

# Mindfulness-Based Couples and Family Therapy: a Literature Review

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## **Abstract**

**Introduction:** This literature review begins by clarifying the psychological concept of mindfulness. Therefore, the construct of mindfulness is conceptualized and operationalized. Moreover, this article presents the most important theories, which put forward some integrative frameworks of mindfulness. Robust meta-analyses are then discussed, along with their results regarding the effectiveness of mindfulness-based interventions.

**Objectives:** This study aims to present mindfulness-based couples and family interventions, addressing a significant paucity of research. Another objective would be to define the central concepts and ideas of relevance to this particular topic.

**Methods:** The narrative literature review method was used, with a qualitative research design.

**Results:** Research on the correlation between trait mindfulness and couple satisfaction is identified. Furthermore, specific mindfulness techniques, adapted within the acceptance and commitment psychotherapy, are outlined. Other mindfulness techniques are also detailed, such as those used in Cognitive psychotherapy, in Rational-Emotive Behavior psychotherapy, in Dialectical Behavioral psychotherapy, in Experiential psychotherapy and in Emotionally Focused psychotherapy. Adding to this, the meditative dialogue technique is described as well.

**Conclusions:** Although most research has focused on the effectiveness of individual mindfulness practices, some articles regarding couples have begun to emerge, some of which have addressed the correlation between trait mindfulness and other variables, such as: couple satisfaction, conflict potential, attachment anxiety. Other studies have supported the effectiveness of mindfulness-based interventions, for raising levels of trait mindfulness in both partners, but also for developing their autonomy and acceptance. Articles on mindfulness-based family psychotherapy are fewer, focusing on emotion regulation mechanisms in families with adolescents.

**Keywords:** meditation, emotion regulation, couple satisfaction, relational stress



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## **I. Introduction**

During the last two decades, the concept of mindfulness has received tremendous scientific and practical interest, being promoted vigorously in psychotherapy, in organizations and in educational institutions. Although the concept of mindfulness stems from the Buddhist traditions, its meaning has been adapted by Jon Kabat-Zinn, in 1979, resulting in the renowned Mindfulness-Based Stress Reduction Program. By using the proposed treatment protocol, Jon Kabat Zinn (2003) sought to diminish the psychological suffering, perceived by patients with fibromyalgia. He employed alternative techniques, based on meditation and Hatha yoga. His main credit is decontextualizing meditation from Buddhist spirituality, thus enhancing the possibility of scientifically evaluating its effects.

Currently, some authors assert that the Mindfulness-Based Stress Reduction Program can also include other practices, such as walking meditation, communicating with the instructor and mindfully listening to artistic texts (Lutz et al., 2015). In an eclectic intervention like this one, the aim is not limited to reduce the concept of mindfulness to some manualized techniques, thereby allowing the participants to construct their own vision of mindfulness. Therefore, mindfulness can even become a lifestyle for some people.

The pioneer of the Mindfulness-Based Stress Reduction Program (Kabat-Zinn, 2003) draws attention on the risk of conceptually confusing mindfulness with relaxation strategies, with monitoring behaviors or even with cognitive-behavioral techniques. Moreover, the author believes that simply repeating mindfulness exercises is not enough. The non-judgmental attitude is also needed, in relation to each current experience.

In the 1970s, another significant contribution was brought by the studies of Ellen Langer on mindlessness, in the framework of Cognitive psychology (Langer, 2014). Langer's perspective had nothing to do with Oriental traditions. Instead, she defined mindfulness as the ability to extract new distinctions, in an active manner. According to her, mindfulness was not correlated with meditative techniques, but with other factors: attending to the present moment, openness to experience, vigilance and perspective-taking.

In 1987, of pivotal importance was the Mind and Life Institute, where formal discussions between Dalai Lama and researchers took place, regarding the development of contemplative practices in different work fields (Van Dam et al., 2018).

According to Van Dam et al. (2018), the number of scientific articles on mindfulness continued to rise progressively, starting from 2005. In this context, various mindfulness techniques have been applied for a wide array of personal and relational difficulties. However, this brings about a need to clarify the multidimensional construct of mindfulness.

This article is an overview of the main conceptualizations of the mindfulness construct, also presenting the psychotherapeutic paradigms which integrated mindfulness techniques so far, for families and couples. As previous theoretical studies show, mindfulness-based couples and family psychotherapy needs to be clarified, considering the risks of conceptual and technical confusions in this vast field of research.

Therefore, the theoretical implications of this study entail: presenting different definitions and varied operationalization of the mindfulness construct; describing the main integrative frameworks of mindfulness; discussing the methodological limits of research on mindfulness; distinguishing between mindfulness-based and mindfulness-informed interventions; disseminating mindfulness techniques throughout different couples and family psychotherapy paradigms. The last implication is also a practical one, because it is focused on organizing technical information, for practitioners who are interested in integrative psychotherapeutic work.

This article stands among few papers, which have approached mindfulness-based couples and family techniques in a transtheoretical way, considering that only two other studies in this category have been published so far (Atkinson, 2013; Gambrel & Keeling, 2010). Nevertheless, most previous research on this topic has aligned to a very specific psychotherapeutic orientation (Gehart, 2012; Fruzzetti & Iverson, 2004; Griffiths & Averbek, 2016).

The general aims of this study pertain to: presenting the conceptualizations and multiple operationalization of mindfulness; distinguishing between mindfulness techniques, used for couples and family psychotherapy throughout various psychological paradigms; describing the procedural phases of these techniques. Secondly, the specific objectives are: reviewing the scientific evidence for mindfulness-based interventions; discussing the methodological limits of research on mindfulness-based interventions.

## **II. Method**

This review takes on a qualitative approach, because it presents contents related to mindfulness

concepts and practices. The method employed is the narrative and descriptive literature review, forming an integrative synthesis (Dixon-Woods, Agarwal, Young & Sutton, 2005). The narrative style combined qualitative and quantitative data, based on efficacy and effectiveness studies, regarding mindfulness-based interventions.

The narrative overview is suitable for the historical presentation of mindfulness techniques in the psychotherapeutic field. In this approach, it is not necessary for primary studies to be selected according to a pre-specified list of criteria, since the aim is not to validate the efficiency of mindfulness-based techniques, but to describe them (Green, Johnson & Adams, 2006).

Secondly, the scarcity of research on this topic was compatible with the non-systematic search. Primary studies were included in this overview, based on the following criteria: relevance, recent date of publishing and authors' competence. Before elaborating on the connections between mindfulness, on one hand, and couples or family psychotherapy on the other, this article conceptualizes and operationalizes the construct of mindfulness.

