

Lesley University

DigitalCommons@Lesley

---

Mindfulness Studies Theses

Graduate School of Arts and Social Sciences  
(GSASS)

---

Spring 4-2018

## Promoting Secure Attachment Through Parental Mindfulness and Meditation, The SAMPP Curriculum

Lauren E. Rubin

Lesley University, Lalaurenerubin@icloud.com

Follow this and additional works at: [https://digitalcommons.lesley.edu/mindfulness\\_theses](https://digitalcommons.lesley.edu/mindfulness_theses)



Part of the [Social and Behavioral Sciences Commons](#)

---

### Recommended Citation

Rubin, Lauren E., "Promoting Secure Attachment Through Parental Mindfulness and Meditation, The SAMPP Curriculum" (2018). *Mindfulness Studies Theses*. 8.  
[https://digitalcommons.lesley.edu/mindfulness\\_theses/8](https://digitalcommons.lesley.edu/mindfulness_theses/8)

This Thesis is brought to you for free and open access by the Graduate School of Arts and Social Sciences (GSASS) at DigitalCommons@Lesley. It has been accepted for inclusion in Mindfulness Studies Theses by an authorized administrator of DigitalCommons@Lesley. For more information, please contact [digitalcommons@lesley.edu](mailto:digitalcommons@lesley.edu), [cvrattos@lesley.edu](mailto:cvrattos@lesley.edu).

Promoting Secure Attachment Through Parental  
Mindfulness and Meditation, The SAMPP Curriculum

Lauren E. Rubin

December 2017

Melissa Jean, MFA, Ph.D. and Nancy Waring, MA, Ph.D.

For Mark, Jake and Grace  
and  
parents and children everywhere

### Abstract

This paper explains attachment theory, its acquisition in early childhood, and the difficulties that manifest from an insecure attachment. First time parents aspiring to raise their children differently than they were raised may lack the skills to alter habitual patterns of behaviors deeply embedded since childhood. The following research provides evidence of the myriad challenges that emerge from insecure attachments. Included are studies illustrating ways in which mindfulness and meditation have been found useful to individuals struggling with some of the challenges brought on by insecure attachments. Insecure attachments developed in early childhood have been found to impact relationships in school, work and family life.

The evidence suggests that teaching mindful parenting with an attachment focus may prevent the transmission of insecure attachment to the next generation. The attached curriculum was designed to give expectant parents an opportunity to relinquish habitual, unbeneficial behaviors while helping their babies develop secure attachments by learning and practicing mindfulness and meditation skills as well as having a foundational understanding of attachment, as they begin their parenting journey.

*Keywords:* mindfulness, meditation, insecure attachment, parenting

## Table of Contents

Introduction	5
History of Attachment	6
Insecure Attachments	17
Meditation and Mindfulness	24
Intergenerational Attachment and Mindfulness	35
Mindful Parenting	44
Limitations	48
Discussion	49
Conclusion	50
SAMPP Curriculum	52
Supplemental Resources	121
References	122

Promoting Secure Attachment Through Parental  
Mindfulness and Meditation, The SAMPP Curriculum

Researchers in the field of psychology, more specifically the area of psychology exploring childhood attachment, have begun investigating how the difficulties associated with an insecure attachment might be diminished using mindfulness and meditation practices. Many people go through daily activities without paying particular attention: waking in the morning, eating breakfast, driving to work, coming home for dinner, going to bed and doing it again the next day. Parents are no exception. They fall into parenting habits that are rooted deeply in their unconscious, planted while they were children. Developing a skill set such as mindfulness and meditation to deviate from living life on “auto-pilot” can be very useful to parents. While mindfulness cannot solve all of life’s difficulties it can be used as a tool to help break free from habitual, unbeneficial patterns.

During the past 15 years I have worked with first time parents overwhelmed by the daunting responsibility of raising a child. Many of these parents have expressed a desire to parent their children differently than they were raised by their own parents but do not know where to begin. It is so easy to fall into habits learned from our family of origin even when the desire to do something different is present. But change is possible with a plan utilizing a thoughtful program and support.

The aim of this paper is threefold. First, to describe the roots of attachment theory, the complex nature of secure, insecure and earned attachments that begin in early childhood as well as the impact they have on our social and emotional lives as we mature. Second, to present research that reveals how an insecure attachment may be minimized by mindfulness. The research presented describes many of the difficulties people face as a result of developing an

insecure attachment in early childhood. The literature also includes current work being done in the burgeoning field of mindfulness programs/treatments for parents struggling for a number of reasons including their own insecure attachments. The connection between insecure attachment and mindfulness practices used to cultivate self-awareness of our behaviors, thoughts and actions are in a nascent stage. The final component, the Secure Attachment Mindful Parenting Program (SAMPP), aims to fill the gap in available mindful parenting programs by combining basic attachment education with mindfulness parenting training. This will be addressed further in the Discussion section of this paper.

### **The History of Attachment Theory**

Dr. John Bowlby, a British psychiatrist and Freudian psychoanalyst, introduced attachment theory into the realm of developmental psychology in three volumes titled *Attachment and Loss* over an 11-year period from 1968-1980 (Marrone, 2014). He submitted that a child develops either secure or insecure attachment to his/her primary caregiver during the first 2 to 3 years of life. Children who develop an insecure attachment to their parent(s) will often have many more challenges as they grow and develop into adulthood including difficulties in relationships later in life. Bowlby explained attachment theory in this way:

What for convenience I am terming attachment theory is a way for conceptualizing the propensity of human beings to make strong affectional bonds to particular others and of explaining the many forms of emotional distress and personality disturbance, including anxiety, anger, depression and emotional detachment, to which unwilling separation and loss give rise. (Marrone, 2014, p. 27)

Bowlby uses the term *particular others* primarily referring to mothers, or fathers but broadened his definition to include primary caregivers which may be an extended family member or nanny.

The word *secure* is used to describe positive attachment because an attachment figure is typically described as providing an individual with a sense of security (Bowlby, 1973).

The following will set forth the primary aspects of Bowlby's attachment theory to provide a broad understanding of its elements. Referencing earlier work by James Robertson conducted during World War II, Bowlby wrote about the three phases of separation that occurred when a child is separated from his mother. He concluded that these phases of separation occurred when the mother had provided a secure base for the infant, which allowed baby to trust in his mother to provide a safe haven. Further, Bowlby collaborated with his colleague, Mary Ainsworth, whose observations made while studying infant/child development formulated the foundational and frequently cited experiment known as the Strange Situation. The Strange Situation created an opportunity to view mother/child interactions and categorize the different types of attachment children had developed. Though not recognized through observation, earned security is another type of attachment described in the following pages that acknowledges alternative opportunities for creating secure attachment.

### **Attachment vs. Psychoanalytic Theory**

In his pioneering work, *Attachment and Loss* (1969) Bowlby describes his attachment theory as somewhat opposite Freudian psychoanalytic theory. Where psychoanalytic theory works from "end-product backwards" (Bowlby, 1969, p. 4), attachment theory observes infants and very young children in specific situations to assess primary personality traits and extrapolate forward from that point (Bowlby, 1969). While not dismissing Freudian psychoanalysis, Bowlby suggests augmenting Freud's historical method of the time with the "method of hypothesis, deductive prediction, and test" (Bowlby, 1969, p. 9). Bowlby's approach was interested in observing the unfolding of the attachment at the earliest stages rather than waiting



for the consequences that may occur later in life as a result of insecure attachment. This type of observation would later allow therapists to support parents struggling with their babies and young children as the initial difficulties unfolded rather than treating a pathology that emerges later in life.

### **The Three Phases of Separation**

One critical difference between attachment theory and psychoanalytic theory was the emphasis on observation. Bowlby describes early observation done during World War II of children age infant through four years who were separated from their mothers and cared for in nurseries (Bowlby, 1969). Early observations by James Robertson found children in hospital wards or residential nurseries, ages 15 to 30 months, who had secure relationships with their mothers, typically experienced three phases of separation he labeled, protest, despair and detachment (Bowlby, 1969).

In the protest phase the child is acutely distressed at having been separated from his mother, crying loudly, looking and listening for her to return. This behavior suggests the child expects his mother to return and he may reject others who try to offer comfort, though some children cling to the nurses who were present (Bowlby, 1969). During the despair phase, the child still shows behaviors suggesting he misses mother but begins to feel hopeless. The crying sounds become less fervent and the child “appears to be in a state of deep mourning” (Bowlby, 1969, p. 27). The final phase is detachment during which the child begins to accept the care offered by the nurses and may begin to smile as well. While this gives the appearance of satisfactoriness, a visit from mother disrupts this behavior. Rather than happily greeting mother however, the child may be remote or apathetic. “He seems to have lost all interest in her” (Bowlby, 1969, p. 28). The result is a developing independent self-sufficiency in the child when

in truth the child does not trust that his mother will be available for him in times of need so he tries to not need assistance.

If this child remains in the hospital or nursery for an extended period of time he establishes a transient attachment relationship with his caregivers. Each time the caregivers' shift ends the child repeats the experience of loss causing him to become increasingly less needy regarding maternal or human contact (Bowlby, 1969). Bowlby goes on to describe this child as increasingly becoming more self-centered and "preoccupied with material things" (Bowlby, 1969, p. 28). This is how the child who has not received comfort from a consistent, available caregiver satisfies his need for comfort, with material objects. He has no trust that his needs will be otherwise met.

### **Trust, Secure Base, and Secure Attachment**

Bowlby theorized a sense of trust begins developing very early in infancy when a parent or caregiver responds consistently to a child's "care-eliciting communications" (Marrone, 2014, p. 51). He referred to this sense of trust as secure attachment. He categorized four stages of attachment that occur during the first 2 years of a child's life:

- 1.) Undiscriminating social responsiveness.
- 2.) Focused responsiveness to one or a few individuals.
- 3.) Emergence of secure base behavior.
- 4.) Transformation of secure base behavior to partnership with primary caregiver (Waters, Posada, Crowell, & Lay, 1994).

Dr. Gregory Fricchione remarks that within Bowlby's attachment theory, there are three main attachment behavior patterns, "...one leading to healthy development and the other two to dysfunction" (Fricchione, 2011, p. 212). When a child trusts his or her parent or primary

caregiver will respond to their needs, particularly when he or she feels frightened or threatened, a secure attachment develops. It is this secure attachment that enables the child to step outside the attachment relationship and into the world with confidence.

The repeated theme from the attachment literature indicates that to forge a secure attachment a child must experience a sense of trust with their caregiver. They must know he or she will respond to their physical and emotional needs as well as keep them safe from danger. This sounds obvious and simple but humans are very complex creatures. Some believe attachments can begin actually before the child's birth.

Attachment is often discussed in literature as an after birth phenomenon however Brazelton and Cramer (1991) described both prenatal and postnatal attachments. In their book they suggest maternal attachment is related in part to the fulfillment of the mother's own childhood fantasy of a close relationship with her own mother. They include descriptions of the three babies awaiting the expectant mother: the child they imagine in their dreams, the real but not yet known fetus and the actual newborn, with whom the mother begins a new relationship, built on the child she had imagined (Brazelton and Cramer, 1991).

Dr. Howard Steele stated that Bowlby's attachment theory suggests the foundation of mental health is the ability to rely on another person when we are undergoing stress. Steel described the two main elements to Bowlby's theory of attachment: 1) The assumption that from a child's perspective, a parent's job is to serve as a safe space to which the child can turn in times of stress. 2) The attachment figure must be the child's mother or mother substitute which includes father, grandparent or primary child-care provider (e.g. nanny) (Steele, Davidson, the Davidson, & Kaplan, 2007). The assumption that a parent's job is to serve as a safe space for the child does not define all that is necessary to be an attachment figure if trying to promote secure

attachment as has been previously stated. Nowhere in any of aforementioned have the words unconditional love been mentioned.

There are two types of parental support distinguished in the frequently used attachment assessment tool, Adult Attachment Interview (AAI) (Main, Goldwyn, & Hesse, 2002). The first is instrumental support such as driving children to school or offering gifts for birthdays (Saunders, Jacobvitz, Zaccagnino, Beverung, & Hazen, 2011). The other support is emotional, demonstrated when a parent listens and comforts a child providing reassurance and unconditional love (Saunders et al., 2011). In scoring the AAI, the parent who offers emotional support is considered loving while the one who offers exclusively instrumental support is considered unloving (Saunders et al., 2011). These researchers make the distinction between perfunctory parenting and emotionally supportive parenting though instrumental support as a significant component to parenting. The AAI seems to diminish its significance. The term unloving can also call to mind one who is neglectful which does not necessarily align with fulfilling instrumental support.

At the heart of attachment theory is the concept of a “secure base” (Cassidy, Jones, & Shaver, 2013, p. 9). Cassidy et al. (2013) confirmed Bowlby’s assertion of the importance that parents provide children with the assurance that when needed, they will be available and respond sensitively, creating a “haven of safety” (Cassidy et al., 2013, p. 9). The two contexts that specifically activate a child’s attachment system are if the child experiences a threat of being abandoned and the experience of loss or separation from the child’s attachment figure (Cassidy et al., 2013). Bowlby noted, from his perspective as a researcher, that their observable short-term effects easily define these types of events and as a child’s development continues to be followed, the long-term effects are also easily observable (Bowlby, 1973). This is noteworthy

because his attachment theory is built upon that which can be observed in parent-child relationship in a controlled situation. What is not available by simple observations is any sensitivity an infant may have been born with that is not fully understood at an early age. As any parent knows, infants are not born as a moldable lump of clay to be sculpted by their parents and their external world. Children arrive with their own particular personality, disposition and brain wiring.

