson, R. J., & Harrington, A. (2002). *Visions of compassion: Western scientists and Tibetan Buddhists examine human nature*. New York: Oxford University Press.

Davis, M. H. (1980). *Individual differences in empathy: A multidimensional approach*. US: ProQuest Information & Learning.

Dimidjian, S., & Linehan, M. M. (2003). Defining an agenda for future research on the clinical application of mindfulness practice. *Clinical Psychology: Science and Practice, 10*(2), 166–171.

Dumas, J. E. (2005). Mindfulness-based parent training: Strategies to lessen the grip of automaticity in families with disruptive children. *Journal of Clinical Child and Adolescent Psychology, 34*(4), 779–791.

Duncan, L. G., & Bardacke, N. (2010). Mindfulness-based childbirth and parenting education: Promoting family mindfulness during the perinatal period. *Journal of Child and Family Studies, 19*(2), 190. doi: 10.1007/s10826-009-9313-7.

Duncan, L. G., Coatsworth, J. D., & Greenberg, M. T. (2009a). A model of mindful parenting: Implications for parent-child relationships and prevention research. *Child Clinical and Family Psychology Review, 12*, 225–270. PMC2730447: PMCID.

Duncan, L. G., Coatsworth, J. D., & Greenberg, M. T. (2009b). Pilot study to gauge acceptability of a mindfulness-based, family-focused preventive intervention. *Journal of Primary Prevention, 30*(5), 605–618.

Dhammapada. (E. Easwaran, Trans.). (1985). *Dhammapada*. Tomales, CA: Nilgiri.

Fraley, R. C., Waller, N. G., & Brennan, K. A. (2000). An item response theory analysis of self-report measures of adult attachment. *Journal of Personality and Social Psychology, 78*(2), 350–365.

Franklin, M., Farrelly-Hansen, M., Marek, B., Swan-Foster, N., & Wallingford, S. (2000). Transpersonal art therapy education. *Art Therapy, 17*(2), 101–110.

Gehart, D. R., & McCollum, E. E. (2007). Engaging suffering: Towards a mindful re-visioning of family therapy practice. *Journal of Marital and Family Therapy, 33*(2), 214–226.

Germer, C. K. (2005). Mindfulness: What is it? What does it matter? In C. K. Germer, R. D. Siegel, & P. R. Fulton (Eds.), *Mindfulness and psychotherapy*. New York: Guilford.

Gottman, J., & Notarius, C. (2002). Marital research in the 20th century and a research agenda for the 21st century. *Family Process, 41*(2), 159.

Grams, W. A., Carlson, T. S., & McGeorge, C. R. (2007). Integrating spirituality into family therapy training: An exploration of faculty members' beliefs. *Contemporary Family Therapy, 29*(3), 147–161.

Grepmair, L., Mitterlehner, F., Loew, T., Bachler, E., Rother, W., & Nickel, M. (2007). Promoting mindfulness in psychotherapists in training influences the treatment results of their patients: A randomized, double-blind, controlled study. *Psychotherapy and Psychosomatics, 76*(6), 332–338.

Hanh, T. N. (1988). *The heart of understanding: Commentaries on the Prajnaparamita Heart Sutra*. Berkeley, CA: Parallax.

Hanh, T. N. (1998). *Teaching on love*. Berkeley, CA: Parallax.

Harrington, A., & Zajonc, A. (Eds.). (2008). *The Dalai Lama at MIT*. Cambridge, MA: Harvard University Press.

Hayes, S. C. (2004). Acceptance and commitment therapy and the new behavior therapies: Mindfulness, acceptance and relationship. In S. C. Hayes, V. M. Follette, & M. M. Linehan (Eds.), *Mindfulness and acceptance: Expanding the cognitive-behavioral tradition*. New York: Guilford Press.

Hayes, S. C., Strosahl, K., & Wilson, K. G. (1999). *Acceptance and commitment therapy: An experiential approach to behavior change*. New York: Guilford Press.