### **Conceptualization and Operationalization**

Some authors (Siegel, Germer & Olendzki, 2009) highlight the transtheoretic aspect of mindfulness, considering that mindfulness techniques are used by practitioners, irrespective of the psychotherapeutic paradigm in which they were trained. The innovative mindfulness-based interventions have replaced the primary objective of restructuring dysfunctional behavioral patterns, with the objective of changing the relationship that clients have with their own internal experience. In this way, clients are encouraged to look compassionately at their personal difficulties. This novelty is spread throughout the third wave of behavioral psychotherapies.

According to the transtheoretic approach, mindfulness is a psychological process, which implies becoming aware of and accepting the present experience. Moreover, the transtheoretic approach to mindfulness supports the research on the mechanisms of change.

Other authors refer to mindfulness as a specific meditative technique, among others, such as: focused attention meditation; mindfulness meditation also known as open monitoring meditation; loving-kindness meditation. The first category is based on the principle of selective attention, while every moment of distraction is approached with the recommendation of redirecting attention, back on its specified object. In contrast with

this technique, mindfulness meditation is a practice of monitoring every stimulus that appears in the perceptive field. The third category uses key phrases that trigger feelings of compassion for every being out there.

In a more integrative approach, research has also focused on the complexity of the mindfulness construct (Van Dam et al., 2018). Integratively speaking, the concept of mindfulness includes the following facets: cognitive process, state, practice, skill, personality trait. Therefore, there is no scientific consensus, regarding the definition of mindfulness.

Nonetheless, the most frequently used definition puts mindfulness in the category of awareness-based skills, being associated with memory and attentional processes (Davidson & Kaszniak, apud Van Dam et al., 2018). Faced with this ongoing debate of conceptualizations, recent scientific work has dealt with systematically structuring a common theoretical ground (Hölzel et al., 2011; Lutz et al., 2015). However, there remains the necessity of evaluating every conceptualization used so far in mindfulness research, given the many different prompts used in mindfulness meditations.

Accordingly, the following pages present different manners of operationalizing mindfulness (Van Dam et al., 2018). For each one, the psychological inventory, the theoretical framework and the resulting dimensions are specified. Therefore, the first operationalization belongs to Freiburg Mindfulness Inventory, based on the Buddhist framework, which proposes only one general dimension of mindfulness. The next one, from 2003, was materialized in the Mindful Attention and Awareness Scale, presenting the two dimensions found in the title, generated from the self-determination theory. Another operationalization was created by Dialectical Behavioral Therapy, resulting in the Kentucky Inventory of Mindfulness Skills. This questionnaire gave rise to four dimensions: *observing, describing, acting with awareness, accepting without judgement*.

The Five Facet Mindfulness Questionnaire was created, by combining items from other five questionnaires on the same construct. Item analysis revealed a hierarchical model, based on the former dimensions, plus a new one: *nonreacting*. Also noteworthy is the Toronto Mindfulness Scale, which assesses mindfulness state, unlike the Five Facet Mindfulness Questionnaire, which measures mindfulness as a trait. The Toronto Mindfulness Scale has two components (Bishop et al., 2004): the self-regulation of attention and the compassionate attitude.

The Philadelphia Mindfulness Scale also derived from this bidimensional theory, assessing *present-moment awareness* and *acceptance*.

The Cognitive and Affective Mindfulness Scale, Revised is an eclectic operationalization, grounded on both the Buddhist framework and the theory of Kabat-Zinn, presenting the following factors: *acceptance*, *awareness*, *present-focus* and *attention*. Another instrument, based on Kabat-Zinn's theory, combined with cognitive psychology, is the Southampton Mindfulness Questionnaire, which only validated a general factor of mindfulness.

From a deeper Buddhist perspective, the State Mindfulness Scale deconstructs the concept of mindfulness into two dimensions: *state mindfulness of body* and *state mindfulness of mind*.

The process of meditation is much more complex than all these questionnaires, as it stems from the low correlation between mindfulness trait or state and formal practice (Van Dam et al., 2018). Even though most of mindfulness techniques follow the Mindfulness-Based Stress Reduction Program, the length and intensity of interventions vary significantly.

Due to the conceptual debates in the field, there is also a lack of consensus regarding the mechanisms of action in the mindfulness process. Thus, a plethora of psychological mechanisms come across in psychological research: re-perceiving or psychological distancing; acceptance; reintegration; decentering; focusing the attention and meta-awareness. Because the concept of mindfulness is too complex to fit in just one theoretical framework, integrative models are to be preferred.

### **Integrative Conceptual Frameworks**

The first integrative theoretical approach is thought to have been developed by Hölzel et al. (2011). By summing up empirical and neuroscientific data, several mechanisms of actions have emerged: becoming aware of physical perceptions, attention regulation, modifying the perception of the Self, emotion regulation. The last mechanism is composed of 4 other submodalities: reevaluation, exposure, extinction and reconsolidation.

Another integrative model unifies neurocognition with phenomenology (Lutz et al., 2015). While scientifically describing mindfulness, at the same time, the problem of conceptual oversimplification is dealt with. By evaluating the results of another study, done by Antonova, Chadwick & Kumari (apud Lutz et al., 2015), which concluded that there are no significant differences in state mindfulness between meditators and

non-meditators, it was pointed out that evaluating mindfulness as a state by using questionnaires was not useful in explaining the phenomenological changes that are happening during meditation. Not even experimental studies, that validate some change in scores after the manipulation of mindfulness interventions, can contribute to explaining the cognitive, affective and social processes involved.

In order to address these gaps, a phenomenological matrix has been conveyed (Lutz et al., 2015), presenting a space comprising of possible meditative states of undefined duration. This model offers an alternative to the classical definition of mindfulness, only as a state or a singular and fixed trait. Therefore, this perspective proposes that mindfulness-based interventions lead to the development of a group of phenomenological states, which can modify in time. With all these in mind, the resulting model does not exclude the possibility of inter-individual differences, concerning trait mindfulness, because the dimensions of the phenomenological space vary from person to person.

More precisely, this model is built from a phenomenological matrix, thus helping to establish a complex map of styles and stages, which appear during mindfulness practices. The model was also designed to identify those experiential characteristics that occur during mindfulness-based interventions, which can be observed and modified by given prompts. Moreover, this theoretical framework has been used in order to examine physiological and neuroimaging research. In this light, an assessment of the existing associations between the model dimensions and the following neuronal networks has been made: the executive network, the default network and the ventral attention network.

