Chapter 18
Mindfulness and Transformative Parenting

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Mindfulness and Parenting

The quality of parenting that an individual child receives will influence many and varied aspects of that child's life. Parenting impacts upon a child's physical health, emotional competence, intelligence, verbal abilities, behavioural competence, social abilities, educational aptitude and, indeed, a child's very happiness (Ainsworth, Blehar, Waters, & Wall, 1978; Bowlby, 1988; Eshel, Daelmans, Cabral de Mello, & Martines, 2006; Gottman, Katz, & Hooven, 1997; Hart & Risley, 1995). In fact, the relationship between parenting and child outcomes is so clear that if we as a society care about our children, and wish to optimise the abilities, health and happiness of the next generation Keywords Frail elders Keywords Frail elders, then we also must, by necessity, care about parents and the quality of parenting that they are providing.

With the recent explosion of interest in mindfulness, there has also been growing interest in the application of mindfulness to parenting. Within the scientific literature, multiple researchers have highlighted an urgent need for research into mindfulness and parenting (Cohen & Semple, 2010; Dumas, 2005; Duncan, Coatsworth, & Greenberg, 2009; Greco & Eifert, 2004; Whittingham, 2014a). Parenting interventions, incorporating mindfulness, have been developed and tested. Mindfulness may make unique contributions to parenting interventions by addressing parenting behaviour that has become automatic (Dumas, 2005), targeting the psychological functions of parenting behaviour for the parent (Coyne & Wilson, 2004) and supporting

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flexible parenting (Whittingham, 2014a). As with the explosion of interest in mindfulness more generally, this growing interest in the application of mindfulness to parenting has not been limited to academic circles. When entered into Google, "mindfulness AND parenting" produces over 21,300,000 results and "mindful parenting" over 1,840,000 results (Google search January 2015). Results include books on mindful parenting, websites for mindful parenting workshops and blogs discussing the use of mindfulness by parents. This demonstrates the level of interest amongst ordinary parents.

Mindfulness has multiple definitions and there is not a clear consensus on the exact meaning of the term within either the psychological or the Buddhist literature (Fletcher & Hayes, 2005; Kang & Whittingham, 2010; Kostanski & Hassed, 2008; Shonin, Gordon, & Griffiths, 2014). This chapter is written to be inclusive to the multiple nuances in the way the term mindfulness may be used particularly within the psychological literature but also within wider philosophical and Buddhist literature. Widely agreed upon key features of mindfulness include: (1) awareness of the present moment; (2) psychological contact with your own unfolding experiences, including physical sensations, cognitions and emotions; and (3) a nonjudgemental or open or kind quality to awareness. The concept of mindfulness overlaps with the concept of experiential acceptance within the acceptance and commitment therapy (ACT) literature. Experiential acceptance is the acceptance of your own experiences, including thoughts, feelings and memories as they arise within the present moment (Hayes, Luoma, Bond, Masuda, & Lillis, 2006). Due to the extensive overlap between the concepts of mindfulness and acceptance, research on the relationship between experiential acceptance and parenting will also be considered.

Mindful Parenting

Just as there is no exact consensus on the definition of mindfulness, there is no exact consensus on the definition of mindful parenting (Bogels, Lehtonen, & Restifo, 2010; Duncan et al., 2009; Harnett & Dawe, 2012; Kabat-Zinn & Kabat-Zinn, 1997). As a broad definition, mindful parenting involves bringing mindful awareness to parent–child interactions (Kabat-Zinn & Kabat-Zinn, 1997). Mindful parenting includes parenting with a nonjudgemental, open awareness of the present moment, of your own unfolding experiences in the present moment and of the experiences of your child in the present moment. Some models, definitions and interventions also include self-compassion, as well as compassion for your child.

Duncan's (2009) conceptual model of mindful parenting provides a theoretical basis for some of the existing interventions and research and includes the following components: (1) listening with full attention to your child, (2) nonjudgemental acceptance of both self and child, (3) emotional awareness of self and child, (4) self-regulation in parenting and (5) compassion for self and child. Further, Bogels et al. (2010) propose that there are six potential mechanisms by which parental mindfulness improves outcomes for children: (1) reducing parental reactivity and

stress, (2) reducing parental preoccupation, ruminative thinking and negative biases, (3) improving executive functioning and reducing impulsive parenting, (4) breaking the cycle of intergenerational transmission of attachment patterns, schemas and dysfunctional parenting, (5) increasing parental self-compassion or self-nourishing attention and (6) improving the couple relationship and co-parenting.

Models of mindful parenting such as that by Duncan (2009) and Bogels (2010) are important to guiding further research and intervention development and should be further tested empirically. It is also important to consider the application of mindfulness to parenting by using existing, empirically supported theoretical frames (Harnett & Dawe, 2012), including attachment theory and relational frame theory. Mindful parenting can be understood as foundational to both parental responsiveness and parental flexibility.

Interpersonal Mindfulness and Responsive Parenting

Development Is Interpersonal

Infant and child development is fundamentally an interpersonal process (Bowlby, 1988). A human infant can only develop into full personhood, as a verbal and self-aware human being, if that infant develops within the context of interpersonal relationships. Further, the quality of the interpersonal relationships experienced by an individual child has ramifications for that child's development. A systematic review of the literature on parental responsiveness and child outcomes across both developed and developing countries showed that parent-child relationships with high parental responsiveness—prompt, child-directed, contingent and developmentally appropriate parenting— are associated with improved cognitive, emotional, behavioural and social outcomes (Eshel et al., 2006).

In order to fully understand the importance of parental responsiveness and the interpersonal nature of child development, it is necessary to view human parenting from an evolutionary context. Parental care is a key characteristic of mammalian behaviour and mammals fall into one of two types: altricial and precocial (Ball, 2009). Altricial mammals are born developmentally immature and in litters (e.g. mice). The parental care strategy is to keep the litter in a nest for warmth and security. Altricial mothers typically produce high-fat milk and thus the infants can space out feeds allowing the mother to leave the nest in order to search for food. Precocial mammals are born developmentally mature and as singletons or in pairs (e.g. horses). Precocial mammals are mobile shortly after birth. The parental care strategy for precocial mammals is for the infant to maintain close proximity to the mother through its own efforts and volition. Precocial mothers typically produce low-fat, high-lactose milk providing easily digestible calories to a mobile infant who is able to follow the mother, feeding frequently and at will. Humans evolved from precocial ancestors; however, human infants are secondarily altricial (Ball, 2009). Although humans show some characteristics of precocial mammals, including

high-lactose milk and typically singleton birth, human infants are born developmentally immature and with poor neuromuscular control. In fact, humans are born with only a quarter of their total brain volume (chimpanzees are born with half). A newborn human infant, unlike a newborn horse, is incapable of maintaining close proximity to the parent; instead, the parent must respond to the infant's signals for proximity and care.

Neurodevelopmentally immature human birth has another consequence: human infants undergo much neurodevelopment within a stimulating, verbal and interpersonal context. Without such a context, development into a self-aware, verbal adult is impossible. Stimulation is crucial to early neurodevelopment (Douglas & Hill, 2011), and yet a newborn infant, with poor neuromuscular control, has little control over their environment. It is not surprising then to find that parental responsiveness predicts cognitive development (Eshel et al., 2006): parental responsiveness to infant cues serves as a dose-control system for stimulation, ensuring that an infant's stimulation exposure is kept in the 'just right' zone for learning and neurodevelopment. From birth, human infants seek interpersonal stimulation, and when parents respond to their infant's signals with interaction, they naturally expose their child to language and other uniquely human cognitive processes. This early language exposure, occurring naturally within every day interactions, is crucial to later cognitive and verbal development (Hart & Risley, 1995).