### **Strange Situation**

Mary Ainsworth, a developmental psychologist, first collaborated with Bowlby in 1965 and went on to observe mother-infant dyads in Uganda and Maryland. For most infants four month of age is when they begin to respond differently to mother than others around them (Bowlby, 1969). They have perceptual discrimination and will smile, vocalize and follow her with his or her eyes for longer than with anyone else (Bowlby, 1969). In 1978 Ainsworth created the *Strange Situation*, which many refer to as the gold standard for identifying infant attachment (Cassidy, Jones, & Shaver, 2013). While observing children ages 12 to 18 months in controlled settings with their caregiver present (usually mother), a kind stranger or combinations of both, one or neither, they evaluated the type of attachment the child had established with their primary caregiver. Two aspects of the child's behavior were observed. 1.) How much they explored new toys with their caregiver present. 2.) The child's reaction during the departure and return of their caregiver (Brodie, n.d.). Based on the outcome of the observations, the child was categorized into one of three groups, 1.) secure attachment, 2.) anxious-ambivalent insecure attachment, 3.) anxious-avoidant insecure attachment (Brodie, n.d.).

### **Secure and Insecure Attachment**

A securely attached child will explore new toys and the stranger in the presence of their caregiver, will be upset upon the caregiver's departure from the room and settle down upon their return. This child will not engage with the stranger unless their caregiver is present (Brodie, n.d.). Securely attached children are better able to maintain good relationships, regulate their emotions and reach their intellectual capabilities (Siegel, 2010). A child with anxious-ambivalent insecure attachment will not explore the new toys or the stranger even in the presence of the caregiver (Brodie, n.d.). When the caregiver leaves the room, this child is extremely distressed. Upon the caregiver's return, the child is ambivalent, remains close but resentful (Brodie, n.d.). These children reveal a lot of anxiety and insecurity (Siegel, 2010). The anxious-avoidant child ignores or is indifferent to the caregiver showing little emotion whether the caregiver is present or not. The same amount of attention is given to the stranger and very little exploration of toys is observed (Brodie, n.d.). This child tends to be emotionally restricted and peers describe them as "aloof, controlling, and unlikable" (Siegel, 2010, p. 170).

According to attachment theory, the *internal working model* is the stable foundation of attachment experiences or "the mental representations of self, others and relationships constructed early in life" (Davis, Morris, & Drake, 2016, p. 117). However internal working models are not static but active constructions that can be restructured (Main, Kaplan, & Cassidy, 1985). This suggests that a child's established mental construct of his relationship with a caregiver is not fixed. Secure attachment has been related to lower rates of distress and reactivity to threats as well as an increased ability to self-regulate behavior (Davis, et al., 2016). Understanding the benefits of secure attachment may inspire first time parents to consider their parenting methods with a particular inclination toward effecting such an attachment.

Bowlby's original four-stage attachment outline was expanded by Waters, Posada, Crowell, and Ling, (1994). They theorized that attachment does not develop in isolation nor end with infancy. These authors also described the first sensorimotor anticipations, processes involving both sensory and motor function, as "islands of predictability" (Waters et al., 1994, p. 34). These islands of predictability lay the foundation for the infant to build expectations and begin to develop their sense of what to expect in the world around them. There are however, differences in secure base behavior in infancy, childhood and adulthood (Waters et al., 1994, p.33).

In the second year of life as a child becomes mobile Bowlby notes the child becomes particularly activated when he or she understands mother is leaving, either the room or the home. This typically begins to shift around age three when "proximity to mother" (Bowlby, 1969, p. 179) is less urgent. Mary Ainsworth's findings in her Strange Situation studies in 1978 confirm and built upon this note from Bowlby (Newton, 2008).

### **Earned Security**

While much research has shown that maternal depression creates an increased risk for insecure attachments, "not all children of depressed mothers will be affected adversely or similarly" (Toth, Cicchetti, Rogosch, & Sturge-Apple, 2009, p. 193). Not every adult who grew up in an unloving home is destined to a lifetime of attachment related relationship difficulties. Mothers who had painful relationships with their parents but were securely attached as adults experienced secure attachment with an alternative attachment figure (Marrone, 2014). According to Marrone (2014), these mothers were more likely in adulthood to have engaged in individual psychotherapy. Even Bowlby did not subscribe to a permanent attachment pattern throughout one's life (Steele et al., 2007). Dr. Daniel Siegel (2010) recounts a story of his friend Rebecca

that illustrates this point. Rebecca had two parents who each suffered from personal struggles, one with alcoholism and the other, bipolar disorder. Despite her inability to securely attach to either parent, she nevertheless was able to form a secure attachment to her aunt, who made her feel safe and loved (Siegel, 2010). Having other adults available to provide support for children is an important way they may overcome negative parental experiences (Egeland, Jacobvitz & Sroufe, 1988).

Rebecca had an attachment type known as earned security. Earned security is a term used to describe the attachment of an individual who had an insecure early attachment in infancy/early childhood that later developed into a secure state (Saunders, et al., 2011). Researchers used the AAI to identify how adults who tested as earned-secure were able to transform their own attachment and go on to form secure attachments with their own children (Saunders, et al., 2011). An adult with earned security is described in this particular study as someone able to communicate about a negative relationship with a primary caregiver in an open and coherent manner (Saunders, et al., 2011). There have been a number of studies using slightly different definitions of earned security. For example, one study on earned security required that one parent “score below five on a nine-point loving parent scale and above five on the nine-point neglecting or rejecting parent scales” (Pearson et al., 1994 as cited in Saunders et al., 2011, p. 404). More recently it was recommended that classification of earned-security be limited to individuals who received a 3 or below on the parental loving scale of the AAI which is viewed by the coders (assessors of the testing) as parents who provided instrumental attention without particularly loving behavior (Hesse, 2008; Main et al., 2002). With this refined definition of earned-security, the number of people who fall into this category is greatly reduced.



Parenting in poverty adds another dimension to parental stress that limits the possibility for positive change in attachment status (Sroufe, Egeland, & Kreutzer, 1990). Sroufe et al., (1990) tried to create a comparison between children with secure attachment and positive parenting (positive adaptation) at 12 to 18 months but had poor adaptation as preschoolers with children who were insecurely attached with negative parenting (poor adaptation) from infancy through preschool but found many children in the poverty sample dropped out of the study and were unable to gather sufficient data (Sroufe, et al., 1990). The authors concluded, “the possibility of attaining earned security in high-risk samples may be highly unlikely” (Sroufe et al., 1990 as cited in Saunders et al., 2011).

However, individuals from middle socio-economic status, who have not experienced life in poverty, might be more likely to have “positive experiences later in life that help them overcome negative parenting and become earned-secure as adults” (Saunders et al., 2011, p. 405). This data draws the conclusion that higher economic status affords an individual more opportunity to develop earned security later in life than individuals who are economically challenged.

In short, earned security is when an adult who did not develop secure attachment in early childhood can overcome negative childhood experiences later in life (Saunders et al., 2011; Siegel, 2010; Egeland et al., 1988). Siegel and Hartzell (2003) report that an individual with insecure attachment style can “earn” a secure attachment over time by having supportive relationships as well as a capacity to understand oneself. Research conducted on adults with a history of childhood physical or sexual abuse has found that having a close relationship with a non-abusive adult or therapy for at least two years has enabled them to break the cycle of abuse

and care properly for their own children (Egeland et al., 1988). This finding brings hope to the possibility of breaking the cycle of insecure attachment.

**Existential perspective on attachment.** Further writing on the parent-child relationship concludes it is not the only one in which a secure attachment can be established. Reuther (2014) wrote about Bowlby's theory of attachments as well. He contrasted this theory with Martin Heidegger's contention that everyday being is derived from engagement with the world, so called "being-in-the-world" (Reuther, 2014, p. 102). The article discusses the significance of Bowlby's early attachment theory and contrasts it with Heidegger's writings, which suggest that regardless of our attachment from early childhood, they are not enduring or permanent. According to Reuther (2014), Heidegger too supported the concept of earned security.

### **Insecure Attachments**

Siegel and Hartzell write about the ABCs of secure attachment: attunement, balance and coherence (Siegel & Hartzell, 2003). The first is attunement, which occurs when a parent regulates his or her own internal state to align with that of their child. The "B" refers to balance, when a child is able to regulate their own body, emotions and mind states by attuning to the parent. And lastly coherence, which is described as a child's sense of integration in which they feel "both internally and interpersonally connected to others" (Siegel & Hartzell, 2003, p. 103) as a result of their relationship with their parents. But when parents are for whatever reason unable to provide their children a sense of trust and security, or the ABCs of attachment are the exception rather than the rule, an insecure attachment develops which influences how the child interacts with others as they develop (Siegel & Hartzell, 2003).

As described by Bowlby, when a young child who has developed an attachment to his mother figure is separated from her, he first shows distress. His pattern of behavior follows a

typical sequence (Bowlby, 1973). First the child protests vigorously determined to recover his mother, then he experiences a state of despair while still trying to hold on to the idea that mother will return and finally he seems to lose interest in his mother becoming emotionally detached from her. This detachment does not remain indefinitely provided the separation period is not too prolonged (Bowlby, 1973). There are several different types of insecure attachments including avoidant, anxious/ambivalent, and disorganized (Snyder, Shapiro, & Treleaven, 2012).

An avoidant attachment is created in a child from repeated experiences of unavailability and rejection by their parent (Siegel & Hartzell, 2003). An infant with avoidant attachment will not seek out mother even when wanting reassurance (Newton, 2008). This child will adapt “by avoiding closeness and emotional connection to the parent” (Siegel & Hartzell, 2003, p. 104). This may appear as mastery that a securely attached child has not yet acquired (Newton, 2008). A mother who has been rejecting of the infant or has offered limited attention when needed pushes a child toward premature independence, and an avoidant attachment (Newton, 2008). What can be observed as a form of mastery is in fact a protective, self-preserving adaptation created after experiencing repeated rejection.

When a child has undependable attunement and communication with their parent, they develop ambivalent attachment. They develop anxiety and insecurity about whether they can depend on their parent (Siegel & Hartzell, 2003). Ambivalent children have been observed to anger at their mothers upon reunion (as seen in Ainsworth’s Strange Situation) and may kick or hit (Newton, 2008). Even when the mother tries to put the child down during this observation, the child clings and fusses (Newton, 2008). Children with these types of insecure attachments, ambivalent and avoidant, learn adaptations that impact their relationships with friends, teachers and eventually romantic partners. They come to believe “...that the world is an emotionally

barren place (avoidance) or an emotionally unreliable one filled with uncertainty (ambivalence)...” (Siegel & Hartzell, 2003, p. 105). The ambivalent child’s strategy is to exaggerate their needs in an effort to receive the desired attention/reassurance on a consistent basis (Newton, 2008).

Disorganized attachment occurs for a child when “their parent’s behavior is a source of disorientation or terror” (Siegel & Hartzell, 2003, p. 105). Though children are biologically drawn toward their parents in times of stress, a child whose parents are a source of emotional confusion or fear find themselves in a “biological paradox” (Siegel & Hartzell, 2003, p. 106). The biological paradox found in a child with a disorganized attachment leads to emotional inflexibility while discouraging their flourishing (Siegel & Hartzell, 2003). Disorganized attachment can be seen in children who have been abused, emotionally or physically by their parents. For children with disorganized attachment, “there is a breakdown in the attachment strategy altogether, as the parent is both feared and sought after at the same time” (Newton, 2008, p. 22). Parental abuse has been shown to negatively impact neural integration in the brain leading to difficulty with emotional regulation, academic reasoning, trouble with social communication and interpersonal violence (Siegel & Hartzell, 2003). Newton (2008) writes that often parents of disorganized children may have suffered abuse or neglect in their own childhoods therefore need to receive help themselves. But a parent with a trauma history is not necessarily putting their child in a vulnerable place of developing a disorganized attachment (Siegel & Hartzell, 2003). They write that “the lack of resolution” is the key risk factor (Siegel & Hartzell, 2003, p. 107). When parents learn about their own attachments and the impact they may have on their own child’s development, they may be inclined to seek support.

Of Bowlby's theory, Fricchione (2011) wrote that parental/caregiver lack of responsiveness or inconsistency to the needs of the child diminishes the child's sense of security. If a child is unsure their needs will be attended to because they have received inconsistent support, an anxious resistant attachment develops. This leads to separation anxiety, a state when children are fearful to explore beyond the familiar (Fricchione, 2011). The child can become excessively clingy or attention seeking because of their parent's unreliable support (Fricchione, 2011). Anxious avoidant attachment occurs when a child is repeatedly rejected by parents or caregivers when seeking attention and care. Constant dismissiveness from parents causes children to come to an understanding that life can be lived without the support or love of others (Fricchione, 2011). Often anxious avoidant attachment can be seen in children who have suffered from abuse or neglect (Fricchione, 2011).