During the past years, a more recent model has been created, which specifies the processes, states and traits involved in mindfulness (Van Dam et al., 2018). As follows, a non-exhaustive list of meditative characteristics has been put together. These characteristics could be primary, in that they are essential for most meditative practices: vigilance, selective attention, attention switching, the object of attention, the behavioral effort. Among the secondary characteristics, which are only relevant for some practices, the list mentions: physical activity, affective tonality, body posture, level of motivation and required expertise.

By presenting the aforementioned conceptualizations and means of operationalization of mindfulness, ranging from differentiated to integrative approaches, we have therefore outlined a comprehensive

view on mindfulness-based psychotherapy and research. Building from this presentation, the next section will be about the data extracted from mindfulness-based effectiveness and efficacy research.

### **III. Results**

#### **Effects of Mindfulness-Based Interventions**

There has been plenty of research on the effects of mindfulness-based interventions, reflected in several meta-analyses and systematic reviews. Up to 2012, ten quantitative and qualitative reviews have been reported (Eberth & Sedlemeier, 2012), with regard to mindfulness-based interventions. Most of these have focused on medical settings, in which the Mindfulness-Based Stress Reduction Program was used. The results have shown relatively small effect sizes of mindfulness-based interventions in the treatment of chronic pain and other medical conditions, while indicated moderate effect sizes for anxiety, depression, stress and overall psychological functioning.

Regarding the effects on nonclinical populations, they have been validated for (Eberth & Sedlemeier, 2012; Grossman et al., 2004): well-being, stress, neuroticism and attention. As shown, mindfulness-based interventions are most effective for well-being, while stand-alone mindfulness meditation impacts mindfulness trait and state.

Despite numerous meta-analyses done so far, there still arise some important methodological problems. Firstly, only 1% of mindfulness studies were done in naturalistic contexts (Dimidjian & Segal, apud Van Dam et al., 2018), making it harder to guarantee their efficiency outside research settings. Secondly, conceptual confusions regarding mindfulness influence the large variability within mindfulness-based interventions. More explicitly, these interventions differ in terms of: their duration; session frequency; employed practices and prompts.

Thirdly, the contraindications for mindfulness are not to be dismissed (Van Dam et al., 2018). There should be taken precautions, when using mindfulness for patients with suicidal ideation or with any psychiatric morbidity. As such, some exclusion criteria have been proposed, for participants involved in mindfulness-based interventions: risk factors for psychosis; a diagnosis of schizophrenia spectrum or other psychotic disorders, of bipolar disorder, of post-traumatic stress disorder. For participants with any of these diagnoses, specifically tailored mindfulness-based interventions should be used.

#### **Mindfulness-Based Psychotherapies**

The standard format of the Mindfulness-Based Stress Reduction Program follows a duration of 8 weeks, comprised of 20 to 26 hours of formal meditation, held in groups, at a weekly frequency. Besides these weekly sessions, there are also the singular training of 6 hours in one day and daily home practices, dedicated to mindfulness techniques.

Afterwards, several mindfulness-based interventions have tailored this format to other populations. For example, mindfulness-based cognitive psychotherapy has merged mindfulness with cognitive behavioral elements. Throughout the next pages, we will specify the defining aspects of various mindfulness-based psychotherapies.

First of all, formal practice needs to be distinguished from informal practice. The formal practice entails a certain setting of time and space, associated with withdrawal from any other activities (Mace, 2007). Some examples of formal practices are: sitting meditation with a breath focus, movement meditation and group exercises. Conversely, informal practices can be adopted anytime, even during other activities. To name a few, we point to mindful activities (mindful eating, driving or reading), structured self-help exercises (self-monitoring, problem solving) and mini meditations (“the 3-minute breathing space”).

In psychotherapy, mindfulness techniques can be used on a continuum (Germer, 2013), from the implicit to the explicit level. Therefore, a number of possibilities could emerge: the psychotherapist practices mindfulness to develop his/ her own therapeutic presence; the psychotherapist uses a theoretical framework, derived from mindfulness concepts (mindfulness-informed psychotherapy); the psychotherapist trains clients in mindfulness-based practices (mindfulness-based psychotherapy). Another important distinction could be drawn, in that mindfulness-informed psychotherapies could only use the principles of mindfulness within a larger psychotherapeutic paradigm, while mindfulness-based psychotherapies are focused on meditative practices, as primary modalities of the intervention.

Nonetheless, mindfulness-based interventions bring a new approach to evidence-based psychotherapies, as they shift the aims, from modifying dysfunctional patterns, to accepting and becoming aware of any psychological difficulties that may arise.

Mindfulness has become so popular within the last 25 years that overwhelmingly different practices have appeared, especially in Cognitive-Behavioral psychotherapy (Mace, 2007). Under the umbrella of

third wave behavioral psychotherapies, mindfulness-based Cognitive psychotherapy, Dialectical Behavioral psychotherapy, as well as Acceptance and Commitment psychotherapy have emerged. While the first one is based primarily on mindfulness techniques, the second one ascribes to mindfulness-informed psychotherapies. Other mindfulness-based interventions have been derived from the Mindfulness-Based Stress Reduction Program or from the third-wave behavioral psychotherapies. Some of these appear as: the mindfulness-based program for relapse prevention; the mindfulness-based training for conscious eating; the mindfulness-based psychotherapy for children or adolescents; the compassion-focused psychotherapy; the mindfulness-based training for self-compassion; the mindfulness-based program for relationship enhancement.

Cognitive Behavioral psychotherapies have not been the only ones to assimilate mindfulness elements, because psychodynamic and existential paradigms have also done that. Profoundly speaking, mindfulness techniques and core psychotherapeutic processes all have in common: introspection, observing unconscious mechanisms and increasing awareness of these mechanisms. Just like in Gestalt psychotherapy, the psychotherapist facilitates the client's connection with the present moment, through mindfulness and objective, non-interpretative observations.

### **The mindfulness Trait and Couple Satisfaction**

In the next sections of the article, the interpersonal effects of mindfulness techniques will be discussed. First of all, scientific data gave rise to the following hypotheses (Barnes et al., apud Davis & Hayes, 2011): mindfulness trait predicts couple satisfaction; mindfulness trait protects against relational conflicts; people high on mindfulness trait approach conflicts with less anxiety and anger; there is a negative correlation between mindfulness trait and levels of stress reported in relational conflicts. Moreover, the mindfulness trait does not only predict couple satisfaction but also other variables, such as: the responsiveness to relational stress; the ability to verbalize emotions; the frequency of relational conflicts.

More profoundly, the mindfulness trait seems to be associated with: self-acceptance and acceptance of the partner; the sentiment of both freedom and security within the couple dynamics; the sentiment of unity with life; observing relational patterns of interaction; identifying the quality of communication (Gehart, 2012). On a theoretical level, it is presumed that

mindfulness trait is linked to marital satisfaction, empathy, perspective-taking and anger management (Kozlowski, 2012).