Towards the end of the first year of life, humans reach the neurodevelopmental maturity and mobility that precocial mammals show at birth. Infants are now able to maintain proximity to their caregivers, through their own efforts and volition, and as a result pre-attachment behaviours consolidate into attachment behaviours at this time (Bowlby, 1988). The attachment behavioural system is activated when the child experiences a threat and includes any behaviour aimed at seeking proximity to and nurturance from caregivers (Bowlby, 1988). Parental caregiving behaviour, particularly parental responsiveness, is key to determining the pattern of attachment behaviours displayed by any particular child (Ainsworth et al., 1978; Sroufe, 2005). Further, patterns of attachment are related to later psychological health and success in relationships (Ainsworth et al., 1978; Sroufe, 2005). Children who experienced responsive parenting, and subsequently developed a secure attachment style, fare better in terms of mental health and relational success. Parental responsiveness continues to be important to the parent-child relationship as children develop (Biringen, Derscheid, Vliegen, Closson, & Easterbrooks, 2014).

What Is Parental Responsiveness?

Parental responsiveness to child cues is then the bedrock of human parental care, and parental responsiveness predicts diverse child outcomes including social, psychological, cognitive, emotional and relational outcomes (Ainsworth et al., 1978; Bowlby, 1988; Eshel et al., 2006; Sroufe, 2005). But what are the crucial ingredients to parental responsiveness? Responsiveness involves three key features: (1) the

parent must be aware of their child's cues or signals; (2) the parent must accurately interpret their child's cues, correctly deducing the needs of their child; and (3) the parent must promptly and consistently act in response to cues, in a manner that meets the needs of the child (Ainsworth et al., 1978; Eshel et al., 2006). Importantly, a responsive parent is warm and caring but is not merely warm and caring. A responsive parent is also parenting 'on cue'; their caregiving behaviour is under the contextual control of their child's signals (Whittingham, 2014b; Whittingham & Douglas, 2014). This is not to say that responsiveness requires perfection. In fact, parental responsiveness includes ordinary human error. What is crucial, however, is that there is an 'intention' to respond, coupled with a continual returning of awareness to the child in the present moment and a continual taking of the child's perspective in order to accurately deduce the child's needs.

Mindfulness Is Crucial to Responsiveness

In breaking down the components of parental responsiveness, the relevance of mindfulness to parenting is immediately apparent (Synder, Shapiro, & Treleaven, 2012). In order for a parent to respond to their child's cue, the parent must, necessarily, be aware of their child's cue. For a parent to engage in a responsive pattern of care over time, the parent must be aware of their child's cues as they unfold in the present moment. That is, the parent must be able to keep their attention within the present moment and focussed upon their child. Although the parent's attention may be drawn to other things, including their own thoughts or emotions, other people, specific tasks or simply distractions, a responsive parent must return their attention again and again to their child. In other words, the parent must practise interpersonal or relational mindfulness: mindfulness of another person and of the relationship between self and other (Surrey, 2005).

Proximity is a key feature of the attachment bond, the ongoing dance between the attachment behavioural pattern of the child and the caregiving behavioural pattern of the parent (Bowlby, 1988), not only in the sense that the evolutionary purpose of infant attachment behaviour is to maintain proximity to the parent but also because proximity is required for responsive parenting and secure attachment. In fact, increased physical proximity (through babywearing with a soft infant carrier) has been shown to increase the responsiveness of mothers to their infants at three and a half months of age in an experimental study (Ainsfeld, Capser, Nozyce, & Cunningham, 1990). Further, rates of secure attachment in their infants at 13 months of age were also improved.

In human relationships we can distinguish not just physical proximity but also psychological proximity. In order to flourish psychologically, our children require us to be not just physically available to them, but also emotionally available (Biringen et al., 2014). Emotional availability includes awareness of emotions and emotional signalling within a relationship as well as an awareness and responsiveness to the needs and goals of the other. That is, emotional availability requires relational mindfulness.

The non-judgemental, open aspect of mindfulness means holding reflexive judgements of objects, people and situations lightly and, instead, maintaining psychological contact with reality as it is (Duncan et al., 2009). Such openness enables a clear understanding of your immediate experience without distortions caused by desires, biases and opinions and may better enable parents to appreciate the legitimate needs behind their child's cues, even when the cues are inconvenient, distressing or at odds with the parent's own needs. The increased emotional awareness that comes with mindfulness, and the ability to accept the ebb and flow of your own emotional life, may enhance parental willingness to experience intense emotions while continuing to be psychologically present with their child and while continuing to respond, as best they can, to their child's cues (Duncan et al., 2009).

Mindfulness, Parental Flexibility and Resilience

Parental Flexibility

Psychological flexibility, the ability to adapt to specific situations, to flexibly shift attention and perspective and to balance competing needs, desires and domains of life, is a key underpinning of psychological health (Kashdan & Rotteberg, 2012). Psychological flexibility includes an openness to learning from direct experience and a willingness to either persist or change, according to what is workable (Hayes, 2004). Parental flexibility refers to parenting with psychological flexibility (Whittingham, 2014a). It involves approaching parenting with flexible, relaxed experimentation and openness to learning from your own direct moment by moment experiences interacting with your child. It includes shifting attention easily and flexibly between your child and other competing demands, shifting perspective to imagine the needs, emotions and desires of your child and balancing the competing needs of self and child or the competing needs of multiple children as well as balancing parenting with other life domains. Through flexible parenting, the parent is able to respond to the unique needs of his or her unique child in the unique circumstances in which they find themselves. As psychological flexibility broadly underpins psychological resilience (Kashdan & Rotteberg, 2012), parental flexibility is crucial to parental resilience (Whittingham & Douglas, 2014). Yet, parental flexibility can be undermined by key features of human language and cognition: cognitive fusion and experiential avoidance (Coyne & Wilson, 2004).

Parental Flexibility and Cognitive Fusion

The concept of cognitive fusion is informed by relational frame theory (RFT), a contextual theory of language and cognition suggesting that the language and complex cognitive skills of humans are underpinned by our ability to learn to relate stimuli

'arbitrarily' (Coyne, McHugh, & Martinez, 2011; Hayes, Strosal, & Wilson, 2003). Humans can learn that the sound 'dog' is equivalent to (i.e. means) dog, even though the sound 'dog' and dogs are not physically related. In addition to learning to relate stimuli arbitrarily, humans also learn behavioural responses through 'derived' relations, not merely through direct experience (Coyne et al., 2011; Coyne & Wilson, 2004; Hayes et al., 2003). So, if a human learns that the sound 'dog' is equivalent to an actual dog and that human also learns that the sound 'cane' is equivalent to an actual dog, the human will 'derive' that 'dog' is equivalent to (i.e. means) 'cane'. Humans can learn that stimuli are related not just in terms of equivalence but in terms of multiple relational frames including opposition, hierarchy or temporal relations.