### **Attachment Measurements**

There are many different tests used to measure attachment. Two assessments commonly used are the Experiences in Close Relationships (ECR) and the Adult Attachment Interview (AAI). The ECR test is used to investigate the cognitive emotional processes that are the basis for adult attachment relationships and romantic relationships (Uram, & Caldwell, 2012). The results of the ECR distinguish between avoidant and anxious attachments with a short form questionnaire while the AAI is a semi-structured, longer interview used to categorize adult states of mind with respect to attachments (Plotka, 2011). The AAI elicits information regarding the "individual's current representation of his or her childhood relationship(s) with caregiver(s)" (Borelli, Compare, Snavelly, & Decio, 2015, p. 27). The states of mind classifications from the AAI are "secure/autonomous, dismissive, preoccupied and unresolved/disorganized" which correspond with the baby attachment classifications of secure, avoidant, ambivalent and

disorganized (Newton, 2008, p. 32). But these assessments have their limitations that ought to be considered.

Although it is common practice among attachment researchers to do so, relying on general measures of attachment has been criticized in a number of studies (Fraley, Chris, Vicary, & Brumbaugh, 2011). Research has shown that people may have loving, warm feelings toward a partner or spouse while simultaneously experience aversive feelings toward their mother describing her as cold or uncaring (Baldwin, as cited in Fraley et al., 2011). Uncaring/insensitive communications by parents can have an indelible impact on a young child (Marrone, 2014). Marrone reports on one patient who when asked if he had been a “good kid” growing up responded by saying he was a “mean kid” which was what his mother had often told him (Marrone, 2014). He confessed that after hearing it enough times, it just became a part of his self-identity.

Because the attachment assessment is only as good as the assessment tools used, researchers have sought to use attachment questionnaires specific to different relational contexts. In one study researchers used a modified version of the ECR-R questionnaire to assess attachment related anxiety and avoidance (both insecure attachments) in four different types of relationships: with mother, father, romantic partners and friends (Fraley, et al., 2011). They also used the modified ECR-RS, which contains nine items to assess attachment in each of the four relationship domains producing 36 total responses. This study makes a clear distinction between the partner/spouse relationships and parent-child bond forged as children. As mentioned before, an insecure attachment with a primary caregiver in early childhood does not necessarily dictate all future relationships in adulthood but may be a risk factor.

**Reflective Functioning, Affect Regulation and Temperament**

The severity of impact that neglect has on attachment may be mitigated by the capacity for reflective functioning (Borelli, Compare, Snavely, & Decio, 2015). Reflective functioning is when a parent is attuned to their child's internal states, understood through careful observation. This helps the child make sense of their own thoughts, feelings and emotions. When an infant's caregiver mirrors/reflects their affect back at them, it helps the infant to "develop the capacity to understand their own mental states" (Borelli et al., 2015, p. 24). Reflective functioning facilitates the ability to mentalize, a term that describes the capacity to understand one's own state of mind. The parameters of neglect in the AAI assessment in this study were defined as difficult experiences from childhood i.e. when they were hurt, ill or rejected (Borelli et al., 2015). The AAI assessment has very specific guidelines of neglect for coders to listen for when conducting the interviews. For example, if the interviewee describes an event that occurred in childhood in which the caregiver was physically available but not emotionally so, that experience is rated on a neglect scale between 1-9 (Main et al., 2002). An example of a one on the scale is the experience of being excluded from a game whereas a nine rating is given when there is a complete lack of emotional and psychological connection with the caregiver (Borelli et al., 2015).

Affect regulation concerns the mirroring effect that takes place between a caregiver and baby. When mother is able to regulate her own affect, baby develops the same ability (Snyder, et al., 2012). This is similar to reflective functioning because the mother is self-regulating her affect which helps the baby regulate his or her own affect. However, reflective functioning enables an individual to understand that mental states can impact our behavior as well as that of others (Borelli et al., 2015). A caregiver who is mindful of or attuned with an infant's affect can

not only assess what the infant might be feeling but may also help the infant learn to make sense of the experience of those feelings. There is initial research supporting the notion that reflective functioning learned in childhood may guard against negative, emotional life experiences (Borelli et al., 2015). Many newborns become easily overwhelmed by the abundance of stimulation in their world, be it sounds, people or situations. Being able to soothe a baby when they become overstimulated is one way a caregiver offers loving support. Not all parents are able to offer that kind of loving support to their children despite having the desire to do so. Maternal depression and post-partum depression make this connection particularly difficult.

Helping an infant regulate temperament is more difficult in cases of maternal depression (Austin, Hadzi-Pavlovic, Leader, Saint, & Parker, 2005). Austin et al., (2005) offered three possibilities to explain the association between postnatal depression and difficult infant temperament.

1. Depressed mothers are more likely to report seeing their infant as difficult.
2. If an infant's temperament is difficult, it may elevate maternal depression.
3. Postnatal depression impacts the infant's temperament negatively (Austin, et al., 2005).

By mirroring an infant's apparent mental state the infant begins to identify his own mind states. Likewise, when a mother has self-awareness/mindful awareness to regulate her own affect it begins to teach the infant how to do so as well. These skills learned in early childhood are foundational for social competence but may be hampered or impossible when maternal depression is present. If a mother suffering with postnatal depression is able to successfully incorporate mindfulness practices into her treatment plan (not necessarily as the only component), such mindfulness training and practice may assist her emotional self-regulation, support her in regulating the baby's temperament and help baby create a secure attachment.



### **Meditation and Mindfulness**

As noted earlier, a parent's state of mind factors significantly into the establishment of secure attachment with their baby. Over the past 40 years, researchers and meditation teachers in the west have studied, documented and experienced the physical and emotional health benefits of working with mind states through meditation and mindfulness practices. Integrative medicine has become an established part of the health care system (Horrigan, Lewis, Abrams, & Pechura, 2012).

Early in his career, Dr. Herbert Benson, a Boston cardiologist, became interested in patients with hypertension. Though he prescribed blood pressure medications, their hypertension seemed to elevate when patients came in for their follow up appointments (MGH Psychiatry Academy, 2014). He began wondering whether being treated by someone in a white lab coat, which could be perceived as intimidating or a stressor, factored into elevating the patient's blood pressure. To explore this hypothesis, he conducted multiple animal studies at Harvard Medical School in the early 1970s and concluded that stress increased hypertension (MGH Psychiatry Academy, 2014).

Shortly thereafter, Benson was approached by some young practitioners of Transcendental Meditation (TM) who were familiar his research and asked to be part of a study since they believed their TM practice lowered their blood pressure. The meditation practitioners were asked to sit for 20 minutes with closed eyes thinking regular thoughts, then 20 minutes of meditation followed by a final 20 minutes of regular thoughts all while Dr. Benson measured their oxygen consumption, carbon dioxide elimination, brainwaves and rate of breathing. Dramatic physiologic changes were recorded including the rate of breathing during meditation, which had decreased by 25 percent. He labeled this process the "Relaxation Response" (MGH

Psychiatry Academy, 2014). Benson's relaxation response which reduces the biochemical effects of stress is the opposite mechanism of the fight or flight response. He remarked on the coincidence of this discovery taking place in the very same laboratory at Harvard in which the fight or flight response was discovered (MGH Psychiatry Academy, 2014). The relaxation response is another term describing the physiological effect of meditation on the body and mind. The ability to drop into the relaxation response through can be used to focus one's attention in the present. The application of this practice for new (or any) parents is exciting although it must be noted that creating the time for a regular practice of meditation is challenging for anyone, particularly a parent of a newborn or young child.

Jon Kabat-Zinn defines mindfulness as "the awareness that arises by paying attention on purpose, in the present moment, and non-judgmentally" (Kabat-Zinn, J., 2013, p. xxxv). Mindfulness is described as a way of being, not simply a concept (Kabat-Zinn, 2013). It is allowing experiences to occur in the present moment simply as they are, without judging or labeling them as either good or bad (or any other descriptors). Mindfulness brings us insight into our feelings and experiences without holding on or pushing away. Put another way, mindfulness is the muscle developed during the training/exercise regimen of meditation. Since meditation is a practice, dedicating to practice regularly strengthens its benefit. The Buddha taught that one must be ardent in establishing mindfulness (Goldstein, 2016). Goldstein suggests that *ardent* as meant by the Buddha is a "balanced and sustained application of effort... warmth of feeling, a passionate and strong enthusiasm and devotion" (Goldstein, 2016, p. 4.). Meditation is something that must be practiced over a long period of time before feeling like it is useful. The word *practice* is used because sitting still, noticing thoughts arising and passing through the

mind does not come naturally to most people. This is something that needs to be practiced.

Being ardent in one's meditation practice moves the practitioner further along the path.

True mindfulness arises “in a moment of consciousness only if there are no unwholesome factors present” (Olendzki, 2010, p.170). In Buddhist psychology, the three main unwholesome factors are greed, hatred and ignorance (Olendzki, 2010). The unwholesome factor of greed is also understood as clinging or craving. When we crave something we want it, whatever it is, (a puppy, a vacation, the perfect partner) because we believe it will provide lasting satisfaction and happiness. But once we attain this object or reach the objective we discover in time that the joy is fleeting or unsustainable. The experience or person is not what we had hoped for and we are disappointed. This leads to more craving. Craving may also be present when we want something that is harmful to us. For example, when one is addicted to alcohol, or smoking, he or she is pulled toward this object of desire despite the negative consequences. Hatred, which is also referred to as aversion, emerges when we are resisting or denying negative feelings, experiences or relationships. By rejecting what we do not like, denying unpleasant feelings or people, we create battles both internally and externally. Hatred causes us to view ourselves as separate or different from “the other” leading to divisiveness. It inclines the mind toward the negative and away from the positive. When we are open to only some of our experiences, we deny reality, we are not seeing things clearly as they are. Finally, delusion or ignorance arises due to our misperceptions of reality or our inability to see clearly (Gunarantana, 2015). These are important factors to bear in mind, particularly for new parents, since it is the cultivation of wholesome mind states, or positive, loving mind states that are most supportive for them to maintain with their infants and young children.

As these three factors relate to parenting, an example of greed might be the wish to restore life to the way it was before baby arrived, when spontaneity was an option, an ability to go to a movie without thinking about the expense and worry of babysitters. Aversion arises for parents every night the baby wakes up for feeding or a diaper change. The unpleasant experience of not being able to sleep soundly through the night is a common source of suffering for parents of infants. Reframing the experience as a temporary one can be useful though clearly it does not prevent the exhaustion. Delusion sneaks into parenting right away within both of the previously mentioned examples. Life is changed dramatically when a baby comes into the picture. Accepting and allowing the circumstances, challenging as they are, to simply be, begins to smooth a path for the more openhearted parent to emerge.

The practice of mindfulness is about cultivating present moment awareness, not lost in past experiences or focused on future occurrences that have yet to occur. Mindfulness is a means by which our mind can practice being balanced. The state of a balanced mind is known as equanimity, when the mind is “neither attracted to nor repelled by” (Olendzki, 2010, p. 171) an object, thought or experience. Obviously maintaining balance of one’s mind states is not exclusively a parenting issue. This challenge occurs in daily life, for every person, in a variety of situations including social competence as described below.

### **Mindfulness Influences Attachment**

Social competence was an element of a longitudinal study done in Sweden that investigated whether the childhood attachment present at 8 to 9 years of age influenced social functioning in young adulthood (age 21). Social competence defined as social initiative and prosocial orientation, i.e. generally acceptable behavior and social maladaptation, i.e. social anxiety and loneliness, were assessed in a study by Fransson, Granqvist, Marciszko, Hagekull,

and Bohlin (2016). Interestingly, no correlation was noted between secure attachment and self-reliance at 8.5 years of age and social functioning at age 21 as one may have expected. Fransson et al. (2016) reported that prosocial behavior in young adulthood was, however, found to correlate to secure attachment. This finding suggests that secure attachment has a positive correlation with young adults behaving in a culturally acceptable manner. Furthermore, Fransson et al. (2016) discovered insecurely attached children (ages 8 to 9) had significantly “lower social initiative and prosocial orientation” (Fransson, et al., 2016, p. 122) as well as increased social anxiety and loneliness in their early 20s. Despite being securely attached and self-reliant at age 8.5, social functioning at age 21 did not necessarily correspond. This study did not account for life circumstances that may have played a role in why a securely attached 8.5-year-old had low social functioning at age 21. Any number of factors could have contributed to this result. While this research did not answer all its questions, linking culturally acceptable behavior later in life to a secure attachment is a noteworthy benefit.

How might a secure attachment differ from an insecure one regarding one’s capacity for mindfulness? When adolescents who had developed secure attachments to a sensitive caregiver were compared to adolescents with insecure attachment Pepping and Duvenage (2016) concluded that early childhood experiences and attachment processes play a significant role in the origins of dispositional mindfulness. Dispositional mindfulness refers to an individual’s capacity to maintain a mindful state over a period of time. It is a “trait-like construct” (Pepping & Duvenage, 2016, p. 132) dependent upon an individual’s disposition which, according to this study, may have its roots in “early childhood experiences and attachment processes” (Pepping & Duvenage, 2016, p. 132). If someone has a high degree of dispositional mindfulness they are inclined to being aware in the present moment as part of their manner or way of being.

Psychological mindedness is defined as “the disposition to reflect upon the meaning and motivation of behavior, thoughts, and feelings of oneself and others” (Farber, as cited in Conte, Ratto, & Karasu, 1996, p. 251). This statement is evocative of skills acquired through reflective functioning practiced during early childhood. When a child’s caregiver mirrors and communicates with the child regarding the child’s own internal experience, it helps the child synthesize and understand his or her own mind state. Clinicians broadly accept the term psychological mindedness as a relevant attribute for patients (Conte et al., 1996). Perhaps psychological mindedness is rooted in reflective functioning learned in infancy and early childhood. Further research explained below expanded on the association between attachment type and dispositional mindfulness.