All in all, these correlations have built a strong premise for developing mindfulness-based, relationship enhancement interventions, focused on couple dynamics. In this regard, too few experimental studies have been published on the Mindfulness-Based Relationship Enhancement Program (Carson et al., apud Atkinson, 2013). The intervention lasted 8 weeks and the couples participated in an intensive training and 6 daily courses, each of 30-45 minutes in duration. Yoga, prosocial mindfulness meditations and touching mindfulness exercises have been employed. Compared to the control group, the intervention group scored significantly higher on scales measuring couple satisfaction, autonomy and acceptance of partner and significantly lower on scales assessing relational and personal stress. This intervention's innovation consisted in compassion-focused meditations and mindful communication techniques.

After the development of this intervention, the interest of scientifically documenting the effects that mindfulness-based techniques have for couple dynamics grew. Just like in the case of individual psychotherapy, couples psychotherapy has also taken up on mindfulness meditation, throughout different paradigms.

### **Mindfulness in Acceptance and Commitment Psychotherapy for Couples and Families**

We will present the couples and family psychotherapies that have included mindfulness elements, in the order of their scientific, informational density. In this manner, the most widely discussed paradigm is the Acceptance and Commitment framework (Gehart, 2012).

First of all, this paradigm is consonant with mindfulness-informed interventions, because the accent is not so much on training mindfulness, but on using conceptual elements, within the bigger framework of behavioral therapies. The clients are guided in their process of mindfully attending to thoughts and emotions, which they would otherwise tend to avoid. As a consequence of mindfulness processes, clients begin to gradually accept their previously avoided psychological mechanisms and then, they commit to choosing more functional behaviors.

Even though this paradigm belongs to the family of behavioral therapies, the relational aspect of this psychotherapy contains some humanistic features. Practically speaking, couples and family

psychotherapists assist the partners or family members while they are on the path of having trust in one another, of respecting each other and finding some common grounds. In a more systemic manner, this psychotherapy uses techniques aimed at replacing dysfunctional patterns with some new patterns, which could restructure the relationships involved.

Mindfulness elements contribute to the systemic self-regulation, in a conscious way. Taking into account the fact that most clients are not sufficiently motivated to regularly practice mindfulness, there is a need to implement mindfulness-informed psychotherapy, which means: introducing mindfulness elements in case conceptualizations and in the actual sessions.

In terms of mindfulness elements, there is a variety of them, ranging from just studying the Buddhist origins of mindfulness or identifying the similarities between the Buddhist conception and the couples or family psychotherapy, to enouncing the principles of mindfulness-informed interventions and assisting clients in developing their mindfulness abilities. Thus, couples or family psychotherapy can be infused with mindfulness elements, only if the practitioner understands the Buddhist origins of mindfulness and connects them with the theoretical frameworks of systemic interventions.

Further on, the practitioner needs to comprehend the **principles of mindfulness-informed psychotherapies**: developing compassion for Self and others; observing arising experiences with curiosity; approaching the present as a “teacher”; observing relational patterns. According to these mindfulness principles, psychotherapy can become an act of acceptance, towards uncontrollable difficulties, resulting in decreasing self-generated suffering. At its core, mindfulness means a detachment from the desire of a problem-free living and an approach to the unpredictable ups and downs of life.

After having taken these steps, the psychotherapist can aim to start **building the therapeutic relationship**. Even though the predictor role of therapeutic relationship on psychotherapy’s efficiency has been validated, there is a paucity of actual techniques of fostering this part of the therapeutic relationship. In this regard, mindfulness techniques can come in handy, because they enhance the therapeutic presence, composed of empathy, compassion, charisma, spirituality, transpersonal communication, optimism. Moreover, the Buddhist vision can also accompany the shifting of the psychotherapist’s cognitions and behaviors.

Compassion is different from empathy, in that it is a spiritual value of including the experience of the other in all of humanity. By manifesting this component of the therapeutic relationship, the psychotherapist does not become anxious when confronted with the client’s suffering, but instead, peacefully attends to each emotion that arises. Practically, compassion can be developed through redirecting attention on the breath, in a non-evaluative manner.

The second component of the therapeutic relationship is multidimensional, including humility, humor and sincerity. These 3 qualities support the connection with the client, reducing the “omnipotent aura” of the psychotherapist. The third component entails observing the relationships of interdependence between people, while also seeing the uniqueness of each individual.

Furthermore, the consolidation of the therapeutic relationship in relational contexts also implies other abilities, compared to individual psychotherapy. Thus, in couples psychotherapy, it is essential that the psychotherapist maintain his/ her attention on the simultaneous relationships: with the first partner, with the second one and with the couple, as a distinctive unit. More precisely, empathic mirroring and synthesizing could possibly be interpreted by clients as taking sides with just one of the partners.

Consequently, family-based techniques could prove to be very useful in these cases: systemic reframing and identifying primary relational emotions. Systemic reframing is the process through which connections between the experience of one partner and the experience of the other are described, contributing to an increased awareness of interaction patterns. The other technique is taken from Emotionally Focused Therapy, whereby primary emotions are triggered by attachment styles and secondary emotions are expressed explicitly, through behaviors. Likewise, the psychotherapist can rephrase the sentences that depict the secondary emotions of the client, in such a way that the primary emotions can emerge.

After establishing the therapeutic relationship, there follows **the case conceptualization**. Generally speaking, the case conceptualization in couples or family psychotherapy consists of the following actions: identifying any relational patterns that might be associated with the symptoms; recognizing the individual experiences, the assumptions and the intergenerational transmissions, that manifest within these relational patterns. By integrating mindfulness elements, case conceptualizations are made on 3 dimensions: the Self, the relationship and life.

The first dimension entails the acceptance towards the Self, coupled with the ability of self-regulation. From an objective point of view, the Self-dimension also contains the client's ability to direct his/her attention towards his/her own psychic processes, while still accepting his/her reality and detaching from his/her self-image. The psychotherapist can investigate these abilities, asking the client if he/she is aware, in the present moment, of any negative emotions, perceptions, thoughts or if he/she remembers any moment in the past when he/she had been experiencing these. To assist the client in accepting these experiences, without feeling hopeless about them, acceptance is proposed as an act of courage, of replacing avoidance with autonomy. The paradox is that most clients are not aware of the aspects that they cannot accept about themselves. In order to assess this ability of acceptance, the psychotherapist can follow the client's speech, concerning any ideas, people or situations that the client finds difficult to deal with, or any blockage in past or current experiences. In order to help the client accept his/her difficulties, emotional reframing can be used: from "I am sad" to "I feel sadness". Lastly, the attachment towards the self-image can be operationalized as the evaluation of self-consciousness, in a way that the person identifies with his/her personal experience.