An important property of this phenomenon is the transformation of stimulus functions (Coyne et al., 2011; Coyne & Wilson, 2004; Hayes et al., 2003). The psychologically relevant features of a stimulus are transformed according to the derived relations applicable in a specific context. For example, both humans and animals can be trained to fear dogs through direct experience with actual dogs. But only an English-speaking human will then exhibit fear if someone says, 'Look, a dog!' Further, if that same person goes on holiday to Italy and learns that the sound 'cane' means 'dog' in Italian, they will also exhibit fear upon hearing, 'Guarda un cane!' even though they have never learnt, through direct experience, to become fearful when hearing the sound 'cane'.

Although derived relational responding makes human language and complex cognition possible, it comes with a cost. We have a tendency to treat our own internal experiences as if they were real phenomena (Coyne & Wilson, 2004). Through derived relations, neutral or even positive stimuli may be experienced as aversive (Murrell, Wilson, LaBorde, Drake, & Rogers, 2009). For example, a parent experiencing significant parenting stress may come to experience their child themselves as aversive, even in the absence of problem behaviour. In addition, human behaviour may come under the control of verbal processes or rules. When a person's behaviour is under the control of verbal processes, and this is unworkable, this is termed cognitive fusion (Coyne & Wilson, 2004; Hayes et al., 2003).

Two kinds of rule-governed behaviour are particularly likely to be problematic: pliance and incorrect, unworkable or untestable tracks (Hayes et al., 2003). Pliance refers to when a person's behaviour is under the control of socially mediated consequences identified in the rule. For example, a parent may follow the rule, 'good parents teach their children to sleep in their own bed', in order to be recognised by others as a 'good parent'. The socially mediated consequence is the approval that the parent anticipates receiving from others for their successful compliance with the rule. Pliance may be problematic when the course of action specified in the rule is not the most useful behaviour for that individual in that context. A parent fused with the rule 'good parents teach their children to sleep in their own bed' may fail to notice salient aspects of their specific situation, for example, that their own sleep is not disturbed by bed sharing or that their child's desire to sleep in the parent's bed is related to specific emotional needs.

Tracks, in contrast, are verbal rules describing naturally occurring consequences within the world (Hayes et al., 2003). When tracks are factually accurate and workable,

they can be incredibly useful, for example, 'if your baby is under 3 months of age and has a fever then take your baby to the doctor because medical treatment may be needed'. Parents don't need to learn every aspect of caregiving through their own experience; instead, they can follow verbal rules and hence learn from other parents as well as from professionals. However, tracks may also be inaccurate, unworkable or untestable. For example, 'spare the rod and spoil the child'. When fused with tracks, a parent may fail to notice salient aspects of their individual situation. For example, a parent may fail to notice that since they began using corporal punishment, their child's behaviour has gotten worse and their relationship with their child has deteriorated. Behaviours under the control of verbal rules are less sensitive to context. When rule-following, it is more difficult to learn from our direct experiences (Coyne & Wilson, 2004). Derived relations that are salient in the current context and have a strong learning history dominate making it difficult to respond in new and creative ways (Murrell et al., 2009).

Parental Flexibility and Experiential Avoidance

Cognitive fusion makes experiential avoidance (the opposite of experiential acceptance) possible. Experiential avoidance is an unwillingness to experience painful cognitions, emotions and memories and includes deliberate efforts to avoid, minimise or control our own experiences (Hayes et al., 2003). It is a direct consequence of the fact that we treat our internal experiences like real phenomena (Coyne & Wilson, 2004). When our internal experiences are unwanted, we try to eliminate or escape them, just as we would do with real phenomena. In small doses, experiential avoidance is not necessarily problematic, for example, the use of distraction during a brief medical procedure. However, internal experiences are not the same as real phenomena and experiential avoidance attempts may, paradoxically, increase suffering (Hayes et al., 2003). For example, attempts to suppress specific cognitions may create a rebound effect in which the suppressed cognition is experienced more frequently. In addition, experiential avoidance may have other consequences that increase suffering. A parent may find that it decreases their own distress in the immediate future to avoid having an open discussion with their child about a recent conflict. But there is a cost paid in the long-term for such avoidance in terms of greater connection and intimacy within the parent-child relationship.

Some parenting choices and strategies, such as harsh discipline, intrusive parenting, lax parenting or simply tuning out, may serve the function of experiential avoidance for the parent (Coyne et al., 2011; Coyne & Murrell, 2009; Shea & Coyne, 2011; Tiwari et al., 2008). Parents may attempt to control their children's behaviour or even their children's cognitions and emotions in order to control their own internal experiences. With parental attention narrowed to unwanted thoughts and emotions, and the avoidance of such thoughts and emotions, parents may be unable to access and choose from the full array of parenting options they may have (Shea & Coyne, 2011).

Mindfulness as the Antidote

Mindfulness involves deliberately re-establishing psychological contact with the world as it is in the present moment, including the unique aspects of your own experience. It involves bringing an open and non-judgemental awareness to cognitions, memories and emotions. In fact, mindfulness as it is understood within the ACT literature includes 'defused' awareness or cognitive defusion (instead of cognitive fusion). Defused awareness refers to psychological contact with cognitions, memories and emotions, as experientially distinct from self and the world (Fletcher & Hayes, 2005). This defused aspect of mindfulness involves the liberation of a person's behaviour from the control of verbal rules which may be centred on obtaining approval from others, unworkable in the specific circumstances in which the individual finds themselves or simply inaccurate (Hayes et al., 2003). Mindful parenting involves letting go of firm and fixed views about how things should be (Kabat-Zinn & Kabat-Zinn, 1997) and, instead, opening up to flexible experimentation.

Mindfulness and Parenting: The Evidence So Far

Mindfulness, Responsiveness and Attachment

Cross-sectional research has demonstrated a link between mindfulness and attachment style in adults, with dispositional mindfulness predicting attachment security within romantic relationships (Goodall, Trejnowska, & Darling, 2012; Hertz, Laurent, & Laurent, 2014; Walsh et al., 2009). Mindfulness predicts both decreased avoidance (Hertz et al., 2014) and decreased anxiety (Hertz et al., 2014; Walsh et al., 2009) within romantic relationships. This, in turn, buffers stress response during and after conflict, as measured by cortisol levels and negative affect (Hertz et al., 2014). These relational benefits of mindfulness would be expected to also impact on parent-child relationships as well, and the available evidence suggests they do.

Within the high-risk population of mothers of infants born preterm (<37 weeks of gestation), experiential acceptance was found to be a significant predictor of self-reported bonding and parental responsiveness ($n = 127$) (Evans, Whittingham, & Boyd, 2012). In another study, the relationship between maternal attachment patterns to her own mother and child quality of life was mediated by maternal self-compassion and parenting stress within 171 mother-child (8–18 years of age) dyads (Moreira, Gouveia, Carona, Silva, & Canavarro, 2014). Higher attachment related anxiety and avoidance predicted lower self-compassion and higher parenting stress, which in turn predicted lower child quality of life.

Mindfulness and Parenting

Mindfulness and experiential acceptance predict parental adjustment including parenting stress, parental anxiety, parental depressive symptoms, parental grieving and the experienced burden of parenting, including in high-risk populations.