Heppner, W. L., & Kernis, M. H. (2007). 'Quiet ego' functioning: The complementary roles of mindfulness, authenticity, and secure high self-esteem. *Psychological Inquiry, 18*(4), 248–251.

Hughes, A., Williams, M., Bardacke, N., Duncan, L. G., Dimidjian, S., & Goodman, S. H. (2009). Mindfulness approaches to childbirth and parenting. *British Journal of Midwifery, 17*, 630–635.

Johnson, S. M. (2003). Attachment theory: A guide for couple therapy. In S. M. Johnson & V. E. Whiffen (Eds.), *Attachment processes in couple and family therapy*. New York: Guilford.

Kabat-Zinn, J. (1982). An outpatient program in behavioral medicine for chronic pain patients based on the practice of mindfulness meditation: Theoretical considerations and preliminary results. *General Hospital Psychiatry, 4*(1), 33–47.

Kabat-Zinn, J. (1994). *Wherever you go there you are: Mindfulness meditation in everyday life*. New York: Hyperion.

Kabat-Zinn, J. (2003). Mindfulness-based interventions in context: Past, present, and future. *Clinical Psychology: Science and Practice, 10*(2), 144–156.

Kristeller, J. L., Baer, R. A., & Quillian-Wolever, R. (2006). Mindfulness-based approaches to eating disorders. In R. A. Baer (Ed.), *Mindfulness-based treatment approaches: Clinician's guide to evidence base and applications*. Amsterdam: Academic.

Kurash, C., & Schaul, J. (2006). Integrating mindfulness meditation within a university counseling center setting. *Journal of College Student Psychotherapy, 20*(3), 53–67.

Leary, M. R., & Tate, E. B. (2007). The multi-faceted nature of mindfulness. *Psychological Inquiry, 18*(4), 251–255.

Lee, B. K. (2002). Congruence in Satir's model: Its spiritual and religious significance. *Contemporary Family Therapy, 24*(1), 57–78.

Lewis, L., & Banmen, J. (2008). The positive psychology of Virginia Satir. In J. Banmen (Ed.), *Satir transformational systemic therapy*. Palo Alto, CA: Science & Behavior Books.

Linehan, M. M. (1987). Dialectical behavior therapy for borderline personality disorder. Theory and method. *Bulletin of the Menninger Clinic, 51*(3), 261–276.

Linehan, M. M., Comtois, K. A., Murray, A. M., Brown, M. Z., Gallop, R. J., Heard, H. L., et al. (2006). Two-year randomized controlled trial and follow-up of dialectical behavior therapy vs. therapy by experts for suicidal behaviors and borderline personality disorder. *Archives of General Psychiatry, 63*(7), 757–766.

Ma, S. H., & Teasdale, J. D. (2004). Mindfulness-based cognitive therapy for depression: Replication and exploration of differential relapse prevention effects. *Journal of Consulting and Clinical Psychology, 72*, 31–40.

MacDonald, E., & Hastings, R. (2010). Mindful parenting and care involvement of fathers of children with intellectual disabilities. *Journal of Child and Family Studies, 19*(2), 236. doi:10.1007/s10826-008-9243-9.

Macy, J. R. (1991). *Mutual causality in Buddhism and general systems theory: The dharma of natural systems*. Albany: SUNY.

Marlatt, G. A., Wikiewitz, K., Dillworth, T. M., Bowen, S. W., Parks, G. A., & Macpherson, L. M. (2004). Vipassana meditation as a treatment for alcohol and drug use disorders. In S. C. Hayes, V. M. Follette, M. M. Linehan, et al. (Eds.), *Mindfulness and acceptance: Expanding the cognitive-behavioral tradition*. New York: Guilford.

McCollum, E. E., & Gehart, D. R. (2010). Using mindfulness meditation to teach beginning therapists therapeutic presence: A qualitative study. *Journal of Marital and Family Therapy, 36*(3), 347–360. doi: 10.1111/j.1752-0606.2010.00214.x.

Mikulincer, M., & Shaver, P. R. (2007). Boosting attachment security to promote mental health, prosocial values, and inter-group tolerance. *Psychological Inquiry, 18*(3), 139–156.