Obviously, the relational dimension contains unconscious interaction patterns, which affect the person's ability to be mindful, while in the presence of others. The psychotherapist begins by identifying the baseline level of behaviors that the client considers to be normal, and afterwards any behaviors that deviate significantly from the baseline are assessed. Then, clients begin to check for warning signs of problematic behaviors and to describe, in a neutral way, the context in which these behaviors arise. In contrast, clients are then invited to present details of the context that is needed, in order to diminish the tension provoked by the problematic behaviors. Afterwards, the psychotherapist can directly observe clients' ability to remain present, by assessing their body signals, such as eye contact, open or closed body posture, implicit gestures. In terms of the ability to accept others, the therapist can indirectly evaluate it, through observing the answers clients give to questions which address their emotional reactions to the experience of their partner.

The last dimension reestablishes the client's connection with his/her own prosocial feelings and system of values. According to the conceptualization posed by Acceptance and Commitment psychotherapy, the psychotherapist assists the client in organizing his/

her values, regarding intimacy, occupation, education, personal development, spare time, spirituality, citizenship, family relationships and health. Within this classification, the client chooses two areas of life which he/she desires to modify during psychotherapy.

After conceptualizing the case within the aforementioned dimensions, the treatment plan should be devised. According to mindfulness-informed psychotherapy, the aims would not be just to reduce the psychological symptoms, but also to instill corresponding values and actions, which facilitate overall well-being.

As far as couples psychotherapy is concerned, the main techniques and strategies will be presented to clients in the initial phase of the intervention. Thus, partners could become acquainted with techniques of psychoeducation, acceptance, cognitive restructuring, prosocial meditation, self-monitoring. During the working phase the therapeutic relationship with both partners is to be monitored. Afterwards, role playing could support the restructuring of unconscious relational patterns. Should there arise any moments of relational conflicts, some mindfulness pauses prove to be useful. Gradually, mindfulness abilities will increase, facilitating the acceptance of partner's identity.

In the final phase, a maintaining plan is put together, through collaborative discussions with the two partners, regarding the mindfulness techniques that they are to use at home. The partners are also warned not to overly attach to any results that they might anticipate to gain from these techniques. In order to keep cultivating compassion, partners commit to accepting any possible relational challenges and to developing rituals of mindfully attending to each other's presence.

With regard to family psychotherapy, several technical elements have been introduced, such as: observing family boundaries; identifying the emotional intimacy between the marital partners; role playing with puppets for small children; inhibiting distractors that appear during family activities; narrating experiences; mini-mindfulness techniques.

Moreover, couples could be formally trained in mindfulness only if they show the willingness to practice. It is fascinating that couples or families are more able to develop mindfulness rituals, compared to individual clients. This has to do with peer pressure, which acts as an efficient motivator. Before actually introducing mindfulness techniques to couples or families, the specific needs of clients and their interests in meditation should be assessed. Thereafter, the benefits of regular mindfulness practice are put forward.

Breathing exercises and walking meditation are recommended for beginners. The most simple meditative exercise would have the following prompts: the client is invited to focus on the breath (by directing attention to diaphragmatic movements); when distractors arise, the key is to redirect attention on the focus of the breath (passing thoughts could be labeled or visualized as some clouds disappearing in the sky); using the objects of attention (a visual stimulus, a sound, a verbal mantra); accepting any distractors; adopting a relaxed body posture. These prompts are useful for guided meditations, but there are also clients who prefer unguided practices. During the unguided versions, the psychotherapist and client meditate together, while time is set with a stopwatch.

A personal development plan should be developed for each partner. Beginning with the identification of an already existent personal ritual, the next step is to set out a realistic duration for each exercise. As a point of reference, each new exercise starts with just a 2 minute length. Afterwards, a practice diary is structured, where the client can take notes on the barriers to mindfulness practice.

Should there be any differences in terms of each partner's motivation to engage in mindfulness practices, a minimum standard of 2-3 weeks of couple or family practice is recommended. If there are also differences regarding the level of discipline, self-control and practice frequency amongst the members, acceptance should be reinforced, towards the interindividual pace differences.

Mindfulness techniques have also been tailored to specific medical or mental conditions, as the following practices prove: body scan (for insomnia and attention deficits); daily mindfulness (for raised levels of stress); the 3 minute breathing space (for re-centering, during busy days). The last one is also aimed at reducing emotional reactivity, because it guides the person in questioning himself/ herself about current emotions, physical sensations and thoughts. Next, the awareness is spread throughout the entire body.

Besides systemic techniques, some other practices could be applied to family psychotherapy: the compassionate life review, the love dialogue and the non-violent speech. The first one encourages partners to look deeply in each other's eyes, while the psychotherapist is guiding the meditation. They are invited to imagine each phase of the other's life, from the intrauterine stage and until death. Afterwards, they are provoked to imagine how their partner felt during each developmental stage. The love dialogue could

emerge from a prosocial meditation. At the end, partners are invited to think of ways in which they could spread their compassion attitudes, outside the therapist's office.

Last but not least, some very creative adaptations have been proposed for family practices of mindfulness. Thus, mindfulness could be practiced outside the house, for 2-5 minutes every day, while breathing consciously, which could be associated with morning or evening routines. Another exercise consists in cradling: the parents and the child are invited to sit on the floor and to hold some toys in their arms. While imagining that they have to put the toys to sleep, they are guided to pay mindful attention to the sensations in the abdomen. With each rise and fall of the toy on the abdomen, the moods also become more regulated.

### **Mindfulness-Based Cognitive Therapy**

Mindfulness-Based Cognitive Therapy has been derived from the Mindfulness-Based Stress Reduction Program (Baer, 2006), using formal techniques like sitting meditation, body scan, walking meditation, but also informal meditations, combined with cognitive strategies. Nonetheless, there are no traditional cognitive exercises involved, but mostly psychoeducational trainings about the interaction between thoughts and emotions, automatic thoughts, visual imagery and behavioral activation. This intervention was tailored to prevent recurrences in depressive disorders. Its format complies with the classical duration of 8 weeks, containing only 2 hours of weekly training.

This type of intervention relies on two mindfulness mechanisms of action (Cayoun, apud Whitfield, 2006): metacognitive awareness and interoception. The first one refers to directing attention towards cognitions, while perceiving them as mere mental processes, rather than as the undeniable reality. Interoception could be defined as the awareness of physical sensations.