Parental dispositional mindfulness was significantly associated with parental stress above and beyond child behaviour problems in both mothers of children with autism spectrum disorders ($n=67$) and mothers of typically developing children ($n=87$) (Conner & White, 2014). In a cross-sectional study with parents of children with autism spectrum disorders ($n=28$), mindful parenting was correlated with parental stress and depressive symptoms, although it was not found to mediate the relationship between child behaviour problems and parental stress and depressive symptoms (Beer, Ward, & Moar, 2013). However, another study did find a mediational relationship. Parental dispositional mindfulness and mindful parenting were both found to be significant mediators of the relationship between child behaviour problems and maternal anxiety, stress and depressive symptoms in parents of children with autism (71 mothers, 39 fathers) (Jones, Hastings, Totsika, Keane, & Rhule, 2014).

Acceptance, too, is important. In mothers of Head Start pre-schoolers (3–5 years of age; $n=144$), experiential acceptance was found to mediate the relationship between maternal depressive symptoms and parenting-related stress, with lower levels of acceptance linked to higher parenting-related stress (Shea & Coyne, 2011). Experiential acceptance has been found to mediate the relationship between child behaviour problems and maternal anxiety, stress and depressive symptoms as well as the relationship between child behaviour problems and paternal depressive symptoms in parents of children with autism (71 mothers, 39 fathers) (Jones et al., 2014). Within the high-risk group of parents of infants born preterm, experiential acceptance predicts parental psychological adjustment (Evans et al., 2012; Greco et al., 2005). Experiential acceptance partially mediates the relationship between stress related to their infant's early hospitalisation within the neonatal intensive care unit and both parenting-related stress and parental posttraumatic stress (Greco et al., 2005). Experiential acceptance predicted parental adjustment, as well as the current intensity grief symptoms and the experienced burden of parenting in parents of children with cerebral palsy ($n=94$) (Whittingham, Wee, Sanders, & Boyd, 2013). Parents with greater experiential acceptance reported that parenting was less burdensome and reported fewer current grief symptoms related to their child's diagnosis.

Mindfulness, Parenting and Child Outcomes

In mothers of Head Start pre-schoolers (3–5 years old; $n=144$), lower levels of experiential acceptance were linked to higher parenting-related stress, and parenting stress, in turn, was a unique predictor of inconsistent and harsh parenting (Shea &

Coyne, 2011). Within a sample of clinic-referred mother-child dyads, mothers with higher dispositional mindfulness rated their parenting style as more authoritative and less authoritarian, and this, in turn, predicted lower parent-reported internalising and externalising behaviour in their children (Williams & Wahler, 2010). In another study, parental non-judgemental self-acceptance significantly predicted decreased depressive and anxious symptoms in their adolescent children ($n = 901$) (Geurtzen, Scholte, Engels, Tak, & van Zundert, 2014). Other aspects of mindful parenting outlined in Duncan's model (2009) were not significant predictors. Dispositional mindfulness has also been found to relate to experienced parenting effort in mothers of pre-schoolers and adolescents ($n = 50$, $n = 118$) (Bluth & Wahler, 2011a, 2011b). Parents with high levels of mindfulness found parenting less burdensome and found it less effortful to make moment to moment parenting decisions.

Mindfulness in the Transition to Parenthood

The transition to parenthood demands significant personal change and is a steep learning curve. In addition, for most women, it is a uniquely embodied time of life, including pregnancy, childbirth and breastfeeding. As such, it is an excellent opportunity for mindfulness practice (Kabat-Zinn & Kabat-Zinn, 1997). Mindfulness during the transition to parenthood may prove beneficial in the management of pain during pregnancy and childbirth, in reducing risk of postnatal depression and anxiety, in increasing parental well-being and in improving parental responsiveness to the baby (Hughes et al., 2009; Whittingham, 2013).

Multiple mindfulness interventions for the transition to parenting have been developed and the research to date is promising. The Mindfulness-Based Childbirth and Parenting Programme (MBCP) adapts mindfulness-based stress reduction (MBSR) practices to pregnancy, birth and early parenting including breastfeeding (Bardacke, 2012). Alongside familiar MBSR practices such as body scan meditation, participants practice mindfulness of their baby and explore the use of mindfulness during childbirth and breastfeeding. For example, participants practice sounding, that is, concentrative focus upon making specific vocalisations such as "ah" or "aum" as a mindfulness practice for childbirth. It is suggested that participants practice mindfulness during breastfeeding as the calm, peaceful mental state may support oxytocin release and the milk ejection reflex (Bardacke, 2012). MBCP is delivered in nine 3-h group sessions. MBCP was found to be associated with significant gains in positive affect and mindfulness, as well as significant reductions in negative affect and depressive and anxious symptoms in a pilot study with pregnant women participating in the third trimester of pregnancy ($n = 27$) (Bardacke, 2012).

The Mindful Motherhood intervention was developed drawing from MBSR, mindfulness-based cognitive therapy (MBCT) and ACT (Vieten & Astin, 2008). Within the Mindful Motherhood programme, the cultivation of bodily awareness includes awareness of the developing foetus. Familiar mindfulness practices such as

mindful movements with yoga, mindfulness of thoughts and emotions and the cultivation of acceptance are also practised. In a small pilot randomised controlled trial ($n=31$), the Mindful Motherhood programme delivered antenatally (between 12 and 30 weeks at the beginning of the intervention) was associated with reductions in anxiety and negative affect during pregnancy for the mindfulness group compared to a waitlist control. Differences were not significant at 3-month follow-up; however, the small sample size may explain this null result.

A 6-week antenatal mindfulness-based intervention including mindfulness of the body, emotions and cognitions was tested in a pilot randomised controlled trial ($n=47$) (Guardino, Schetter, Bower, Lue, & Smalley, 2014). Participants were randomly assigned to the mindfulness condition or to a reading control condition and were between 10 and 25 weeks of gestation at commencement. The mindfulness group showed reductions in pregnancy-specific and pregnancy-related anxiety during the intervention as compared to the control group, but this was not sustained at follow-up 6 weeks post-intervention. Further, both groups showed increased mindfulness and reductions in anxious symptoms and stress. The finding that the control group also demonstrated increases in mindfulness is intriguing. The effects of pregnancy, childbirth and breastfeeding themselves on mindfulness have not, to my knowledge, been investigated. It is plausible that this uniquely embodied time of life, with dramatic physical changes, frequent foetal movements and great physical challenges, may, in and of itself, precipitate increased mindfulness in some women.

An 8-week antenatal MBCT intervention was piloted with women between 12 and 28 weeks of gestation at commencement ($n=10$) (Dunn, Hanieh, Roberts, & Powrie, 2012). Participants showed reductions in depressive and anxious symptoms as well as stress. In addition, participants showed gains in mindfulness and self-compassion. Results were sustained at follow-up 6 weeks postpartum.

Mindfulness to Prevent Postnatal Depression and Anxiety

Mindfulness has also been tested with women at risk of postnatal depression and anxiety, with the evidence so far suggesting that mindfulness could play an important role in the prevention of postnatal depression and anxiety disorders.