Pepping and Duvenage (2016) assessed three categories: parental warmth, parental rejection (attachment) and dispositional mindfulness. As hypothesized participants with low attachment anxiety and low attachment avoidance correlated to having experienced parental warmth during their upbringing while higher mindfulness was associated with parental warmth and lower parental rejections. College-aged participants with attachment avoidance and anxiety showed lower mindfulness (Pepping & Duvenage, 2016). The second part of the study was completed with younger high school students ages 12 to 18 and reproduced the same outcomes as the first. Pepping and Duvenage’s (2016) research suggests that securely attached young people are better able to be aware in the present moment. This study acknowledged an inability to confirm whether parenting and attachment influenced dispositional mindfulness and recommended a longitudinal study tracking the development of dispositional mindfulness in children in the context of parenting and attachment (Pepping & Duvenage, 2016). An insecure

attachment can impact areas of life beyond relationships with others to affect our relationship with ourselves including the perception of pain.

The intensity with which an individual experiences pain can have a devastating impact on well-being and general affect. Some attachment measures rely specifically on peer and adult relationships rather than those of primary caregivers as in research investigating whether insecure attachment can impact response to chronic pain (Davies, Macfarlane, McBeth, Morriss, & Dickens, 2009). Researchers explored the relationship between attachment style, pain status and demographic factors. Subjects, all experiencing some type of physical pain, responded to a survey and divided responses into four categories ranging from pain free to chronic widespread pain (CWP) (Davies et al., 2009). Additionally, participants responded to an adult attachment style assessment and self-identified with one of the following attachment styles most in alignment with a description of their own adult relationships:

secure (a positive model of the other), preoccupied (negative model of the self but a positive model of the other), fearful (negative model of both the self and other), dismissing (positive model of the self but negative view of the other) (Davies, et al., 2009, p. 201)

They concluded that subjects whose pain fell into the category of CWP were 70 percent more likely to report an insecure attachment style than those who self-assessed as pain free suggesting a correlation between insecure attachment and chronic widespread pain (Davies et al., 2009).

This study puts forward the idea that an insecure attachment increases the experience of physical pain. While mindfulness offers practices to help minimize the focus of one's pain, one technique is to hold the pain loosely, without gripping or drowning in it, with spaciousness so it is not the

whole of your experience but simply one part. This is easier said than done yet it has been found to be a useful practice in pain reduction.

### **Insecure Attachment and Mindfulness**

According to a developmental model created by Waddington (1957), which Bowlby also used, (Cassidy, Jones, and Shaver, 2013) early attachment does not predict outcomes later in life, nor does attachment insecurity necessarily lead to psychopathology. Rather, insecure attachment in early childhood is thought to be a risk factor (Cassidy, et al., 2013) “if subsequent development occurs in the context of other risk factors (e.g., poverty, parental psychopathology, abuse)” (Cassidy, Jones, et al., 2013, p. 14). Once again this is a reminder that insecure attachment does not preordain future psychopathology nor does secure attachment in childhood determine an adulthood free from difficulties.

Dr. Phil Shaver, highly regarded for his research in the field of attachment at University of California Davis, studies close relationships and emotions. His work is frequently included in attachment research studies. In one such study, the ECR assessment as well as tests that measured dispositional mindfulness, attentional control, rumination response, and tendency to ruminate as a response to depressed mood were all used to understand the influence adult attachments have on the capacity to experience mindful awareness (Caldwell and Shaver, 2013). They predicted, tested and concluded that avoidant attachment was correlated with suppression of thoughts while attachment anxiety correlated with rumination (Caldwell & Shaver, 2013). The standard ECR attachment assessment is a fairly long self-report measure that includes “18 questions designed to assess attachment-related anxiety and 18 items to assess attachment-related avoidance” (Fraley et al., 2011, p. 616). The avoidant attached person will, as described previously, behave as if they wish to or are able to take on life’s challenges alone. Thus one



might extrapolate from this study's conclusion that someone who feels they must take on the world without the support of others might "have to" suppress their thoughts as too much thinking may necessitate processing or unearthing painful experiences of rejection from childhood. One could also hypothesize that individuals with attachment anxiety might be more prone to rumination, quite the opposite of avoidant attached individuals. The anxiety might, understandably, generate rumination. Yet another complex area open to self-investigation for a new parent giving thought to how to raise their newborn.

Unsurprisingly, individuals with anxious or avoidant attachment, as well as generalized anxiety have been found to have a lower capacity for mindfulness (Walsh, Balint, Smolira, Fredericksen, & Madsen, 2009). Mindfulness, being open to one's present moment experience with an attitude of acceptance, seemed to be in direct contrast with the abilities of someone with attachment anxiety (Walsh et al., 2009). Using a second mindfulness assessment that distinguished traits such as non-judgmental acceptance and insight, Walsh et al. (2009) determined that anxiety appears to hinder the ability to be mindful. If anxiety and/or an anxious attachment is severe and discovered to be a significant hindrance to mindfulness, the anxiety may initially need to be addressed with therapy before mindfulness could prove useful. This would need to be addressed on an individual basis (Walsh et al., 2009).

By contrast, attachment avoidance was found to be a more significant predictor of psychological mindedness than parental bonding experiences in childhood (Bourne, Berry, & Jones, 2014). Their research asserts that psychological mindedness, the ability to make meaning of one's own thoughts, feelings and behaviors as well as that of others, was strongly correlated with maternal care as well as over-protection from fathers (Bourne et al., 2014). Studying college-age psychology students to examine the relationship between psychological mindedness,

and attachment relationships in adulthood, a hypothesis emerged that mild anxiety might make individuals more sensitive to the thoughts and feelings of others causing them to be more psychologically minded (Bourne et al., 2014). At first glance, this is in direct opposition to the conclusion drawn by Walsh et al., (2009) however, the hypothesis does refer specifically to “mild anxiety” as opposed to anxious attachment or more significant anxiety. Based on this distinction, someone with mild anxiety may experience some relief with a mindfulness practice. The challenges for parents with insecure attachment regarding their ability to parent mindfully must be considered when proposing a curriculum for parents.

Utilizing the Mental Representation of Caregiving Scale (MRCS) and the Interpersonal Mindfulness in Parenting Scale (IM-P) for self-reporting of attachment, caregiving and mindful parenting, Moreira and Canavarro (2015) found parents with attachment avoidance were unable to parent mindfully. They examined the distinctions between mothers and fathers in attachment and caregiving in mindful parenting pathways. Exploring how parental attachments impacted their self-image as caregiver the research investigated the parent’s ability to perceive the distress of others, recognize others as being worthy of help, and whether helping others was motivated by self-interest (Moriera & Canavarro, 2015). In actuality they were measuring empathy, ego and what motivates different individuals. One finding was that fathers had more difficulty with mindful parenting than mothers as they were less able to recognize the needs of others and provide help (Moriera & Canavarro, 2015). Results also demonstrated avoidant parents were less able to be mindful in relationships with their children, which suggested their own attachment avoidance kept them from recognizing others as worthy of care (Moriera & Canavarro, 2015). One obvious biological difference that may have factored into this result is that nursing mothers must pay a particular kind of attention to their infants from the very beginning, i.e., paying

attention to when the infant must be fed, which would necessarily lead to a particular type of awareness of baby. Perhaps this result would be different if the parents were of the same sex but this was not the population explored in this particular research. Though this study found some differences between fathers and mothers regarding their ability to recognize needs of others these findings were not universal which demonstrates associations between attachment and mindful parenting are not solely gender dependent, as there may be other factors to consider. For example, what role do parental stressors play in one's ability to be a mindful parent? Certainly parenting a child can be a very stressful experience. Can meditation offer support during stressful periods?

### **Mindfulness, Meditation and Stress**

Researchers concluded that meditation practiced under demanding situations can reduce the physiologic manifestations of stress while still retaining the beneficial effect of stress on memory (Mohan, Sharma and Bijlani, 2011). The effect meditation has on stress and cognitive functions was studied by assessing alertness, concentration and memory. Thirty-two male participants between the ages of 23 and 30 were instructed to play a variety of computer games to determine which caused the most stress. Stress was measured by electrical muscle activity (electromyography/EMG), heart activity (electrocardiography/ECG) and galvanic skin response (GSR) (Mohan et al., 2011). Blood samples were taken to check subject's cortisol levels. Participants were administered acute stress questionnaires, underwent assessments of cognitive functions and visual choice reaction time and were taught meditation prior to participation. One outcome revealed that stress (the stressful video game) followed by meditation showed decreased cortisol (a biomarker for stress), EMG and GSR. Surprisingly, memory quotient (MQ) increased

after stress whether meditation was practiced before or after the stress activity (Mohan et al., 2011).

Discovering that memory was increased after the stressful event was interesting. Generally, repeated exposures are necessary to learn something new but perhaps when the learning takes place during a particularly high stress event, it could be imprinted more quickly. This is just one possible explanation of why the MQ increased after stress regardless of when meditation was practiced. Perhaps the discovery that best supports the benefit of meditation is the finding that it reduced cortisol after a stressor.

Participants with higher levels of mindfulness, as measured by the Freiburg Mindfulness Inventory (FMI-14) in one study reported lower levels of anxiety, depression and stress (Davis, Morris & Drake, 2016). General wellbeing, “as assessed by measures of depression, anxiety and stress” (Davis et al., 2016, p. 119) is related to an individual’s particular attachment style. Attachment styles may be passed on from one generation to the next without awareness of the process by which this is perpetuated.

### **Intergenerational Attachment and Mindfulness**

Through perspective taking, understanding a situation from the other person’s perspective, in a secure, trusting relationship or psychotherapy, adults can learn to understand the circumstances of their upbringing. This does not necessarily suggest that every adult makes peace with or forgives all the wrongs that may have occurred during childhood. But for prospective parents it is useful to gain a larger perspective. If and when adults are able to develop a compassionate understanding of their own childhood experiences not only from their point-of-view but that of their parents or caregiver’s, they may be better able to move into the role of parent with a more compassionate heart toward themselves and their baby. Dan Siegel

sums this up eloquently. “The best predictor of a child’s security of attachment is not what happened to his parents as children, but rather how his parents made sense of those childhood experiences” (Siegel, 2010, p. 171). Mary Main and colleagues were first to publish information on the topic of intergenerational transmission of attachment (Cassidy, Jones, & Shaver, 2013). Simply stated, a mother’s state of mind regarding her attachment with her own primary caregiver determines her behavior toward her infant which strongly influences the infant’s developing attachment (Cassidy et al., 2013). However, De Wolff and van IJzendoorn (1997) identified a “transmission gap” which is presently under investigation (Cassidy et al., 2013). Research by DeWolff and van IJzendoorn (1997) has revealed a weaker link between maternal sensitivity and infant attachment than in previous reports by Mary Ainsworth. Thus far, attachment researchers have not come to consensus “about how to understand maternal behavior as a predictor of infant attachment” (Cassidy et al., 2013, p. 9). The research in this area is ongoing in order to more precisely understand the intergenerational transmission of attachment and the transmission gap.

Dr. Jon Caldwell also spoke about the existence of intergenerational cycles of attachment. He commented that achieving a secure attachment while living in poverty is much more difficult due to factors like, less social support and more stressors (Uram & Caldwell, 2012). In one study he conducted, his conclusion was that neglect was a stronger predictor for developing insecure attachment than sexual or physical abuse (Uram & Caldwell, 2012). This conclusion further confirms the enormous influence neglect has on young children.

Children do not choose their attachment figures. They do not meet their parents in the delivery room and decide not to have a relationship with mother or father. Parental personality, education, mental health and poverty are significant elements all brought into the attachment relationship (Uram & Caldwell, 2012). Caldwell remarked that the brain is wired for security so

it is natural for an infant to move toward their caregivers. He further suggested that parents' attachment styles from childhood are directly related to how they attach to their own children. In early attachment relationships children begin to learn coping skills to deal with anger and emotion regulation. If parents are unable to provide a safe, loving, nurturing environment for a child due to their own history of trauma, a secure attachment cannot form which can lead to difficulty in middle childhood, academic challenges, addiction, adult attachment problems, relationship problems and finally parenting issues (Uram & Caldwell, 2012). Parental personality, education, and mental well-being are elements brought into the attachment relationship (Uram & Caldwell, 2012). Caldwell's self-created curriculum was taught to insecurely attached parents (assessed by questionnaire), during a three-day workshop focusing on relational trauma, attachment and mindfulness. The objective was to cultivate awareness of their thoughts, feelings and emotions, particularly toward their own attachment experiences growing up (Uram & Caldwell, 2012). The idea was to support their parenting because ultimately the same type of parenting that fosters mindful awareness fosters creation of a secure attachment (Uram & Caldwell, 2012).

Further investigation on intergenerational attachments was conducted by Pickard, Townsend, Caputi and Grenyer in 2017. Their study explored "the relationship between prenatal measures of maternal attachment and mindfulness" (Pickard et al., 2017, p. 346) and the postnatal interactions with their infants, which were observed by researchers at 7 to 10 weeks postpartum. Pickard et al., (2017) believe their research was the first of its kind that included the use of mindfulness and attachment measures prior to observation and prediction. Other researchers have relied upon self-reports rather than direct observation. Recordings made while observing mothers feeding their infants 7 to 10 weeks postpartum revealed maternal response to

distress positively correlated to secure attachment (Pickard et al., 2017). At the same time, mothers with a profoundly distrustful attachment were highly reactive with their distressed infants, meaning they reacted immediately with an anxious quality rather than responding thoughtfully. The mothers labeled distrustfully attached were unable to contain their own inner experience which spilled over impacting their response to their upset infants (Pickard et al., 2017). One final noteworthy finding in this study is the association between mindfulness and the ability to label and describe feelings with words found in both securely and insecurely attached mothers (Pickard et al., 2017). Perhaps the ability to communicate feelings verbally may transfer as a quality for mothers to more easefully engage in reflective functioning with their newborns.