Even though Mindfulness-Based Cognitive Therapy has received a lot of scientific attention during the past years, the reports done on couples psychotherapy are scarce (Griffiths & Averbeck, 2016). To name a few, a study written by Griffiths & Averbeck (2016) describes a psychological program, designed for couples, in which one of the partners was diagnosed with major depressive disorder. At the end of the program, the results have shown clinically significant decreases of depressive symptoms for 13 of the patients diagnosed with this disorder, while the symptoms of the other 3 patients remained unchanged. Only 3 of the partners have also reported decreased depressive symptoms.

Most research done on Mindfulness-Based Cognitive Therapy has adopted a quantitative approach, while focusing on the intrapersonal effects. Meanwhile, a minority of studies has qualitatively investigated the interpersonal effects (Bihari & Mullan, 2012). The thematic analysis has revealed that all 11 participants who received the mindfulness-based couples intervention developed their abilities to relate mindfully. This ability has manifested towards themselves, as well as towards others. The participants stated that relating mindfully to their personal experiences helped them increase their interpersonal presence. More precisely, the introduction of a pause between the event and their behavioral response was like “stepping into a meditative zone, where clarity has allowed them to change their responses, from the habitual mode to the mindful mode” (Bihari & Mullan, 2012, p. 51). Starting from there, a range of social processes began to shift: their fears of rejection were reduced; the habitual problem solving patterns were modified; they practiced perspective-taking during conflicts; the acceptance of others grew; social activism was consolidated. In the end, they all described a growing interest to implement the learned mindfulness techniques in other social contexts.

#### **Mindfulness in Traditional Cognitive Psychotherapy**

Besides Mindfulness-Based Cognitive psychotherapy, mindfulness elements can also be infused in traditional cognitive psychotherapy for couples. An illustrative case is offered by O’Kelly & Collard (2012): two spouses, who have been married for 17 years, but who have recently become affected by some conflicts when their second son was born and the husband had to start working extra hours. The wife started to feel that her husband was getting distant, which contributed to the onset of her depression and to a blockage in marital intimacy. When they presented to psychotherapy, they were considering a separation.

The psychotherapeutic process began with an individual psychological assessment, followed by training in mindful breathing. These techniques helped them regulate their reactions to stress. After the levels of stress decreased, the husband started to get more and more involved in household activities, while the wife was more aware of her fluctuating moods. Thereafter, the intervention continued through mindful communication, which allowed the partners to listen to each other and to observe in a non-reactive way. As far as intimacy was concerned, an exercise of focused attention was used. The final results revealed greater intimacy, both physically and emotionally speaking.

#### **Mindfulness in Rational Emotive Behavior Therapy**

The founder of Rational Emotive Behavior Therapy has published a paper on the similarities and differences between the Mindfulness-Based Stress Reduction Program and the type of intervention that he developed (Ellis, 2006). According to him, the rational emotive paradigm does not explicitly introduce meditative techniques in the treatment plan, because they would possibly reinforce the unconscious drives of always seeking relaxation, thus generating an irrational, imperative cognition.

However, Ellis (2006) agrees with the attitudes invoked by mindfulness practices. Just like in Rational Emotive Behavior Therapy, mindfulness encourages clients to be patient, compassionate and non-evaluative. These attitudes by themselves guide clients in reducing levels of anxiety and stress. In the context of Rational Emotive Behavior Therapy, these attitudes are facilitated through restructuring of thoughts, emotions and dysfunctional behaviors.

Within this paradigm, mindfulness techniques could be used to increase distress tolerance and to educate clients about the differences between rational and irrational thinking patterns (Whitfield, 2006). Through these techniques, clients gain more control over their dysfunctional behaviors.

#### **Mindfulness in Dialectical Behavioral Therapy**

A frequently reported correlation in the psychological literature pertains to the link between individual psychopathology and inherent relational difficulties. Almost 70% of mental disorders correlate negatively with marital satisfaction (Goering, apud Fruzzetti & Iverson, 2004). Considering that a functional couple dynamics entails satisfying the needs of both partners through mutual understanding and acceptance, a severe deterioration of the sense of Self and attachment could lead to relational difficulties. As such, a stance of radical acceptance could turn a conflict into an opportunity of a deeper connection. Thus, acceptance can infuse the couple dynamics with profound meanings of the previously problematic behaviors.

In order to reinforce the attitudes of acceptance within a dyadic relationship, some mindfulness techniques could be adapted. For instance, refreshing dyadic long-term objectives and values could prove to be useful, along with refocusing attention on the impermanence of the moments spent together.

Relational mindfulness does not differ significantly from individual mindfulness, because they

both develop the same abilities. On the other side, a main difference is the object of attention, because relational mindfulness happens when one person focuses his/ her attention on the characteristics of his/ her partner (facial expressions, gestures, and speech). In this dyadic experience, the observer can describe the connections between his/ her partner's behavior and his/ her own behavior. Thus, the experiential cycle can be completed when partners remind each other of their feelings and the arising adjustments that they make towards one another.

### **Mindfulness in Experiential Psychotherapy**

Some authors argue that the Experiential approach is the most suitable for mindfulness techniques, because they both refer to the present moment (Gambrel & Keeling, 2010). Moreover, meditative practices can consolidate the congruence between intrapsychic and relational dimensions. Art therapy, body therapy, sandplay therapy, dance/movement therapy, all share the principle of body-oriented processes in restructuring the personality.

As such, it comes as no surprise that mindfulness can be found in various forms of Experiential psychotherapies. For example, the Pragmatic/ Experiential Therapy for Couples uses the predictors of successful relationships in its theoretical framework (Atkinson, 2010). Formal practices of mindfulness are applied in the initial stages of the psychotherapeutic process. The psychotherapist begins by educating clients about the importance of developing interpersonal skills, in order to better adjust to relational conflicts. Then, mindfulness techniques are introduced, as a way to strengthen these skills.

If both partners are interested in mindfulness techniques, the psychotherapeutic process will parallel mindfulness training sessions with individual and couples psychotherapy. Mindfulness skills are also practiced during the psychotherapeutic sessions, when clients are invited to focus their attention on the messages that their partners communicate and on the sensations, thoughts, emotions that arise from those messages. In this experiential manner, clients are also assisted to label their emotions, process which helps to reduce the activation of the amygdala. As a consequence, the direct and non-evaluative approach of negative emotions is associated with the activation of the left prefrontal cortex. This in turn leads to an increase in positive affect.

During the psychotherapeutic sessions, the practitioner can also deliberately provoke some negative emotions from the clients: by repeating some critiques

that trigger a particular client; by playing some recordings of the partner, saying those exact critiques. Even if this may seem like a risky technique, it is aimed at restructuring emotional habits by first exaggerating them. When clients are repeatedly faced with their own habitual reactions, they can begin to identify and exercise new strategies of behaving in those triggering situations.