A mindfulness yoga class, conducted in groups for 90 min a week for 10 weeks, was tested in a pilot study with women ($n=22$) recruited through a perinatal psychiatry clinic all with a score on the Edinburgh Postnatal Depression Scale of nine or over (Muzik, Hamilton, Rosenblum, Waxler, & Hadi, 2012). Participants showed significant reductions in depressive symptoms, as well as significant gains in mindfulness and maternal-foetal attachment. Antenatal MBCT has been piloted in women with a history of depression ($n=49$) (Dimidjian et al., 2014). The participants demonstrated significant reductions in depressive symptoms throughout the intervention, with these reductions sustained during pregnancy and postpartum. Across pregnancy and through to 6 months postpartum, relapse/recurrence rates for this high-risk group were 18 %, as compared to rates of 30 % with standard care found in naturalistic studies.

Mindfulness may also be useful in preventing perinatal and postnatal anxiety, as well as depression. The Coping with Anxiety through Living Mindfully (CALM) Pregnancy programme is an adaptation of MBCT for perinatal anxiety (Goodman et al., 2014). CALM Pregnancy includes familiar MCBT practices such as mindfulness with thoughts and mindfulness of baby practices. The CALM Pregnancy intervention was piloted in women with generalised anxiety disorder (GAD) or subclinical features of GAD ($n = 24$). Participants reported significant reductions in anxiety and depressive symptoms and significant gains in mindfulness and self-compassion. Of the 24 participants, 17 met full criteria for GAD at baseline and only one continued to meet criteria at post-intervention.

Mindfulness Postpartum

Mindfulness can be built, not just into antenatal care, but into postnatal care. ACT has been adapted for use during the antenatal and the postnatal period. This approach includes familiar mindfulness practices such as mindfulness of breathing, along with mindfulness of baby and acceptance of baby practices (Whittingham, 2013). In addition, it includes the identification of parenting values, exercises to develop compassion for baby and for self, behavioural activation and strategies to increase social support. This full approach has not yet been tested empirically. An ACT approach to postnatal care has been integrated with an interdisciplinary lens including complexity science, evolutionary anthropology, neuroscience, clinical lactation science and developmental theory in the Possums Sleep Intervention (Whittingham & Douglas, 2014). The Possums Sleep Intervention is a new paradigm in parent-infant sleep that integrates lifestyle advice drawn from understanding the biological regulation of sleep with cued care, safe sleep advice, and parental mindfulness, cognitive defusion and acceptance practices. The Possums Sleep Intervention is currently being evaluated. It is a good example of the role mindfulness can play, within a larger interdisciplinary framework, in generating novel solutions to everyday problems.

Mindfulness Interventions with Parents

Mindfulness-based interventions can bolster parental adjustment, decreasing parental stress and anxious and depressive symptoms and increasing parental well-being. Further, increased parental mindfulness may also improve child functioning.

An adapted MBSR intervention, including 8 weekly 2 h sessions and a 4 h silent retreat, was piloted with parents and caregivers of children with developmental disabilities ($n = 76$) (Bazzano et al., 2013). Participants reported significant reductions in stress and parenting stress, as well as significant increases in mindfulness, self-compassion and well-being. Reductions in stress continued at follow-up

2 months after programme completion. In a within-subject repeated-measures design study with a within-group waitlist, a mindfulness intervention for both parents and children was tested with families of children with ADHD ($n = 22$) (Van der Oord, Bogels, & Pejnenberg, 2012). The intervention was grounded in both MBSR and MBCT practices. Parents reported significant reductions in parenting stress and gains in child adjustment were reported both by parents and by teachers.

Mindfulness has been shown to decrease parental stress, child aggression and child non-compliance and to increase child social behaviour in families of children with autism spectrum disorders and developmental disabilities in multiple-baseline across-subjects designs (Singh et al., 2006, 2007). Strengths of these studies include a lengthy post-intervention practice period with a 1-year follow-up. The intervention combined familiar mindfulness practices, such as mindfulness of breathing, with mindfulness of child, non-judgemental acceptance and loving-kindness practices. In another study with a multiple-baseline design, the effects of an 8-week mindfulness programme focussing on occupational mindfulness as a caregiver for individuals with physical and intellectual disabilities was found to generalise to parent–child interactions for three mothers (Singh et al., 2011). Child non-compliance was found to decrease during the mindfulness intervention and to decrease further during the practice period, even though the intervention focussed on occupational, not parental, mindfulness.

In a randomised controlled trial of MBSR for parents of children (2.5–5 years of age) with developmental delays ($n = 46$), MBSR showed beneficial effects (Neece, 2014). Parents who received MBSR reported significantly less stress and depressive symptoms, as well as greater life satisfaction, than the control group at post-intervention. In addition, they reported fewer behavioural problems in their children, particularly decreases in attentional difficulties and hyperactivity. Given the decreases in child attentional difficulties and hyperactivity in particular, this study suggests that increased parental mindfulness may, through relational mindfulness in parent–child interactions, increase the regulatory capacity of children.

In a randomised controlled trial of a 5-week mindfulness intervention for parents ($n = 32$) and teachers ($n = 38$) of children with special needs, participants receiving the mindfulness intervention showed significant reductions in stress and anxiety as well as gains in mindfulness, self-compassion and empathic concern (Benn, Akiva, Arel, & Roeser, 2012). Results were sustained at follow-up 2 months later and the outcomes at follow-up were mediated by changes in mindfulness. A small pilot randomised controlled trial compared an 8-week mindfulness programme to an 8-week parenting skills programme for families of children with autism ($n = 15$) (Ferraioli & Harris, 2013). Families were randomised to the intervention groups after being matched on parenting stress. Only the participants receiving mindfulness reported significant improvements in parental stress and global health outcomes.

The Mindful Parenting Programme combines familiar mindfulness practices such as mindfulness of breathing, with strategies to increase the frequency of connection-promoting parent–child interactions, for example, listening to your child. The Mindful Parenting Programme was piloted in group sessions over 12 weeks ($n = 12$) (Altmaier & Maloney, 2007). Parents reported significant gains in mindfulness

during the intervention; however, parenting stress and parent-child connectedness (as measured by a home observation) remained unchanged.

The Mindful Parenting intervention includes mindfulness practices drawn from MBSR and MBCT such as body scan meditation. In addition, Mindful Parenting includes compassion and loving-kindness exercises and practices intended to bring greater mindful awareness to parenting interactions. The Mindful Parenting intervention was piloted with families recruited from referrals to a child and youth secondary mental health centre ($n=86$) (Bogels, Hellemans, van Duersen, Romer, & van der Meulen, 2014; Bogels & Restifo, 2014). The children experienced a variety of neurodevelopmental and/or psychological disorders including ADHD (47 %), autism spectrum disorder (21 %) and an anxiety disorder (7 %). All families received the Mindful Parenting intervention in 8 weekly 3 h group sessions. Following participation in the Mindful Parenting course, parents reported reductions in parental psychological symptoms and parenting stress, as well as reductions in their child's internalising and externalising behaviour problems. In addition, parents reported gains in their ability to co-parent.

In a second study of the Mindful Parenting intervention, families were again recruited from referrals at child mental health centres ($n=74$) (Bogels & Restifo, 2014). The children experienced a variety of neurodevelopmental and/or psychological disorders including ADHD (19 %), autism spectrum disorder (23 %) and an anxiety disorder (3 %). Parents reported gains in mindful parenting, parental dispositional mindfulness and parental experiential acceptance. In addition, parents reported reductions in parenting stress at follow-up 8 weeks after completion of the programme. In a third study of the Mindful Parenting intervention, improvements in mindful parenting, dispositional mindfulness and experiential acceptance, as well as reductions in parental stress, parental psychological symptoms and child internalising and externalising behaviour, were again noted ($n=14$) (Bogels & Restifo, 2014). In addition, parents reported reductions in parental over-reactivity.