### **Mindfulness During Pregnancy**

Parents recognize that they are moving into a new phase of life upon receiving the news of pregnancy (Brazelton & Cramer, 1991). Knowing they are entering a new phase does not, however, prepare women for the unpleasant dreams that can occur during pregnancy. Many expectant parents experience both apprehension and excitement with the news of pregnancy. Maternal self-awareness and self-regulation are among the outcomes cultivated through mindfulness training (Snyder, et al., 2012). Paying deliberate and openhearted attention to the moment-by-moment unfolding of the external and internal world supports development of the ability to separate physical sensation from thought, easing the sense of overwhelm (Duncan & Bardacke, 2009). The following research explores the role mindfulness can play during this time.

Practicing mindfulness was found to decrease pain and depression because of its ability to reduce preoccupation. (Hughes, Williams, Bardacke, Duncan, Dimidjian, & Goodman, 2009). Pregnant women suffering from any kind of pain have limited pharmacological options due to

possible interactions with the fetus (Hughes et al., 2009). They concluded practitioners of mindfulness were better able to see their thought patterns more clearly diminishing the likelihood of becoming carried away by negative thoughts that often accompany pain (Hughes et al., 2009). It was the “uncoupling of the physical sensations from thoughts about them” (Hughes et al., 2009, p. 2) that provides the relief. The connection between physical and emotional experience is one of the centerpieces of mindfulness practice. Learning to separate the physical experience from the emotional one is a skill that has application in many areas including parenting and childbirth.

Mindfulness-Based Childbirth and Parenting Education (MBCP) is a mindful parenting education program offered in the third trimester and designed to allay pregnancy anxiety and support family health and well-being throughout pregnancy (Duncan and Bardacke, 2009). Quantitative data collected post childbirth reported statistically significant decreases in pregnancy anxiety as well as statistically significant increases in mindfulness and non-reactivity (Duncan & Bardacke, 2009). Participants claimed skills learned in MBCP were very useful to cope with stressful aspects of pregnancy, labor and delivery. Unfortunately, there were only 27 subjects in this study; therefore, Duncan and Bardacke (2009) concluded that further research is indicated. Despite the small number of subjects, the feedback from participants included statements reflective of having received benefit from participating in the program. “When I got worried about the birth, I would just breathe to stop my mind from going all sorts of bad places” (Duncan & Bardacke, 2009, p. 198). “...the class taught us how to work as a team and be fully present in the moment and that connection got me through delivery and the post-partum period” (Duncan & Bardacke, 2009, p. 198). Certainly continued research is in order yet feedback from



participants seem to indicate the effectiveness of integrating mindfulness with pregnancy right through delivery.

A promising approach to reduce depressive symptoms during pregnancy was a combination of mindfulness training and cognitive therapy, a short-term, solution focused treatment (Dunn, Hanieh, Roberts & Powrie, 2012). Training in Mindfulness-Based Cognitive Therapy (MBCT) for expectant women with a history of either depression or anxiety proved beneficial in reducing stress symptoms (Dunn et al., 2012). Despite a high attrition rate in this study results demonstrated statistically significant decreases in stress symptoms from baseline to post-treatment, which contrasted with the control group, who did not participate in MBCT or have a history of depression and showed very little change (Dunn et al., 2012). More research is indicated with higher participation.

Though the study had a small sample size and thus concluded further investigation would be useful, a post-intervention assessment following an 8-week Mindful Motherhood training revealed statistically significant decreases in negative affect and anxiety in expectant women who were presently or had been previously treated for depression with psychotropic medications (Vieten & Astin, 2008). Assessments were conducted for depression, stress, anxiety, affect regulation, and mindfulness. Due to complexities involved in finding participants for this type of research who are able to complete the study for its entirety, a number of studies investigating prenatal mindfulness require multiple attempts before findings of significance can be reported. Studies of mindfulness and how it might enhance motherhood are still a fairly recent subject under investigation.

Chan's research concluded that meditation practiced while a fetus is developing is beneficial to the newborn (Chan, 2014). He claimed that meditation practiced by women during

pregnancy produced higher cord blood cortisol level in the newborns. This study stated that cord blood cortisol is a useful indicator of intra-uterine fetal mental health (Chan, 2014). The program implemented was Eastern-Based Meditative Intervention (EBMI), a six-week program that included mindful eating, mindful walking, mindfulness prenatal and postnatal exercises, daily practices of ‘self help’ and helping others, breathing practices, body scan, mindful breathing and more (Chan, 2014). Chan’s (2014) study claimed the fetuses growing in a less stressful environment, (e.g. one in which the mother learned EBMI), demonstrated better birth outcomes and improved fetal mental health. On the other hand, this single author study did not consider other variables that may have played a role in the outcome such as socio-economic, education, employment status, or other life circumstances. Maternal anxiety, and stressful life events during pregnancy may impact an infant’s temperament (Austin et al., 2005). The possibility of negative consequences on an infant that are linked to maternal stress and anxiety are numerous. Presently, there are some mindfulness programs available to support parents but this is yet a young field, rife with possibilities of targeting specific issues.

### **Pre/Post Natal Mindfulness Programs**

There are few specific programs and therapeutic treatments introducing mindfulness into parenting. Sawyer Cohen and Semple (2010) synopsis a number of mindfulness-based psychotherapies and interventions currently available to support parents and their children. Those described include: Mindfulness-Based Cognitive Therapy for Mothers (MBCT), Dialectical Behavior Therapy (DBT), Acceptance and Commitment Therapy (ACT), Interpersonal Mindfulness Training (IMT), Mindfulness-Based Relationship Enhancement (MBRE), Mindful Parenting Program (MPP), Mindfulness-Based Parent Training (MBPT) for parents of disruptive children/children with ADHD as well as autism. Each therapy targets

slightly different populations or issues. For example, MBCT, which is “a clinically oriented adaptation of MBSR that was developed to reduce the likelihood of depressive relapse” (Sawyer Cohen & Semple, 2010, p. 145) has been used to treat generalized anxiety disorder (Evans, as cited in Sawyer Cohen & Semple, 2010), obsessive-compulsive disorder (Patel, as cited in Sawyer Cohen & Semple, 2010), and alcohol and substance abuse (Witkiewitz, as cited in Sawyer Cohen & Semple, 2010). Another 8-week program titled Mindful Motherhood Intervention focused on the cultivation of three aspects of mindfulness: 1) Being aware of thoughts through breath awareness and meditation. 2) Body awareness through body-scan practices and hatha yoga. 3) Learning about acceptance and self-observation (Vieten & Astin, 2008). Nancy Bardacke, a nurse-midwife, mapped out a curriculum she designed titled Mindfulness Based Childbirth and Parenting (MBCP) based on Jon Kabat-Zinn’s Mindfulness Based Stress Reduction (MBSR) (Bardacke, 2012). MBCP is a 9-week, pre-natal course, referred to previously in Duncan and Bardacke (2009), with one final class occurring after the child’s birth. The synopsis of interventions suggests that mindfulness encourages parents to parent in a manner more consistent with their own values versus behaving in unconscious, habitual patterns (Sawyer Cohen & Semple, 2010). Unfortunately, few if any of these programs are widely available.

Depressive symptoms can be mitigated in at-risk women using Mindfulness-Based Cognitive Therapy for Perinatal Depression (MBCT-PD) (Dimidjian, Goodman, Felder, Gallop, Brown, & Beck, 2016). In a randomized clinical trial with pregnant women at risk for a recurrence of depression participants in MBCT-PD reported lower levels of depressive severity than those in treatment as usual (TAU) (Dimidjian et al., 2016). Expectant women were being treated with either medication, psychotherapy, both or neither. Elements of MBCT-PD included

lovingkindness meditation that instructed mothers how to direct loving attention to themselves and their babies (Dimidjian et al., 2016). The women were also taught to observe and reframe their self-defeating thoughts (e.g... a good mother ought to be able to make dinner and handle a new baby) and to recognize the importance of asking for support from loved ones (Dimidjian et al., 2016). Sometimes the parent needs support around her own issues while other times, it is the child that initiates the need for specific types of assistance.

**Specific Populations.** Parents of children with developmental delays reported reductions in stress and depression while increasing general life satisfaction after participating in MBSR training (Lewallen & Neece, 2015). All parents had previously taken part in Mindful Awareness for Parenting Stress (MAPS). The baseline scores of these particular children, ages 2.5 to 5, in empathy, self-control and engagement were below average prior to their parent's participation in the study designed to investigate whether the children's social skills improved after their parents completed the MBSR training (Lewallen & Neece, 2015). Changes in children's self-control were attributed to two components specific to the parent-child relationship: practices used for discipline and attachment. Although no statistically significant changes were observed in the parent-child relationship regarding discipline practices, it was noted that changes occurred which were significantly associated with improvements in children's self-control (Lewallen & Neece, 2015). It was reported that father's relationship to their child played an important role in the child's attachment development (Lewallen & Neece, 2015). This is one example of a program that has a targeted audience, parents of children with developmental delays, to help mitigate struggles for the parents and the children.

### **Mindful Parenting**

By and large, parents want to do their very best to raise children able to enjoy strong, satisfying relationships with friends, peers, employers, and within community. Many people experience overwhelming, unexpected new stresses once they step into the role of parent. The challenges for parents today are myriad including medical, educational, racial, or economic barriers, and beyond. These are just some of the factors compounding the distress a new parent experiences beyond the basic care and feeding of a tiny, new life. Additionally, parents' personal childhood experiences strongly influence how they parent their children. Unless parents have intentionally addressed their own insecure attachments either in therapy or a specialized program it may be transmitted to the baby via intergenerational attachment.

Parents who developed avoidant attachment as children because they were raised in an "emotional desert" (Siegel & Hartzell, 2003, p. 134) develop adaptations by reducing their dependency on others for emotional support. This may negatively impact emotional self-awareness which can influence their openness to the emotional experiences of others, including their own children (Siegel & Hartzell, 2003).

Ambivalent attachments, created out of early childhood experiences of inconsistent parenting, can leave adults feeling insecure about their emotional needs being met and relationships being reliable (Siegel & Hartzell, 2003). The defenses used as protection over the years may impair the ability to parent. To improve an ambivalently attached parent's ability to parent, Siegel and Hartzell (2003) suggest self-talk techniques such as telling oneself, "I am loveable", that help cultivate self-compassion. Offering oneself the kindness and love not received by one's own parents "are the keys to growth for this form of adaptation" (Siegel & Hartzell, 2003, p. 138). These techniques are familiar to meditation practitioners as

lovingkindness/metta practices and compassion practices. They are used to cultivate warmhearted, loving awareness for all living beings, including one's self, which would be a very useful skill to develop particularly for those suffering with burdensome, insecure attachments.

Adults whose parents caused them fear or trauma may respond with "internal disorganization" (Siegel & Hartzell, 2003, p. 138). Disorganized attachments can lead to emotional paralysis or high reactivity in stressful situations making skillful parenting more difficult. Parents with disorganized attachment may find themselves unable to integrate memory, emotion and bodily sensation leading to a sense of emotional overwhelm (Siegel & Hartzell, 2003). These parents would best be served by therapeutic treatment before beginning a mindfulness program. Siegel and Hartzell (2003) write that a licensed, clinical professional best addresses that type of trauma.

### **Parenting Mindfully, Living Mindfully**

Rather than suggesting that mindful parenting is a task or technique, the following statement points to the very nature of practicing mindfulness in daily life. Cassandra Vieten posits that "Mindful motherhood is a way of being" (Vieten, 2009, p. 19). Practicing mindfulness is a matter of inclining the mind in a particular direction. Everyone is capable of paying attention intentionally (being mindful) since all humans have a mind and a body (Kabat-Zinn & Kabat-Zinn, 2014). Mindfulness is not only about directing our attention to the present moment but how we pay attention is of primary importance. The capacity to be mindful is available to all people including parents. Parents who wish to practice mindful parenting might first consider what they wanted most from their own parents (Kabat-Zinn & Kabat-Zinn, 2014). Many people wanted parents to simply accept them just as they were, and to be treated with kindness, understanding and compassion (Kabat-Zinn & Kabat-Zinn, 2014). These are capacities of empathy which are simple to access when holding a sleeping infant and more

difficult when confronted with a screaming toddler (Kabat-Zinn & Kabat-Zinn, 2014). The value of parents' developing a solid compassion practice is illustrated beautifully in the following quote from Jon and Myla Kabat-Zinn. "When we cultivate empathy, we try to see things from our child's point of view" (Kabat-Zinn & Kabat-Zinn, 2014, p. 66). Parents support their baby's brain and nervous system by offering love, nurturance and respect (Kabat-Zinn & Kabat-Zinn, 2014). When parents can experience things from a child's point of view, when they are able to pause in the moment, they are able to respond with compassion to the needs of their child.