Miller, J. J., Fletcher, K., & Kabat-Zinn, J. (1995). Three-year follow-up and clinical implications of a mindfulness meditation-based stress reduction intervention in the treatment of anxiety disorders. *General Hospital Psychiatry, 17*(3), 192–200.

Monti, D. A., Peterson, C., Kunkel, E. J. S., Hauck, W. W., Pequignot, E., Rhodes, L., et al. (2006). A randomized, controlled trial of mindfulness-based art therapy (MBAT) for women with cancer. *Psycho-Oncology, 15*(5), 363–373.

Napier, A. Y., & Whitaker, C. (1978). *The family crucible: The intense experience of family therapy*. New York: Harper & Row.

Nyklicek, I., & Kuijpers, K. F. (2008). Effects of mindfulness-based stress reduction intervention on psychological well-being and quality of life: Is increased mindfulness indeed the mechanism? *Annals of Behavioral Medicine, 35*, 331–340.

Peterson, C., & Park, N. (2007). Attachment security and its benefits in context. *Psychological Inquiry, 18*(3), 172–176.

Pigni, A. (2010). A first-person account of using mindfulness as a therapeutic tool in the Palestinian Territories. *Journal of Child and Family Studies, 19*(2), 152. doi:10.1007/s10826-009-9328-0.

Pruitt, I. T., & McCollum, E. E. (2010). Voices of experienced meditators: The impact of meditation practice on intimate relationships. *Contemporary Family Therapy: An International Journal, 32*(2), 135–154.

Rathus, J. H., Cavuoto, N., & Passarelli, V. (2006). Dialectical behavioral therapy (DBT): A mindfulness-based treatment for intimate partner violence. In R. Baer (Ed.), *Mindfulness-based treatment approaches: Clinician's guide to evidence base and applications* (pp. 333–358). Boston: Academic Press.

Reynolds, D. (2003). Mindful parenting: A group approach to enhancing reflective capacity in parents and infants. *Journal of Child Psychotherapy, 29*(3), 357–374.

Roemer, L., & Orsillo, S. M. (2003). Mindfulness: A promising intervention strategy in need of further study. *Clinical Psychology: Science and Practice, 10*(2), 172–178.

Rosch, E. (2007). More than mindfulness: When you have a tiger by the tail, let it eat you. *Psychological Inquiry, 18*(4), 258–264.

Rusbult, C. E., Martz, J. M., & Agnew, C. R. (1998). The investment model scale: Measuring commitment level, satisfaction level, quality of alternatives, and investment size. *Personal Relationships, 5*(4), 357–387. doi:10.1111/j.1475-6811.1998.tb00177.x.

Satir, V., Banmen, J., Gerber, J., & Gomori, M. (1991). *The Satir model: Family therapy and beyond*. Palo Alto, CA: Science and Behavior Books.

Schoenborn, C. (2004). *Marital status and health CDC Advance Data from Vital Health Statistics, 351*. Washington DC: National Center for Health Statistics, U.S. Department of Health & Human Services.

Schure, M. B., Christopher, J., & Christopher, S. (2008). Mind-body medicine and the art of self-care: Teaching mindfulness to counseling students through yoga, meditation, and qigong. *Journal of Counseling & Development, 86*(1), 47.

Schwartz, R. C. (1997). *Internal family systems*. New York: Guilford.

Segal, Z. V., Williams, J. M. G., & Teasdale, J. D. (2002). *Mindfulness-based cognitive therapy for depression: A new approach to preventing relapse*. New York: Guilford Press.

Shapiro, S. L., Brown, K. W., & Biegel, G. M. (2007). Teaching self-care to caregivers: Effects of mindfulness-based stress reduction on the mental health of therapists in training. *Training and Education in Professional Psychology, 1*(2), 105–115.

Shapiro, A., & Keyes, C. L. M. (2008). Marital status and social well-being: Are the married always better off? *Social Indicators Research, 88*(2), 329–346. doi:10.1007/s11205-007-9194-3.