ACT has also been adapted for parents. A 14 h ACT workshop was tested with parents of children with autism spectrum disorders in a within-subject repeated-measures design ($n=20$) (Blackledge & Hayes, 2006). Parents reported significant reductions in stress and depressive symptoms at post-intervention and at 3-month follow-up. In addition, gains were reported in experiential acceptance.

Parenting Interventions Incorporating Mindfulness

Mindfulness has also been integrated into existing, well-established parenting interventions and has been shown to make an additional contribution. In a multiple-baseline design study, three mothers of adolescents with autism spectrum disorder received an 8-week mindfulness programme as well as behaviour support on the application of behavioural parenting strategies in the context of mindful parenting (Singh et al., 2014). All three mothers reported challenging behaviours in their children at intake. The mindfulness intervention tested was a second-generation mindfulness

approach, an overtly spiritual intervention, aiming at both personal and transpersonal transformation and not merely improved health and decreased stress. The intervention content drew upon Mahayana Buddhism. In addition to mindfulness practices, the programme included practices for each of the four immeasurables: loving-kindness, compassion, equanimity and sympathetic joy. Participants reported reductions in parental stress as well as reductions in their child's challenging behaviour and increases in child compliance.

The mindfulness-enhanced Strengthening Families Programme was compared to the Strengthening Families Programme and to a waitlist control group in a pilot randomised controlled trial with three arms, recruiting families of children aged 10–14 ($n=65$) (Coatsworth, Duncan, Greenberg, & Nix, 2010). The mindfulness-enhanced programme included familiar mindfulness practices such as mindfulness of breathing, as well as loving-kindness practices, and reflections intended to increase mindful parenting. The programme is grounded within Duncan's (2009) conceptual model of mindful parenting. Overall, the mindfulness-enhanced Strengthening Families Programme showed similar effects to the original programme for parenting style, with families in both groups showing benefits relative to waitlist control for parent-reported rules communication. For parent-reported discipline consistency, however, the original programme showed greater benefit. This may reflect the adoption of a more flexible parenting style in the parents practising mindfulness. The mindfulness-enhanced version showed stronger effects for mindful parenting, as measured by parent-report, and parent-child relationship quality measured by parent and youth report as compared to both the waitlist control group and the original programme. Further, the changes found in parent-child relationship quality were mediated by changes in mindful parenting.

The mindfulness-enhanced Strengthening Families Programme has been further refined and tested in comparison to the Strengthening Families Programme and a minimal-treatment control condition in a randomised controlled trial with three arms recruiting families of children aged 10–14 ($n=432$) (Coatsworth et al., 2014). A significant strength of this study is the inclusion of mother, father and youth reports. Both the Strengthening Families Programme and the mindfulness-enhanced Strengthening Families Programme were clearly effective interventions, with significant differences in interpersonal mindfulness, parent-child relationship quality, parenting style and parental well-being as compared to the waitlist control condition apparent at either post-intervention to 1-year follow-up or both. However, the pattern of the results was complex. Some effects were apparent at post-intervention but not at follow-up, some were sustained and some apparent only at follow-up. In addition, there were differences in the patterns of outcomes between mothers and fathers and differences between parent and youth report. Given this level of complexity, it is difficult to distil overall conclusions about the additive effects of mindfulness to the Strengthening Families Programme. Overall, fathers made greater gains than mothers in the mindfulness-enhanced version. For mothers, gains in interpersonal mindfulness, as compared to the waitlist control, were not made until 1-year follow-up, and the mindfulness-enhanced Strengthening Families group was never significantly different to the group receiving the original programme.

In contrast, for fathers, gains in interpersonal mindfulness were made by the mindfulness-enhanced Strengthening Families group as compared to the waitlist control group and the Strengthening Families group, at post-intervention and 1-year follow-up, and these gains were evident by both parent and youth reports. Further, fathers reported clear benefits in terms of their own well-being at 1-year follow-up. The differences in outcomes for mothers and fathers are not explained by baseline differences. It is possible that the programme presents mindfulness in a manner better suited to the typical experiences of fathers rather than mothers. Further investigation is required. However, the ability for the mindfulness-enhanced Strengthening Families Programme to enhance the interpersonal mindfulness of fathers is itself not trivial as the improvement of father-child relationships is an important end goal in itself.

The Parents under Pressure (PUP) programme is grounded in the ecological model of child development, targets multiple domains of family functioning and includes mindfulness training (Dawe & Harnett, 2007; Dawe, Harnett, Rendalls, & Staiger, 2003). Mindfulness practices, once learnt, are applied directly to child-directed play and to discipline situations (reducing impulsive, emotive discipline practices). In addition, PUP includes information on behavioural parenting strategies, extending social support, building a stronger spousal relationship and improving health behaviours like diet and exercise. PUP was piloted with parents participating in a methadone programme ($n = 12$) (Dawe et al., 2003). Parents reported reductions in parenting stress, child abuse potential and child externalising behaviour. Later, PUP was trialled in a three arm randomised controlled trial with parents on methadone maintenance and with a child between the ages of two and eight ($n = 64$) (Dawe & Harnett, 2007). Parents were randomly assigned to either PUP, standard care or a brief parenting skills intervention. PUP was delivered over 10–12 weeks in the family's own home. Both parents receiving PUP and parents receiving the brief parenting intervention reported significant reductions in child abuse potential compared to standard care. The parents receiving PUP also reported reductions in child internalising and externalising behaviour, parenting stress, parental methadone dose and parental rigidity.

ACT has been tested in conjunction with the behavioural parenting intervention Stepping Stones Triple P (Positive Parenting Programme) for families of children with acquired brain injury (Brown, Whittingham, McKinlay, Boyd, & Sofronoff, 2013; Brown, Whittingham, Boyd, McKinlay, & Sofronoff, 2014) and cerebral palsy (Whittingham, Sanders, McKinlay, & Boyd, 2013, 2014). Stepping Stones Triple P is a variant of Triple P tailored specifically for families of children with developmental disabilities. Within both studies ACT for parents was a brief (4 h) group intervention that combined familiar mindfulness practices, such as mindfulness of breathing, with cognitive defusion techniques, experiential acceptance exercises and reflections on parenting values.

The combination of Stepping Stones Triple P and ACT was tested in a randomised controlled trial with families of children (2–12 years of age) with acquired brain injury ($n = 59$) (Brown et al., 2014). Parents receiving Stepping Stones Triple P combined with ACT reported reductions in child externalising and internalising

behaviour, as well as reductions in dysfunctional parenting style of laxness and over-reactivity.

The combination of Stepping Stones Triple P and ACT was also tested in a three arm randomised controlled trial with families of children (2–12 years of age) with cerebral palsy ($n = 67$) (Whittingham et al., 2014). Families were randomly assigned to one of three groups: waitlist control, Stepping Stones Triple P alone or Stepping Stones Triple P combined with ACT. Parents receiving Stepping Stones Triple P alone reported decreases in internalising behaviour and in the number of externalising behaviour problems as compared to the waitlist control group. Parents receiving Stepping Stones Triple P combined with ACT reported decreases in the number and intensity of externalising behaviour problems, decreases in child hyperactivity and reductions in dysfunctional parenting styles of over-reactivity and verbosity as compared to the waitlist control group. Parents who received the combined Stepping Stones Triple P and ACT intervention reported reductions in child hyperactivity and the dysfunctional parenting styles of laxness and verbosity at 6-month follow-up, compared to parents who received Stepping Stones Triple P alone.