As noted previously, mirroring a baby's affect helps them begin to make sense of their own mental state (Borelli et al., 2015). Babies are filled with new experiences, emotions and sensations (Takikawa & Contey, 2010). Simply stated by Takikawa and Contey, "The main way babies learn to see themselves is through the eyes of others" (Takikawa & Contey, 2010, p. 30). This validates the need for parents to mirror their baby's affect to help them learn to understand their own mind states. Most people want to be seen and understood with kindness (Kabat-Zinn & Kabat-Zinn, 2014; Takikawa & Contey, 2010). When a parent gently soothes his or her crying baby with words like, "You are feeling overwhelmed right now, I am here to protect you", they support the baby's understanding of his own inner, emotional experience (Takikawa & Contey, 2010). This is part of the mirroring process, reflecting the baby's experience and labeling it for them with love and kindness. A parent attuned with his or her baby's experience is practicing mindful parenting.

Bowlby theorized that parental attitude toward the developing child immensely influenced the patterns of attachment which accounted for the child's individual development (Fricchione, 2011). Cambridge Massachusetts psychologist, Chris Willard defined a mindful

parent in this way: “a mindful parent is parenting in a way that is responsive, not reactive, from the calm of the present moment, not the chaos of the past” (Willard, as cited by Halpert, 2016). In her article on mindful parenting, Halpert mentioned the value of focusing on breathing, taking 15 minutes a day to practice mindful breathing as a way to find calm. She also included the importance of observing your child; being slightly more engaged with them during a particular moment of the day and concluded with the gentle reminder to parents that they will not be perfect, that all parents make mistakes (Halpert, 2016).

Jon and Myla Kabat-Zinn write that the key to mindful parenting is “honoring our children’s sovereignty” (Kabat-Zinn & Kabat-Zinn, 2014, p. 51). Honoring children’s sovereignty means recognizing children not as extensions of their parents but as their own tiny, independent beings, trying to integrate information received through observing the people around them (parents) as well as their environment. This reinforces how essential it is for parents to be able to regulate their emotions (affect regulation). Affect regulation, also called emotional regulation, is how parents (or anyone) regulate both positive and negative emotions (Newton, 2008). Parental behavior is the fertile ground for early childhood learning. Parents who are unable to manage their own emotions, behave impulsively or reactively (affect dysregulation) have a negative impact on the baby (Lind, Bernard, Ross, & Dozier, 2014). The role parents play in helping children develop emotional regulation cannot be overstated as it helps babies and young children learn to regulate their own behavior, affect and physiology (Lind et al., 2014).

Though many adults can reflect upon particular moments in childhood with delight, it is natural to expect that there are also difficult memories as well. Brazelton and Cramer refer to the feelings that can get stirred up when reflecting back on childhood when they write, “No adult looks back on childhood as unmitigated pleasure” (Brazelton & Cramer, 1990, p. 39). It is of



course unrealistic to expect every day of parenting or childhood for that matter to be like a day in paradise. However, mindful parenting is a way to awaken new parents from auto-pilot habits, encouraging authenticity to help parents raise their child in accordance with their own values (Sawyer Cohen & Semple, 2010). Jaak Panksepp, an affective neuroscientist, describes the emotional centers of the human brain as quite similar to that of many animal brains “thereby anchoring in evolution the fundamental link of emotions and feelings to behavior” (Newton, 2008, p. 3). Employing mindful parenting techniques, parents may be better able to learn to connect authentically with their children, be more emotionally connected and help their children create secure attachments that will have abundant positive repercussions throughout their lives.

### **Limitations**

There were limitations in this research beginning with the fact that many of the earliest observations made were of infants being cared for in a nursery during World War II. These studies referred exclusively to mother as the primary caregiver. The nursery observations were primarily found in the original attachment studies, but it is worth noting how much times have changed since published material was first available on the subject of attachment. The primary caregiver of today may be mother but it may also be father, nanny, grandparent or another person. Furthermore, much of what is included in the current literature is that most of the conclusions refer to a family structure of a mother and father and do not reflect the varied modern family structures of the present day, i.e. two moms, two dads, single parents, adoptive families, grandparents as parents, etc.

A number of the studies had very small sample sizes. As yet, there has not been an abundance of research on mindful parenting and its long-term effects on children. There will need to be more programs readily available before any longitudinal studies can be undertaken

and data collected. Further research and duplicating the research, with greater numbers of subjects participating, will add credence and validity to the results. Though they will be expensive to conduct, longitudinal research into the effectiveness of parenting training is an essential part of improving the programming.

Very few studies accounted for socio-economic, educational, race, ethnicity or other types of diversity that may have been factors in the results.

### **Discussion**

Can new parents use mindfulness/awareness practices and meditation to promote the cultivation of secure attachments in their children? As detailed in the literature, the significance of a parent's attachment style cannot be overstated. Studies have only begun investigating how mindfulness practices may be utilized as a tool to awaken parents to see their own behaviors and thoughts more clearly as a means for transforming old, unbeneficial habits into practical skills. Research on how maternal mindfulness practices may affect future generations is still in its infancy but studies on attachment abound. Still, further research is necessary to study how/if our own insecure attachments from childhood might be transformed through mindfulness training and prevent the intergenerational transmission of insecure attachment.

There are many mindfulness and meditation practices parents can experiment with in order to find some that feel comfortable and supportive for them. With repeated practice, commencing before the birth of the baby, parents may use these practices to bolster their "mindfulness muscle" while supporting the development of secure attachment with their children. Through regular practice of the tools taught in the carefully crafted SAMPP program, which is designed to help expectant parents cultivate self-awareness (including awareness of how their habits from childhood may be negatively impacting their lives today), self-compassion and

compassion for others, parents may be able to alter reflexive habits, deeply ingrained in childhood, into more responsive, connected actions and become mindful parents.

The aim of the included curriculum is to help break the intergenerational cycle of insecure attachment using mindfulness and mediation. It is also designed to help any expectant parent, regardless of their own attachment history, to become more mindfully aware which will nurture the cultivation of secure attachments for their children. The curriculum aspires to:

- 1.) Educate expectant parents about attachment theory.
- 2.) Explain simple attachment practices, which support the parent-child bond and lead to creation of secure attachment.
- 3.) Describe and practice mindfulness and meditation techniques.
- 4.) Create a supportive sangha or community for parent participants.
- 5.) Help cultivate an attitude of *good enough parenting* over perfection.

The sort of parenting that fosters attachment security is the same type of parenting that also fosters mindfulness (Caldwell, 2012). Based on the research put forth, my belief is that parents, who practice mindfulness, with particular attention to their relationship with their children, will provide a better opportunity for their children to develop a secure attachment.

### **Conclusion**

The research presented in this paper describes parent-child attachments, which are created during the first three years of life. Attachment theory has helped explain why some individuals emerge from childhood with insecure attachment as well as provided understanding of some of the challenges confronted by these individuals throughout their lives. Insecure attachments result from a complex set of life circumstances that may include traumatic, neglectful or other adverse childhood experiences. Without an understanding of the significance

of attachment or intergenerational attachment, parents are likely to unintentionally repeat potentially harmful habits with their own children.

While insecure attachment does not preordain someone's future psychopathology, it is a risk factor. The literature assembled in this paper illustrates the beneficial impact that mindfulness practices can have on individuals with insecure attachments. Unless some interventional action takes place, insecure attachments can be passed from one generation to the next. For expectant parents who may have insecure attachments or whose reactive habits may negatively impact their parenting, bringing mindfulness practice into their daily lives can be very useful and worthwhile. The following Secure Attachment Mindful Parenting Program (SAMPP) is meant to educate expectant parents about attachment, address the challenges faced by new parents and provide simple mindfulness practices to support them in bringing awareness to themselves and their relationships, most specifically with their babies, to foster a focused attention on their development of secure attachment.

Secure Attachment Mindful Parenting Program – SAMPP

Lauren E. Rubin

December 2017

Facilitator's Guide

The current research highlighted in the accompanying paper inspired me to create the SAMPP curriculum. Based on the available studies, I have concluded that the ability to develop a secure attachment in early childhood may be strengthened when parents are regularly practicing mindfulness and meditation. The foundation of this belief is based on the research presented as well as personal experience of how regular mindfulness practice has brought more positive intentionality to my own daily life. It is my belief that parents utilizing the strategies from this curriculum of mindful practice in action will be better able to support the development of secure attachments for their babies.

The intention of this curriculum is to present expectant parents, in the second or beginning of the third trimester, with basic knowledge about early childhood attachment. Informed with this fundamental knowledge, parents-to-be will be better able to reflect upon their own childhood attachments and make discoveries about their upbringing. This self-reflection will create the potential for participants to make conscious parenting decisions rather than fall into deeply ingrained, potentially harmful habits. Once parents appreciate the value of secure attachment, they will develop some tools that will enable them to be more aware and deliberate in their parent-child interactions.

Teaching participants simple mindfulness techniques and meditation practices will provide them with skills that enable them to practice making more responsive choices rather than reactive ones with their infants (and anyone else). The guiding thought behind the SAMPP curriculum is that when parents have strengthened their mindfulness skills they will experience more balanced states of mind and less reactivity thereby creating a home environment that is also less reactive. SAMPP is fundamentally about understanding the importance of developing a secure attachment in early childhood and helping parents, through meditation and mindfulness,

begin to develop both internal emotional awareness and external awareness to include a sense of compassion for all others, specifically their new babies.

Participants would learn of this program through their OB/GYN office, fertility clinic, hospital or birthing center. Prior to beginning the program, participants would have the opportunity to contact the facilitator should there be questions regarding the meditation and attachment components of SAMPP before determining if the program would satisfy their needs.

While the attached SAMPP curriculum is written as a script, it is my intention that each session will unfold organically based on the specific needs of the participants in each group. Each session will include a number of opportunities for sharing experiences, reflections, discussion and questions. Due to the amount of information on attachment and mindfulness (including skills training) within the curriculum, having a dynamic, interactive exchange of ideas will serve to enrich the experience for participants and facilitator. Occasionally sharing in a group such as this may be enhanced by a more intimate setting therefore, there will be opportunities when discussions will take place in smaller groupings while others will include the entire group of participants.

**SAMPP Syllabus**

Week 1 – Attachment.

Week 2 – Introduce the body scan. The attitudes that support mindfulness.

Week 3 – Compassion and self-compassion.

Week 4 – How to's for secure attachment, lovingkindness/metta meditation.

Week 5 – Mindfulness in daily life, the good enough parent.

Week 6 – Sharing birth experiences, post-partum depression vs. baby blues, introduction of  
CALMS approach.



## Secure Attachment Mindful Parenting Program (SAMPP) Curriculum Facilitators Guide

**General Disclaimer:** I am not a licensed health care provider. This program is not designed to replace any therapeutic treatment.

### Session 1:

Overview:

- 1) To set the “ground rules” for the group: confidentiality and respect.
- 2) To create a welcoming, inclusive environment in which participants feel comfortable sharing their hopes and fears about the impending birth.
- 3) Give an overview of Attachment Theory; explain secure attachment, earned secure attachment and the different types of insecure attachments.
- 4) Practice mindful eating exercise as first step of understanding the concept of mindfulness. Focused attention, without distraction.
- 5) End the session with a simple breath meditation.
- 6) Leave time for discussion and questions.

- Content:

Confidentiality:

What is discussed in this room should remain confidential. All group members are asked to respect the privacy of everyone present. This maintains the group’s integrity, allowing us to share candidly and support one another with compassion.

Respect:

We are all here to listen and learn. Knowing that each person will have a particular point of view or opinion we will make every effort to refrain from judgment and accept the perspectives of

others. It is important to be sure that each person has an opportunity to participate and receive feedback from the group.

Ask group if this all seems reasonable. If there are any rules I have left out, please make suggestions now so we can discuss them together.

- Facilitator introduction.

Ask each participant to introduce him or herself and share how they feel about the impending birth of their baby (e.g. what they are looking forward to and/or are afraid of).

---

Does anyone have a regular meditation practice or have you ever tried meditating? Discuss.

What brought you to an attachment focused parenting group? What questions do you have about attachment?

### Discussion and Questions

Read Quote:

“In the absence of reflection, history often repeats itself, and parents are vulnerable to passing on to their children unhealthy patterns from the past. Understanding our lives can free us from the otherwise almost predictable situation in which we recreate the damage to our children that was done to us in our own childhoods.”

*Parenting from The Inside Out* (Siegel & Hartzell, 2003, p. 4)

---

Attachment refers to the way infants and young children form *bonds of affection* with their primary caregivers, typically their parent(s). It is the *earliest social and emotional development*, which begins in infancy. In fact, some studies suggest it can begin before birth. For example,

newborns in the delivery room often seem to respond (turn toward) voices they recognize right from the very beginning. So, if you feel like singing to that belly, or telling it a story, go for it. A secure attachment in early childhood creates the blueprint of all future relationships including, peer, coworkers, and romantic. Developmental psychologists, psychiatrists and neuroscientists agree that a child's emotional development plays a critical role later in life (Newton, 2008). The *most* brain development, most rapidly, begins in the third trimester and continues through the second year.

A secure attachment promotes brain development, particularly the right brain, which controls emotional function, nonverbal communication (left brain controls language). A secure attachment also fosters self-worth, social competence with peers, resilience and self-reliance. It also regulates empathy, intuition, and stress (Newton, 2008).

So the significance of developing a secure attachment cannot be overstated.