Shapiro, S. L., Schwartz, G. E., & Bonner, G. (1998). Effects of mindfulness-based stress reduction on medical and premedical students. *Journal of Behavioral Medicine, 21*(6), 581–599.

Shaver, P. R., Lavy, S., Saron, C. D., & Mikulincer, M. (2007). Social foundations of the capacity for mindfulness: An attachment perspective. *Psychological Inquiry, 18*(4), 264–271.

Siegel, D. J. (2007). *The mindful brain*. New York: W.W. Norton.

Siegel, D. J., & Hartzell, M. (2003). *Parenting from the inside out: How a deeper self-understanding can help you raise children who thrive*. New York: Jeremy P. Tarcher/Penguin.

Singh, N. N., Lancioni, G. E., Winton, A. S., Fisher, B. C., Wahler, R. G., McAleavey, K., et al. (2006). Mindful parenting decreases aggression, noncompliance, and self-injury in children with autism. *Journal of Emotional and Behavioral Disorders, 14*(3), 169–177.

Singh, N. N., Lancioni, G. E., Winton, A. S. W., Singh, J., Curtis, W. J., Wahier, R. G., et al. (2007). Mindful parenting decreases aggression and increases social behavior in children with developmental disabilities. *Behavior Modification, 31*(6), 749–771.

Singh, N. N., Singh, A., Lancioni, G., Singh, J., Winton, A., & Adkins, A. (2010). Mindfulness training for parents and their children with ADHD increases the children's compliance. *Journal of Child and Family Studies, 19*(2), 157. doi:10.1007/s10826-009-9272-z.

Smith, A. (2006). "Like waking up from a dream": Mindfulness training for older people with anxiety and depression. In R. A. Baer (Ed.), *Mindfulness-based treatment approaches: Clinician's guide to evidence base and applications*. Amsterdam: Academic.

Spanier, G. B. (1976). Measuring dyadic adjustment: New scales for assessing the quality of marriage and similar dyads. *Journal of Marriage & Family, 38*, 15–28.

Teasdale, J. D., Segal, Z. V., & Williams, J. M. G. (1995). How does cognitive therapy prevent depressive relapse and why should attentional control (mindfulness) training help? *Behavioral Research and Therapy, 33*, 25–39.

Teasdale, J. D., Segal, Z. V., & Williams, J. M. G. (2003). Mindfulness training and problem formulation. *Clinical Psychology: Science and Practice, 10*(2), 157–160.

The National Institute on Aging. (2008). Marital status: Links to physical and mental health. From *Midlife in the United States: A national study of health and well-being*. http://midus.wisc.edu/Marital%20Status%20Brochure%2002-13-08.pdf.

Vallejo, Z., & Amaro, H. (2009). Adaptation of mindfulness-based stress reduction program for addiction relapse prevention. *The Humanistic Psychologist, 37*(2), 192–206.

van Kessel, W., & Lietaer, G. (1998). Interpersonal processes. In L. S. Greenberg, J. C. Watson, & G. Lietaer (Eds.), *Handbook of experiential psychotherapy*. New York: Guilford.

Van Nuys, D. (2007). *Wise counsel interview transcript: Marsha Linehan, Ph.D. on dialectical behavior therapy*. Retrieved Dec 7, 2008. http://www.mentalhelp.net/poc/view_doc.php?type=doc&id=13825&cn=91.

Wachs, K., & Cordova, J. V. (2007). Mindful relating: Exploring mindfulness and emotion repertoires in intimate relationships. *Journal of Marital and Family Therapy, 33*(4), 464–481.

Wallace, B. A. (2009). *Contemplative science: Where Buddhism and neuroscience converge*. New York: Columbia University Press.

Walsh, J. J., Balint, M. G., Smolira Sj, D. R., Fredericksen, L. K., & Madsen, S. (2009). Predicting individual differences in mindfulness: The role of trait anxiety, attachment anxiety and attentional control. *Personality and Individual Differences, 46*, 94–99.