The last phase of the psychotherapeutic process consists in the meditation of intention, which comes from sport psychology. The aims of the clients and the exact steps towards those aims are visualized. Then, the psychotherapist also recommends some other aims, of particular relevance to the couple dynamics. This ongoing process is not just a cognitive restructuring, but also an emotional one, because it reveals repressed fears, hopes, expectations, uncertainties and personal resources.

### **Mindfulness in Emotionally Focused Therapy**

Only one study has been done so far on relational mindfulness in Emotionally Focused Therapy (Beckerman & Sarracco, 2011), describing the case of a dysfunctional marital dyad. The wife was diagnosed with major depressive disorder, for which a dyadic treatment was recommended. In this approach, two objectives were investigated: how depression contributed to the relational conflict, but also how the dyadic conflict maintained depressive symptoms.

Emotionally Focused Therapy is derived from attachment theory, in that it aims to restructure the emotional relationship between the partners, so that they can both synchronize to the attachment needs of the other. In order to achieve this main goal, some other secondary goals are followed: identifying basic conflicts and negative cycles of interaction; expressing unconscious feelings and roles; reframing difficulties, in terms of attachment needs and primary emotions; identifying needs which are not assumed and integrating them in interactions; accepting partner's experiences; satisfying individual and relational needs; consolidating an emotional connection; committing to solutions and consolidating new emotional and behavioral roles. Besides the current difficulties, patterns stemming from the families of origin are also explored.

These goals are achieved through specific emotionally-focused techniques in conjunction with psychoeducation, mindfulness breathing exercises and monitoring homework. The clients also learn how to disentangle primary emotions from secondary emotions. When conflicts arise, the body scan method can be used.

During the body scan, the wife acknowledged her automatic withdrawal reactions and began to modify this pattern, by remaining emotionally involved, even if her husband continued to critique her. At the same time, the husband worked on dealing with negative cognitive patterns towards his wife, by adopting a stance of compassion. After the husband had rephrased the blaming accusations towards his wife in terms of his own needs, the wife also manifested compassion in the relationship.

Although Emotionally Focused Therapy and mindfulness have different aims, the two can be mixed together. Mindfulness practices can facilitate the regulation of both secondary and primary emotions. Thus, the mindfulness practice is a means through which clients perceive thoughts as only mental processes. In this way, it is easier for them to take responsibility for their own emotional reactions. This reframing decreased the levels of emotional reactivity, while the partners became more able to listen to their emotional difficulties, without interpreting them as threats.

#### **The Meditative Dialogue**

A very creative perspective on the dyadic psychotherapeutic process is offered by Lord (2017). The approach is a collaborative one, whereby the clients are working towards developing and maintaining a flexible, yet resilient relationship. At theoretical level, the following interactions are explored: between the partners; between each partner and himself/ herself; between each partner and the relationship. When psychotherapy is infused with mindfulness or spiritual elements, there comes the fourth interaction, called "*the sacred space*", a permanently available resource. This is a metaphor for the therapeutic relationship, combined with other spiritual qualities.

The author talks about beginning each session with the meditative dialogue technique, only if clients are both open to mindfulness. The partners are invited to sit face to face, at a small distance and to close their eyes. The psychotherapist is sitting outside the dyad and is also closing his/ her eyes, continuing to meditate for 10 minutes alongside them. After the partners open their eyes and begin talking, they are trained how to focus their attention: by maintaining a focus on the breath, physical sensations and environment; by listening deeply, by "beginning the speech from the silence"; by living the sacred space; by identifying their assumptions, reactions and evaluations; by discussing fundamental psychological themes. During the meditative dialogue, the tone and intensity of voice drop

down and emotional reactions are balanced. Thus, the psychotherapeutic space becomes a facilitator of the conscious dialogue between the partners.

#### **IV. Discussions**

Considering the vastness of the mindfulness literature, this study reveals the scarcity of research that has approached meditative couples or family techniques, from a transtheoretical perspective (Atkinson, 2013; Gambrel & Keeling, 2010). Hence, most research has either explored the efficiency of mindfulness techniques in individual and group psychotherapy, either addressed the applications in a certain psychotherapeutic paradigm: Acceptance and Commitment Psychotherapy for Couples and Families; Cognitive Psychotherapy; Rational Emotive Behavior Psychotherapy; Dialectical Behavioral Therapy; Pragmatic/ Experiential Couples Therapy; Emotionally Focused Therapy.

#### **V. Conclusions**

This literature review has integrated the results of correlational research, which connected mindfulness with other variables, such as: couple satisfaction, conflict resolution, empathy, emotion regulation. Moreover, this review has also presented the pilot interventions, tailored for enhancing mindfulness skills in couples. Even if the conclusions of these experimental studies have not been replicated so far, they show preliminary results of mindfulness-based interventions on marital satisfaction, autonomy, acceptance and emotional intimacy. Thirdly, randomized trials have proven that practicing mindfulness is associated with less personal and relational stress, on the following days.

As far as family psychotherapies are concerned, mindfulness techniques have only been applied for developing emotion regulation strategies in families with adolescents. More recently, the systemic approach on mindfulness techniques has spread, proposing the regulation of relational stress, as a mechanism of change. Thus, some hypotheses regarding the potential effects of mindfulness have emerged, in cases of families with members who have chronic mental or physical diseases (Bögels & Emerson, 2018).

Speaking from a social point of view, the mindful couple and family have become culturally entrenched values. Among other spiritual values, they entail a holistic relationship with the Self, the partner and the family system. As such, mindfulness techniques place the partnership in a more present contact with the

here and now. In time, with regular mindfulness practice, the new relationship with the present begins to shift the dynamics between the two partners.

Last but not least, mindfulness is a valuable instrument for the psychotherapist as well. After seeing the multiple forms of human suffering, the psychotherapist can experience marked compassion fatigue. In order to address this emotional exhaustion, some authors recommend the practice of mindfulness, even during psychotherapeutic sessions (Lockwood,

2013). In this way, mindfulness continuously adjusts the therapeutic relationship, because it strengthens psychotherapist's skills of focusing and sustaining attention (Chiesa, Calati & Serretti, 2011). If the practitioner meditates regularly, then he/ she becomes more attentive to any new signal of modification, that may appear within the psychotherapeutic process. Indeed, the presence of the psychotherapist is a deeply powerful psychological mechanism, but which will be the subject of an entirely different paper.