### Attachment Categories

About two-thirds of children develop secure attachment. The securely attached baby (by 6 to 12 months) will be distressed when their parent leaves the room and upon returning, baby is seeking to be held and comforted, then settles down and continues playing with toys in the room (Siegel, 2011).

Some people fall into a category called *earned-secure*. This means that although they did not form a secure attachment with their parent but there was someone outside the home with whom they formed a safe, trusting relationship later in life. Often times this can occur in a romantic relationship even if a trusting, safe relationship never happened at home.

Parents who respond sensitively to their children raise kids who:

- Get their needs met, as a result of having had their own needs met

- Confidently explore the world
- Know they can rely on their parents if needed
- Can regulate their emotions
- Feel worthy of positive, trusting social interaction, strong self-esteem
- Are socially competent
- Show empathy toward others
- Learn that they are loveable, competent and capable

(Newton, 2008)

### Insecure Attachments

Children whose parents were rejecting of them and their need for physical contact, and/or responded without sensitivity or consistency are:

- Less able to get their needs met as a result of not having them met by their parents. They believe they are unable to satisfy their own needs.
- Lacking in confidence and independence.
- Expecting to be unsuccessful in their efforts since their efforts to influence their parents failed.
- Unable to regulate emotions, as their parents were not available to help them regulate their emotions.

### Discussion and Questions

---

- Explanation of raisin exercise (may also be done with a small clementine or chocolate)

Now that you have been introduced to some fundamentals of attachment, we are going to practice an exercise that helps slow us down to the present moment. Being present with your

baby is an important component to the developing a trusting parent-child relationship, which helps your baby create a secure attachment. Tuning in with focused awareness quiets the distractions in the mind so we can take in what is happening right in front of our eyes or experience sensations that are occurring in the present moment. Our first mindfulness practice will be with a simple raisin.

**Practice: Raisin Exercise**

Distribute one raisin, pen and paper to each person. Walk through each of the six sense doors with the raisin asking each person to record their experience on the paper.

---

Classic Buddhist teachings describe the six sense doors: seeing, touching, smelling, tasting, hearing and thinking about. We are going to experience this raisin through each of the sense doors stopping briefly to write each experience before moving on to the next.

*Touching* - Feel how the raisin feels in between your fingers, on your palm and when you roll it on your cheek. See how many ways you can experience the raisin with touch. Try it with your eyes closed. Become the expert on your raisin. Jot a comment on your paper.

*Seeing* - Imagine this is the first time you have ever seen a raisin, like you just arrived from another planet that does not have raisin. Look carefully at the raisin, notice the many ridges, grooves, its shape, sheen, color, how it responds to light, can you see through parts and not through other parts? Jot a comment on your paper.

*Smelling* - Sniff your raisin. Does it smell different if you use your left nostril vs. right one? Notice any bodily sensations that arise when you sniff the raisin, in the mouth or stomach. Jot a comment on your paper.

*Hearing* - Now hold the raisin to your ear and gently squeeze it between your fingers. What is the experience of listening to your raisin? Jot a comment on your paper.

*Thinking about* - During this exercise, did you notice other thoughts happening? Are you ready to taste this raisin? Have you been able to stay with observing it with your senses without other thoughts floating in your mind?

Before you take a taste, take a few moments to consider this raisin, how much time you have spent investigating it, knowing what makes this particular raisin unique, its shape, size, creases. How long was it growing? Consider the sun and the rain that nourished it. Think about who planted the seeds and how it got here. Who harvested the grape, and who brought it to market? There is a lot to consider about this one tiny raisin. Jot a comment on your paper.

*Taste* - Bring it up to your lips and take a small bite of the raisin or place the entire raisin in your mouth. Without swallowing it right away, notice any sensation of texture or flavor that change as you chew. Notice what happens inside your mouth once you take the first bite, when you swallow a piece. Jot a comment on your paper.

### Discussion and Questions

Bringing attention to the present moment without judgment is a skill that can be cultivated with meditation. This skill transfers to how to be present with our babies, and how you can begin to tune into the baby now. Noticing the kicks, turns, hiccups, the times of day when the baby is active or resting. Sharing the time together, noticing together what the baby's tendencies seem to be is a way of quieting down the very busy mind. Paying attention to the sensations in the body related to the baby can be used as a meditation anchor.

**Exercise: 5-minute Breath Meditation**

This meditation can be practiced anywhere at any time. When you feel the need to give yourself a timeout, before you explode in anger at someone while driving, at work, or at home. The breath is a very easy sensation to tune into because it is readily accessible to most of us.

*Sitting comfortably, upright but not rigid, adjusting to a posture you find restful and alert. If you feel comfortable doing so you may close your eyes now or gently cast a downward gaze a few feet in front of you. Notice that the body is breathing. Aware that the breath is moving in and out, or perhaps it feels as if it's moving up and down. Letting the body inhale deeply slowly filling up the lungs and belly. Hold the inhalation for four seconds and then slowly release. Repeat this 3 more times and then find the body's natural breathing. If you would like to check in with the body to help get a somatic sense of the breath you might try placing one hand on the abdomen or the chest, wherever you most experience the breathing. Sensing the belly move out on the in-breath and in on the out-breath. Or if the chest is where the breath is most present for you, observe how the chest rises and falls with the in and outbreath. Without judging how it feels or the pace at which the breath is being breathed, simply notice what it feels like for you right now. Finding a rhythm that is easeful and pleasant, resting the attention on the breathing. When the mind wanders into thoughts, and it will because this is what minds do, gently guide it back to breath. Those thoughts can be resting on the side of the shore as you float gently down the stream of breath. Sending the thoughts to the side to return to at a later time. Each time you are aware of thoughts is a moment of mindfulness and in that moment you may gently guide attention back to the breath.*

Home practice:

Until we meet next week, practice a seated or lying down minimum 5-minute breath focused meditation each day. You may also experiment with the mindful breathing in times of high stress and notice if it calms you down.

Also try practicing mindfulness while doing an everyday activity that is usually done mindlessly (i.e. brushing teeth, washing dishes, folding laundry, driving). You may want to experiment with having a mindful meal, eating in silence, aware of how much food you put on your plate, how long you chew each bite, what thoughts arise as you eat silently.

Distribute Handouts 1 and 2



### **Handout Session #1**

“In the absence of reflection, history often repeats itself, and parents are vulnerable to passing on to their children unhealthy patterns from the past. Understanding our lives can free us from the otherwise almost predictable situation in which we recreate the damage to our children that was done to us in our own childhoods.”

*Parenting from The Inside Out* (Siegel & Hartzell, 2003, p. 4)

#### Home practice:

Practice a seated or lying down minimum 5-minute breath focused meditation each day. Also try mindful breathing during the day when stressed. Also try practicing mindfulness while doing an everyday activity normally done mindlessly (i.e. brushing teeth, washing dishes, folding laundry, driving). You may want to experiment with having a mindful meal, eating in silence, aware of how much food you put on your plate, how long you chew each bite, what thoughts arise as you eat silently.

#### The Types of Attachment:

*Secure:* A securely attached child has established a sense of trust that their primary caregiver will keep them safe and secure. A person with secure attachment will develop self-reliance, resilience, and social competence with peers, empathy for others, and self-worth among other qualities.

*Insecure-Avoidant:* The first year of life for an insecure-avoidant infant was met with minimal parental attention or none at all. The child relies heavily on his independence skills minimizing the importance of his caregivers. When struggles arise, the frustrations are greater than necessary. Assistance from a loving caregiver would be very beneficial. A person with this type of attachment emphasizes independence at the expense of relationships.

*Insecure-Ambivalent:* This child relies heavily on his parents and does not strengthen his own independence. The first year of life for this infant was filled with inconsistent parental attention. This person will have a difficult time managing self-reliance as they mature, as this was not emphasized when they were young. A person with an ambivalent attachment focuses attention on relationships at the expense of independence.

*Disorganized Attachment:* This child can neither depend on their parents or themselves for security and reassurance. As children, they can appear distracted, confused, and fearful. As an adult, this person attempts to control things in life to create a sense of safety and is at risk for developing a number of issues later in life including behavior problems, depression and anxiety.

If you are interested in taking a simple attachment test online, here are two options:

<https://testyourself.psychtests.com/testid/2859>

<http://www.web-research-design.net/cgi-bin/crq/crq.pl>

These primary attachments form during the first three years of life yet there are many other circumstances/relationships that contribute later in life that may support us in developing an earned security.

**Handout Session #1 (2)****The Difference Between Bonding and a Secure Attachment Bond**Bonding

Refers to your feelings for and sense of connection to your child that begins before birth and usually develops very quickly in the first weeks after the baby is born.

Is task-oriented. You attend to your child's needs, whether it's changing diapers and feeding, or taking to soccer practice and the movies.

You maintain your regular adult pace while attending to your child. For example, you hurry to feed your child dinner so you have time to watch your favorite TV show, or you cut short playing a game with your child to answer a text.

You as the parent initiate interaction with your child. For example, you want to get a cute photo of your baby laughing so you initiate playtime, or you make your teen his favorite meal so he'll tell you how things are going at school.

You focus on future goals by; for example, trying to do everything you can to have the smartest, healthiest child.

Secure Attachment Bond

Refers to your child's emotional connection with you (their primary caregiver) that begins at birth, develops rapidly in the next two years and continues developing throughout life.

Requires you to focus on what is happening in the moment between you and your child. Your child's nonverbal cues tell you that they feel unhappy, for example, and you respond wordlessly by mirroring your child's expression to show you understand, and then giving your child a hug.

You follow your child's slower pace and take the time to decipher and respond to your child's nonverbal cues that communicate, for example, "I'm in no hurry, I'm having fun just hanging out with you."

Your child initiates and ends the interaction between you. You pick up on your baby's nonverbal cues that they need to rest, so you postpone taking a cute photo. Or you pick up on your teen's cues that now is not a good time to talk and postpone your questions to another time.

You focus solely on the moment-to-moment experience, just enjoying connecting with your child. You listen, talk, or play with your child, giving your full, focused attention in ways that feel comfortable to them, without distractions, so you can just be "in the moment."

**Session 2:**

## Overview:

- 1) Practice a body scan.
- 2) Define mindfulness.
- 3) Discuss *attitudes* that support mindfulness and are strengthened through regular meditation practice. These attitudes are like cultivating the fields of awareness in the mind.
- 4) Introduce gratitude.
- 5) Discuss how the attitudes support secure attachment.

## Review:

Invite people to share their experiences with mindful, daily activities and meditation. Take time to go around the room so everyone has a chance to speak. For those who practiced any of these activities, ask how/if they impacted their attitude or life? Ask everyone to share something they appreciate right now or for which they are grateful.

## Content:

Today we are going to define mindfulness and introduce the attitudes that support mindfulness and are strengthened through regular meditation practice.

Mindfulness is being aware in the present moment. But beyond that, there is a quality of kindness and non-judgment to everyday mindful awareness that informs our thoughts. If we are focusing our attention and energy on hating the person who spoke rudely to us at customer service, we are poisoning our minds with negative thoughts. The way our brains work is the same as practicing a language or a sport, *what we repeat, increases*. The more we practice kind

awareness in the present moment, through a non-judgmental lens, the better we become at decreasing our habits of reacting negatively to everything we view as “bad” or “unwanted.”

We are regulating our attention by focusing on the here and now as opposed to allowing memories of previous experience or fantasy of what the future holds to color our present moment. Whatever is happening in the present is experienced – simply, without clinging to any specific way of categorizing it as harmful, painful, frightening etc.

I heard someone once ask, “Isn’t a sniper mindful?” They are focused on one specific target, with full attention, perhaps even unconcerned with prior or future events. That is an example of paying attention with focus but not mindfulness. Mindfulness is about kindness and compassion, which cultivate a receptive awareness. If the awareness is one that will do harm to others, that is ungenerous or unkind, it is not what is meant by mindfulness. **How** we pay attention is a crucial part.

### Discussion and Questions

Our own perceptions create the lens through which we see the world. From your perspective, the world is happening all around you and you are the center of that world. When we sit in meditation, we are practicing removing the “me”, the “I”, the “myself” from our understanding of what is happening. We are experiencing **what is** without holding it as OUR experience.

This is mindfulness meditation sometimes also called Vipassana. Vipassana translates to “clear seeing” or “insight.” The practice teaches us to see things as they actually are, without adding our own layers of judgment or labels to it.

For example, when baby is kicking at 3 AM, there is no benefit to creating an interpretation that the baby is trying to torture you, or knew just when you had finally fallen asleep or probably will

become a great soccer player. The baby is simply kicking. End of story. It is neither good nor bad, it simply is what is happening. This is wisdom.

Example:

You see someone you know at the supermarket and he doesn't acknowledge you. You are sure he saw you so your mind begins to fabricate a story. You think: What a jerk. He looked right through me. He's pretending not to notice me. I must not be very memorable to him. Maybe I am not memorable at all. Beginning to feel badly about yourself, the brain goes into defense mode - Who does he think he is ignoring me like that? Doesn't he know I helped his kid last week at the school book fair? I'm not going out of my way for that family again. Etc....

You see how these thoughts spiral out of control based on one perception that was not necessarily the whole story. He didn't say hello in the market. There are dozens of explanations that could be the truth but our mind spun a story, that story becomes the "truth", and we become angry. What are some other possible explanations?

### Discussion and Questions

Learning to bring awareness of what our mind *does* in any particular moment, where and when the thought train leaves the station is an invaluable part of daily mindfulness practice.