The fact that parents who received Stepping Stones Triple P reported a reduction in child internalising behaviour but the parents receiving ACT in addition to Stepping Stones Triple P did not is surprising, as it is difficult to explain how the addition of ACT could undermine the intervention effect of Stepping Stones Triple P. It may be the case that ACT increased parental capacity to recognise child affect and hence to recognise and report child internalising symptoms. Overall, this study suggests that ACT has an additive contribution to make, above and beyond established behavioural parenting interventions.

Mindful Parenting as Relational Mindfulness

Relational or interpersonal mindfulness involves not solitary mindfulness practices, but practising mindfulness ‘during’ interpersonal interactions (Falb & Pargament, 2012; Surrey & Jordan, 2012; Wilson & Dufrene, 2008). That is, interpersonal connection itself is the object of mindfulness practice. The practitioner of relational mindfulness brings mindful awareness to the moment to moment changes within themselves, the moment to moment changes within the behaviour of the other person and the moment to moment changes in the flow of the relationship between the two. In particular, the practitioner is aware of moments of connection and disconnection and of the emotional aspects of the ongoing interaction. In terms of communication, interpersonal mindfulness involves listening fully to the other without judgement and speaking honestly and genuinely. There is a compassionate, kind and open aspect to the interaction. Further, the practitioner trusts in emergence within the interaction, that is, the practitioner trusts in the process of co-creation rather than controlling the interaction (Surrey & Jordan, 2012). Interpersonal mindfulness forms an integral part of existing models of mindful parenting (Bogels et al., 2010; Duncan et al., 2009) and relational mindfulness practices have been incorporated

into mindfulness interventions for parents (Altmaier & Maloney, 2007; Bogels et al., 2014; Bogels & Restifo, 2014; Coatsworth et al., 2010; Dawe & Harnett, 2007; Dawe et al., 2003; Singh et al., 2006, 2007). Relational mindfulness practices may not be as familiar to the reader. To aid familiarity, and to see how relational mindfulness may be applied to parenting, the following is a script of a relational mindfulness practice for parent–child interaction. The script is written to be inclusive to parents of children of all ages and flexible to individual family circumstances.

Mindfulness of a Parent–Child Interaction

- Your mindfulness practice begins when your child next desires interaction. Your child will call you to practise and your child's call may sound like a cry or a question or it may feel like a small hand grasping at your leg. Wait for the call and, when it comes, respond to it as you might to chimes or bells or the gentle urgings of a kind, wise teacher calling you to wakefulness.
- Allow your child's call to wake you up completely.
- Allow distracting thoughts to simply drift away. Let go of whatever you were thinking or doing and bring your attention to focus on your child.
- Bring your full awareness into your physical body, as it is in the here and now as you respond to your child.
- Ground yourself in your breathing, steady and deep, as you respond to your child.
- Be aware of the preciousness of the moments you are about to spend with your child. Relish them in full awareness and wakefulness.
- As your interaction begins, follow your child's lead. If your child wishes to play then let your child lead the play. If your child wishes to talk, then let your child lead the conversation. If your child is asking for comfort, either in words or cries, then comfort them.
- Notice your own physical sensations, in the here and now, as you interact.
- If thoughts arise, notice them and bring your attention back to your child.
- If emotions arise, make room for them, and expand your awareness to include your child's emotions too.
- Savour the interaction.
- Notice your child as if you were meeting him or her, again, for the very first time. Children change so fast. Notice your child exactly as he or she is right now, at this stage of his or her life.
- When your child talks or babbles or cries, listen to your child without judgement. Let go of your own beliefs and your own agenda and just understand who your child is in this moment.
- Allow yourself to grow open and spacious for your child.
- Find within yourself kindness for your child.
- Be the open, accepting space that your child needs.
- Be the open, accepting space that you need.

- Interact with your child, person to person, in this very moment, without judging your child and without judging yourself.
- Let connection emerge from open awareness. Don't force it. Let it come: in the spontaneous creativity of child-led play, in the joyous laughter of shared fun, in the empathic connection of suffering heard and understood or in the sweetness of spontaneous affection. Let connection come.
- Your mindfulness session ends when your child signals, through words or non-verbally, that he or she is ready to end the interaction. Wait for the signal, and when it comes, treat it as you might chimes or bells or the compassionate words of a wise teacher, gently ending your mindfulness session and urging you to remain awake in your day to day life.

Transformative Parenting

Mindfulness and Personal Transformation

Second-generation mindfulness approaches aim not merely at improved physical and psychological health and decreased stress, but also at both personal and transpersonal transformation (Singh et al., 2014; Shonin & Gordon, 2014). As such, these approaches can be described as explicitly spiritual with a goal of liberation. Second-generation mindfulness approaches include mindfulness, and they also draw more broadly upon other aspects of Buddhist philosophy and practices including wisdom and ethics. For example, the second-generation mindfulness approach used by Singh et al. (2014) is grounded in Mahayana Buddhism more broadly. In addition to mindfulness, the intervention contains practices for developing the four immeasurables: loving-kindness, compassion, equanimity and sympathetic joy.

The Buddhist path contains three pillars: meditation (including mindfulness), wisdom and ethics (Shonin et al., 2014). Of the complete Buddhist path, mindfulness has enjoyed considerable uptake and attention within the scientific literature and within clinical practice. Practices aimed at the cultivation of compassion have also received significant attention and are incorporated into many of the existing mindfulness interventions for parents. However, Buddhist concepts and practices from the wisdom pillar, such as the realisation that there is no inherently existing self, that all phenomena are impermanent or that all phenomena are interconnected, have received little attention. Such concepts may prove useful to parents in a number of ways. The realisation that there is no inherently existing self may assist parents in navigating the identity crisis that the transition to parenthood may bring (Napthali, 2003). The interconnected state of pregnancy and life as a primary caregiver may be better understood and lived when seen as an example of the interconnectedness of all phenomena. The concept of impermanence puts into perspective current parenting challenges and calls parents to enjoy their child's current developmental stage. Ethical practices beyond compassion, such as the practice of generosity or speaking truthfully, have also been given little attention and yet are highly relevant

to parenting. For example, parents could practice these ethical principles by giving parental attention generously and by communicating truthfully and genuinely with their children.

Arguably, ACT is already a second-generation mindfulness intervention. Although ACT does not explicitly draw from Buddhist philosophy and practices, in common with second-generation approaches, ACT situates mindfulness within the context of a wider intervention (Hayes, 2002). Within ACT mindfulness is practised alongside exercises to increase acceptance or willingness, strategies to increase cognitive defusion, practices aimed at undermining a conceptualised self in favour of a transcendent self (self-as-context) and purposeful, values-based action. Also similarly to the Buddhist path, ACT is grounded in a universally applicable understanding of suffering. With an overarching goal of promoting psychological flexibility, the ability to act flexibly in accordance with your own chosen values, rather than on reducing stress or depressive or anxious symptoms, ACT is also primarily concerned with personal transformation.