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## References

- Atkinson, B. (2010). Rewiring emotional habits: The pragmatic/ experiential method. In A. Gurman (Ed.), *Clinical Casebook of Couple Therapy*. New York: Guilford Press.
- Atkinson, B. J. (2013). Mindfulness training and the cultivation of secure, satisfying couple relationships. *Couple and Family Psychology: Research and Practice*, 2(2), 73-94.
- Baer, R. A. (2006). *Mindfulness-based treatment approaches: Clinician's guide to evidence base and applications*. Burlington: Elsevier.
- Beckerman, N. L., & Sarracco, M. (2011). Enhancing emotionally focused couple therapy through the practice of mindfulness: A case analysis. *Journal of Family Psychotherapy*, 22(1), 1-15.
- Bihari, J. N. L., & Mullan, E. G. (2012). Relating mindfully: A qualitative exploration of changes in relationships through mindfulness-based cognitive therapy. *Mindfulness*, 5(1), 46-59.
- Bishop, S. R., Lau, M., Shapiro, S., Carlson, L., Anderson, N. D., Carmody, J., Segal, Z. V., Abbey, S., Speca, M., Velting, D., & Devins, G. (2004). Mindfulness: a proposed operational definition. *Clinical Psychology: Science and Practice*, 11(3), 230-241.
- Bögels, S. M., & Emerson, L. M. (2018). The mindful family: a systemic approach to mindfulness, relational functioning, and somatic and mental health. *Current opinion in psychology*, 28, 138-142.
- Chiesa, A., Calati, R., & Serretti (2011). Does mindfulness training improve cognitive abilities? A systematic review of neuropsychological findings. *Clinical Psychology Review*, 31, 449-464.
- Davis, D. M., & Hayes, J. A. (2011). What are the benefits of mindfulness? A practice review of psychotherapy-related research. *Psychotherapy*, 48, 198-208.
- Dixon-Woods, M., Agarwal, S., Jones, D., Young, B., & Sutton, A. (2005). Synthesising qualitative and quantitative evidence: a review of possible methods. *Journal of Health Services Research & Policy*, 10(1), 45-53.
- Eberth, J., & Sedlemeier, P. (2012). The effects of mindfulness meditation: A meta-analysis. *Mindfulness*, 3, 174-189.
- Ellis, A. (2006). Rational emotive behavior therapy and the Mindfulness Based Stress Reduction Training of Jon Kabat-Zinn. *Journal of Rational-Emotive & Cognitive-Behavior Therapy*, 26(1), 63-78.
- Fruzzetti, A., & Iverson, K. (2004). Mindfulness, Acceptance, Validation, and "Individual" Psychopathology in Couples. In S. Hayes, V. Follette, & M. Linehan (Eds.), *Mindfulness and Acceptance: Expanding the Cognitive-Behavioral Tradition*. New York: Guilford Press.
- Gambrel, L., & Keeling, M. (2010). Relational aspects of mindfulness: Implications for the practice of marriage and family therapy. *Contemporary Family Therapy*, 32, 412-426.
- Gehart, D. R. (2012). *Mindfulness and acceptance in couple and family therapy*. New York: Springer.
- Germer, C. K. (2013). 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 Press.
- Green, B. N., Johnson, C. D., & Adams, A. (2006). Writing narrative literature reviews for peer-reviewed journals: secrets of the trade. *Journal of Chiropractic Medicine*, 5(3), 101-17.
- Griffiths, K., & Averbeck, M. (2016). Mindfulness-Based Cognitive Therapy for Couples. In S. J. Eisendrath (Ed.), *Mindfulness-Based Cognitive Therapy*. Springer.
- Grossman, P., Niemann, L., Schmidt, S., & Walach, H. (2004). Mindfulness-based stress reduction and health benefits. A meta-analysis. *Journal of Psychosomatic Research*, 57, 35-43.
- Hölzel, B. K., Lazar, S. W., Gard, T., Schuman-Olivier, Z., Vago, D. R., & Ott, U. (2011). How does mindfulness meditation work? Proposing mechanisms of action from a conceptual and neural perspective. *Perspectives on Psychological Science*, 6(6), 537-559.
- Kabat-Zinn, J. (2003). Mindfulness-based interventions in context: Past, present and future. *Clinical Psychology: Science and Practice*, 10, 144-156.
- Kozlowski, A. (2012). Mindful mating: Exploring the connection between mindfulness and relationship satisfaction. *Sexual and Relationship Therapy*, 28(1), 92-104.
- Langer, E. J. (2014). Mindfulness Forward and Back. In A. Ie, C. T. Ngnoumen & E. J. Langer (Eds.), *The Wiley Blackwell Handbook of Mindfulness*. John Wiley & Sons Ltd.
- Lockwood, A. (2013). Mindfulness: Implications of and Evidence for Use in Couples Therapy. *Counseling and Wellness: A Professional Counseling Journal*, 4, 43-54.
- Lord, S. A. (2017). Mindfulness and spirituality in couple therapy: The use of meditative dialogue to help couples develop compassion and empathy for themselves and each other.

- Australian and New Zealand Journal of Family Therapy*, 38, 98-114.
- Lutz, A., Jha, A. P., Dunne, J. D., & Saron, C. D. (2015). Investigating the phenomenological matrix of mindfulness-related practices from a neurocognitive perspective. *American Psychologist*, 70, 632-658.
- Mace, C. (2007). Mindfulness in psychotherapy: An introduction. *Advances in Psychiatric Treatment*, 13, 147-154.
- O'Kelly, M., & Collard, J. (2012). Using Mindfulness with Couples: Theory and Practice. In A. Vernon (Ed.), *Cognitive and Rational-Emotive Behavior Therapy with Couples*. New York: Springer.
- Siegel, R. D., Germer, C. K., & Olendzki, A. (2009). Mindfulness: What Is It? Where Did It Come From?. In F. Didona (Ed.), *Clinical Handbook of Mindfulness*. New York: Springer.
- Van Dam, N. T., Van Vugt, M. K., Vago, D. R., Schmalzl, L., Saron, C. D., Olendzki, A., Meissners, T., Lazar, S. W., Kerr, C. E., Gorchov, J., Fox, K. C. R., Field, B. A., Britton, W. B., Brefczynski-Lewis, J. A., & Meyer, D. A. (2018). Mind the Hype: A Critical Evaluation and Prescriptive Agenda for Research on Mindfulness and Meditation. *Perspectives on Psychological Science*, 13(1), 36-61.
- Whitfield, H. J. (2006). Towards case-specific applications of mindfulness-based cognitive-behavioural therapies: A mindfulness-based rational emotive behaviour therapy. *Counselling Psychology Quarterly*, 19(2), 205-217.