Situating mindfulness within a broader intervention, grounded within a universally applicable understanding of suffering and aiming at personal transformation, is key to truly addressing the full human condition. We need to develop a mindful parenting culture, not just to reduce the distress of parents or even to optimise parenting behaviour, but to empower parents, to enable parents to be more fulfilled, authentic and complete human beings, to enable them to find meaning within parenting and to empower them in the raising of fulfilled and empowered children.

Parenting as Fertile Soil

The Buddha himself ordained women and recognised both male and female lay practitioners within the early Buddhist community as attaining advanced states of spiritual awareness, virtue and wisdom (Harvey, 1990; Thera & Hecker, 2003; Hecker, 2003). This clear early recognition of the capacity for women and lay practitioners to achieve enlightenment has been inconsistently preserved. Although there are accounts of lay practitioners and women achieving enlightenment, in many Buddhist communities, the 'complete' Buddhist path, including mindfulness practices, has historically been the domain of the ordained Sangha: the celibate and childless monastic (Harvey, 1990). In some Buddhist countries, the 'complete' Buddhist path has been the domain of an exclusively male class of celibate and childless monastics (in some countries the tradition of ordaining women has been lost and in others ordained women have a lower status and less access to complete practice opportunities). In cultures where taking robes is a common life stage within a life inclusive of parenthood (e.g. a rite of passage in early adulthood or retirement), it is nevertheless understood as a separate life stage. The contemporary uptake of Buddhism in the West, along with the renewed interest in mindfulness practices amongst lay Buddhist practitioners in traditional Buddhist countries and the growing interest in mindfulness and related practices from outside the Buddhist

community itself, offers a unique opportunity. It is possible to explore fully the opportunities for mindfulness, wisdom and ethical development that exist within the life of a committed parent. Arguably, parenting is rich in opportunities for personal development (Kabat-Zinn & Kabat-Zinn, 1997). Becoming a parent may be associated with personal growth, flourishing and transpersonal experiences (Athan, 2011; Galliano Desai, 2012). Instead of simply bringing mindfulness to parents, we should also ask: what unique possibilities for transformation exist within the path of parenthood itself?

Parenting offers rich opportunities for relational or interpersonal mindfulness practices, that is, mindfulness practised during an interpersonal interaction focussing on mindfulness of self, others and the ongoing interaction (Bogels et al., 2010; Duncan et al., 2009). Interpersonal mindfulness practice, by its very nature, includes wisdom and ethics. Done fully, it is a whole-of-path practice, requiring flexible attending to your own unfolding experience and the perspective of another, with wisdom guiding ongoing interaction within a compassionate, generous and open space. The transformative potential of rich interpersonal mindfulness practices, developed to specifically suit life as a parent, needs to be more fully explored. Relational mindfulness practices have been incorporated into mindfulness interventions for parents (Altmaier & Maloney, 2007; Bogels et al., 2014; Bogels & Restifo, 2014; Coatsworth et al., 2010; Dawe & Harnett, 2007; Dawe et al., 2003; Singh et al., 2006, 2007), and interpersonal mindfulness is key to existing models of mindful parenting (Bogels et al., 2010; Duncan et al., 2009); however, solitary mindfulness practices, such as mindfulness of breathing performed in the absence of the child, still form the bulk of mindful parenting interventions. A creative diversity of interpersonal mindfulness practices need to be developed. We need language and practices specifically suited to the transformative possibilities found within life as a parent.

Embodiment refers to our psychological grounding within bodily states (Michalak, Burg, & Heidenreich, 2012). Many mindfulness practices, such as mindfulness of breathing, body scan meditation and mindfulness of walking, bring mindful awareness to the body and bodily sensations. With increased awareness of the physical body comes increased awareness of emotional and mental states (Bogels et al., 2014; Michalak et al., 2012).

The antenatal and postnatal period is a uniquely embodied time of life for women, and there is a paucity of exploration of the practice opportunities that exist within this time of life for women within traditional Buddhist teachings. The dramatic physical changes of pregnancy, the physical challenge of childbirth and the interconnectedness of early parenting, including feeding, bring the physical body and bodily sensations into sharp focus. Further, at this time of life, women are 'interconnectedly embodied'; their very physical space is also occupied by another. The antenatal and postnatal period may be associated with transpersonal experiences, personal growth and flourishing (Athan, 2011; Galliano Desai, 2012; Kabat-Zinn & Kabat-Zinn, 1997). To give one specific example, the embodied experience of feeling the moment to moment movements of another being, within your own physical body, is an experience as profound and potentially transformative as viewing

the Earth from space, and its potential transformative power should not be underestimated merely because it is more common.

The finding that participants in a reading control condition also showed increases in mindfulness in a randomised controlled trial ($n=47$) of a 6-week antenatal mindfulness-based intervention suggests that increases in mindfulness may be a natural aspect of the antenatal period for some women (Guardino et al., 2014). The potential for mindfulness, wisdom and compassion, within the embodied experiences of the antenatal and postnatal period, needs exploration. The development of mindfulness exercises specifically for the antenatal period, including mindfulness of the developing foetus (Bardacke, 2012; Goodman et al., 2014; Whittingham, 2013) and mindfulness for childbirth through sounding, mindful awareness of your own vocalisations (Bardacke, 2012), is an encouraging beginning.

Looking Forward: Future Research

Overall, the existing literature is promising. This area of research is coming of age, and the next several decades will be crucial to its development. We need more carefully constructed empirical studies, including multiple-baseline design research, and, crucially, randomised controlled trials. We also need to recontextualise mindfulness, to embed mindfulness within a larger intervention, such as a second-generation mindfulness intervention or ACT. These interventions should be, as relevant, specifically tailored to the embodied experiences of the antenatal and postnatal period, as well as to the unique opportunities for interpersonal mindfulness practice that exist within life as a parent. Much of this development and clinical research is already happening within the literature, which is deeply encouraging.

In addition to well-constructed clinical research, we also need basic research to inform further clinical developments. A better understanding of the potential for mindfulness that naturally exists within the antenatal period and within life as a parent needs to be developed. Is there a natural trajectory towards increased mindfulness during pregnancy? Can a solely interpersonal mindfulness practice, in the absence of more familiar mindfulness exercises, lead to personal transformation? We also need to explore the impact of parental mindfulness on the children that they are raising, as well as the parenting practices that foster the development of mindfulness, acceptance and compassion in children. Does parenting with mindfulness and compassion, in and of itself, increase the mindfulness and compassion of children? Are particular parenting practices associated with increased acceptance, compassion and mindfulness in children? Can mindful parenting improve the parent-child relationship?

Mindful parenting needs to be linked, at a theoretical level, to basic science and to wider theoretical frames and concepts such as parental responsiveness and attachment theory as well as psychological flexibility and relational frame theory. Mindfulness, in conjunction with an interdisciplinary perspective, can form an important part of innovative solutions to the everyday problems that parents face.

Conclusion

The research on the application of mindfulness to parenting is beginning to come of age, and the existing literature is encouraging. Mindfulness-based interventions may soon form a key aspect of services to parents, from pregnancy and beyond. Parenting, as a near-universal experience with inbuilt transformative potential and a vast ability to influence the next generation, is an ideal target for efforts to build a wiser, accepting, mindful and compassionate society.

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