I invite you all to try a body scan to practice bringing non-judgmental awareness to different parts of the body and the body as a whole. If you get to a place in the body that is uncomfortable physically or triggers you emotionally, I encourage you to trust what the mind is saying. You may wish to leave that part out or simply hold it with a particularly gentle awareness.

### **Body Scan:**

*Choose a comfortable position either sitting or lying down. Whichever posture feels best right now. Be sure that if you are practicing at home when you're tired, you will likely fall asleep. In*

*that case you may want to just have a nap. In meditation we are alert yet relaxed. Once you have found your comfort zone, you may close your eyes. This practice brings awareness to the body, bringing sensitivity to where you may hold stress.*

*Allow your legs to fall away from one another and your arms to relax either by your side or on top of your belly. Let the body be supported by the floor or chair. Feeling the breath moving in and out of the body. See if you can tune into where you most feel the breath. Is it in the rise and fall of the belly or chest or do you notice it more in the nostrils as a cool sensation followed by a warm one? You may focus in one area and then move to another part of the body to feel the breath. There is no wrong or right way.*

*Spending a few moments following the breath wherever you notice it most. Feeling the gradual inhalation, the filling up and expanding, followed by the slow exhalation, the emptying of the lungs and movement of the diaphragm. Allow the breath to be as it is, without trying to change it. Imagining that all the tension in the body is releasing with each exhalation.*

*Pause*

*Now bringing attention to the toes on the left foot, notice how they feel. Without judgment, notice if they gripping or relaxed, are they tingling, warm, cold, sticky. Allow the toes to relax as we move to the foot. Noticing what parts of the foot make contact with the floor and what does not. Feeling the heel on the floor. Allow the foot to relax. Moving to the ankle, noticing without moving the ankle its connection with the foot. Are there parts of the ankle that are resting on the floor, the inner ankle bone, the outer one? Allow the whole foot to feel light and expansive.*

*Pause*

*Moving up the calf, feeling the sensations in the calf, seeing if you can breathe a few breaths into the calf and feel it relax further. Feeling the front of the calf, the shin and resting it too.*

*Gradually moving up to the knee, with its complex bones, cartilage, muscles and joint. Bringing awareness to the back of the knee. Pausing to thank this very complex bit of the body for all it does every day. Bringing attention to the thigh, front and back, with its weight resting on the floor or chair. Breathing into the thigh helping it to release any gripping or tension we may feel.*

*Moving to the pelvis or hip area. Sensing the joint that connects the leg bone. Noticing any sensations or differences between the left leg and the right.*

***Repeat on right side***

*Now bringing awareness to the buttocks, lower back, mid-back, upper back. Experiencing each vertebra individually as awareness ascends the entire spine. Calling attention to the belly, the organs within this part of the body, organs of digestion, reproduction, respiration. Feeling the lungs fill and empty with each breath, the chest rise and fall. For those of you carrying the baby, notice if you feel the baby moving with the rise and fall of the breath or is the baby following along with your breathing pattern?*

*Shifting attention to the fingers on the left hand, the palm of the hand, the wrist, the forearm, elbow, upper part of the arm and the shoulder. Feeling the entire arm as relaxed and spacious.*

***Repeat on right side***

*Become aware of the neck and jaw, often places we hold tension. Noticing if there is tension present. Allow the jaw to fall slightly open, mouth relaxing into a gentle smile. Begin noticing the face, the cheeks, the lips, eyes, forehead and allow each part of the face to relax. Checking in with the space between the eyebrows to give it special attention to relax. Feeling the top of the head and the back of the head resting on the floor (if lying down).*



*Bringing awareness to the entire body, front, back and sides. Feeling the entire weight of the body on the floor or in the chair. Allowing thoughts to float by like clouds in the sky, or ripples in a still pond. Maintaining a rhythmic breathing, easy and gentle.*

*Pause*

*In a moment I am going to ask you to bring your attention from the breathing body back to the room. Taking these last few moments to appreciate all the parts of the body, the time spent focusing inward and quieting the mind.*

*Gradually allowing yourself to come back to the room, taking a few intentionally deeper breaths, and slowly, when you feel ready, you may blink your eyes open.*

Practicing the body scan can help us cultivate awareness in the physical realm. We can become aware of where we physically experience our reactivity to life's stressful events. We cannot make the stressful events stop coming at us but we can develop better coping skills so they do not overwhelm us.

Body Scan Discussion: What was that experience like for you?

---

Now I want to introduce you to what Jon Kabat-Zinn described as the **attitudinal foundations of mindfulness** practice. These can be practiced and developed to use in work settings, with friends, acquaintances and family. This list includes qualities we can develop that help incline the mind toward open-heartedness and compassion. All of these qualities help cultivate inner happiness, calm while quieting the mind from a crazy buzz to a gentle stream of thoughts. Those around us can pick up these qualities upon, as if contagious. Imagine the impact this can have on your new babies! You'll find that many of these relate to one another.

Attitudinal Foundations of Mindfulness:

*Beginner's mind* brings us to present experience with fresh eyes. We generally enter each moment with a particular lens based on past experiences in life, either with a particular person, or familiar situations. Practicing with a beginners mind presents us the opportunity to see things anew, without expectation. Imagine seeing your partner as if for the first time, each time you are together at the end of a long day; maybe that's an extreme example, like the movie *50 First Dates*. Or imagine the moment you see your baby, after a particularly sleepless night that felt like it went on forever. Beginners mind allows endless potential and possibility. We are wide open to each experience rather than having a sense that there is nothing new under the sun. This gives us an opportunity to practice humility rather than being the expert about everything. Can anyone name a time they have had this experience? (Follow up questions if needed). What would fall away if you approached your parents or boss, or in-laws with beginner's mind? How might it feel for you and for the other person whom you saw with your relational history stripped away?

Questions?

*Non-judging*. We are all well practiced in judgment. We do it automatically, all day long. To begin practicing non-judgment we first must notice how our own mind works. When we are really watching the mind in action, we can see it in a constant stream of discovery, commentating and making judgments about everything.

Example of self-judgment: "I think this meditation thing is too difficult; I don't want to do it. I can't do it right. I am the only person here who isn't able to settle my mind." Practicing mindfulness does not eliminate judgments. When we practice paying attention to our own thoughts, we begin to see how judgmental we are about most everything. Almost everything we

do, see or come into contact with gets labeled in our minds. This helps us create order. Things are seen as good, bad or neutral. In fact, we barely notice the neutral. When we practice mindfulness we pull back from our judging mind and expand our view. Pay attention to judging your own judgmental thoughts or those of others. Practicing with non-judging creates clarity and discernment. This can lead us to better perspective taking, which is particularly useful as a parent.

### Questions?

*Acceptance* is about seeing things in truth, a coming to terms with how things actually are.

Acceptance is not having such thoughts as, “Things will never get better” or “I will always have a weight problem; I am just going to have to accept X as my genetic inheritance.” Acceptance is not a passive mind state where we are practicing being a doormat. Rather we *invite* all circumstances in, including difficult states, and practice with it, without allowing ourselves to be swallowed by it. We often confront acceptance in very painful, emotional circumstances like losing a loved one. Acceptance does not mean we give up. Sickness happens, loved ones die and yet here we are, still alive. How else can we move forward if we don’t practice acceptance? When we stop resisting things we don’t like and accept them as they are, then we can move toward liberation. We lighten our load.

Acceptance often comes into play with parenting because there are so many variables, starting with the actual delivery. I have heard countless stories from mothers who were so disappointed because the circumstances of their body and the baby’s need to be born, forced them to require an emergency C-section. It wasn’t what they had planned but it was what they got. How can you move toward acceptance and give up the fight of resistance? Can anyone think of a time they needed to surrender and accept?

*Letting go.* Practicing an attitude of letting go or letting things be as they are teaches us to release the tight grip we have on what we want, what we are striving for or what we are clinging to. It allows us to resist things we don't want with less tenacity. When we hold things with a looser grasp, we get less caught up in the outcome. Often how things turn out is beyond our control. Imagine the liberation we can experience when we are not so invested in every tiny thing that happens, or thoughts/worries we have, or feelings we experience. This type of striving can be very painful, rehashing old, unpleasant/hurtful stories over and over in our head. Like holding a grudge over years and years. We suffer because we are clinging to a strong negative idea about something or someone but that other person isn't suffering at all. They may be totally oblivious to all our negative feelings. Think of it like breathing, each in-breath has to be "let go" as an out-breath.

How does letting go come up in parenting? When the baby first comes home from the hospital and you realize how life has completely shifted (i.e. The once spontaneous decision to go out for pizza or a movie is no longer possible without careful planning, lining up childcare, working around feeding etc. It may not be possible at all, at least for a while. We practice letting go of the life we had before baby and accepting a new family life. Can anyone recall an experience of letting go?

*Trust* is particularly relevant in parenting. It comes into play all the time with a baby. We gradually learn to trust our instincts around matters concerning our baby. We may attend groups or read parenting books that recommend what or how to do things. The real practice lies in discovering what works for you, to trust your inner feelings and not rely too heavily on any one "expert" author. In meditation, we incline the mind to trusting our own inner experience.

Sometimes while sitting in meditation we may feel numbness or discomfort in one spot in the body. When we look more closely we may trust that the mind is pushing or pulling us in one direction or another to shift our weight or make an adjustment. If we stay in stillness and trust that the sensation we are experiencing will likely pass, not become a permanent affliction, we are cultivating an inner trust. When we can begin to trust our experiences we trust that we can confidently meet whatever comes our way.

How might this work with parenting our children? How will we teach *them* to trust themselves? *Patience.* So often we are engaged in one activity yet our minds are already on the next thing. We are in a perpetual hurry to move forward, which means we miss a lot of what is happening in the present moment. Mindfulness teaches us patience. If we are sitting in meditation, waiting for a better moment, a moment of brilliant light or wisdom to arise but nothing seems to be happening we may feel discouraged. This is an opportunity to practice being patient with ourselves and whatever experience we are having. Patience is needed when our minds are too active to fall asleep at night, when the mind is racing from subject to subject, wandering all around but not allowing us to relax. Bringing patience to this experience can help settle the mind.

Bringing patience into our activities with the baby is key in creating a space where secure attachment is cultivated. Staying with an activity without dedicating attention to what comes next, or the phone, computer etc.

Discuss ideas on the subject of patience with baby.

*Non-striving/Non-doing.* This can connect with patience because we are not trying to experience a special state but remain with the unfolding of life's moment-to-moment experiences. Allowing things to be just as they are. It means taking time to sit in meditation without striving toward a

goal like: wanting to be calmer, happier, less angry or judgmental. By becoming more aware of thoughts as they arise during meditation and in daily life, we can see how often we push away the difficult and want to focus attention on the pleasant. Non-striving makes space for whatever is present AND we don't need to do anything about it; just hold it in awareness (non-judgmentally of course).

*Gratitude.* Gratitude is starting from the perspective of "I have" rather than "I don't have." Our minds tend to think about what is missing or what we wish we had as opposed to noticing the many blessings we actually DO have. One practice some people use to foster gratitude is keeping a gratitude journal. When you write a few things down each day that you are grateful for then reflect back after a week or month you come to realize how much good there is in your life and all around you. Bringing an attitude of gratitude to things we don't even notice like the fact that most of us breathe, digest, pump blood through our bodies, slough off dead skin cells automatically without having to think about it. It's nothing short of amazing, particularly when we read about someone who isn't able to do these things without medical support. Reminding ourselves of all the things there are to be grateful for truly inclines us toward noticing these things around us like the friendly cashier at the supermarket, the person who turned off the leaf blower as you were walking by with your dog, a sunny day, or a great parking spot in front of the store on a rainy day. Practicing gratitude can feel like the heart is being opened along with the mind.

*Generosity* occurs naturally out of gratitude practice. Being able to do for others because it connects us to one another teaches that if we support those in need we feel useful. The feelings that arise by lending a hand, an ear, a dollar, or an hour, whatever it is we offer gives us the warm hearted sensation of generosity. Most people in the world want the same, simple things: to

be healthy, to be happy, to love and be loved, and to be free from suffering. To create a safe space for our babies, we must practice generosity.

Discuss generous moments people have experienced.

*Curiosity, kindness and humor* are the last attitudes I will mention. Without curiosity, there is no mindfulness. We are questioning things when we are witnessing the present moment. “What is this?” When we use curiosity, rather than reactivity, about the real source of anger with a boss, stranger or loved one (a child) this may lead us toward kindness. We cannot always assume every bad situation is as a result of something we did. Maybe the other person was frightened or lonely or lost someone dear to him or her.

*Humor.* Well, this is just to remember not to take life or ourselves so seriously all the time.

Sometimes the best thing to do in a situation is step back and laugh. Observing our habits of the mind, our natural default mode of thinking can really be humorous.

For your home practices this week, try practicing the body scan a couple times. You can use the recording or just do it on your own. Continue with mindful daily activities, including daily meditation 5-10 minutes or longer. Begin a gratitude journal in which you note 3 things daily.

Distribute Handout

**Handout Session #2**

“We call the heart of the formal meditation practice “sitting meditation” or simply “sitting.” As with breathing, sitting is not foreign to anyone. We all sit – nothing special about that. But mindful sitting is different from ordinary sitting in the same way that mindful breathing is different from ordinary breathing. The difference, of course, is your awareness” (Kabat-Zinn, 2013, p. 56-57).

Home practice:

Body scan, continued mindful daily activities, if possible daily meditation 5-10 minutes or longer. Begin a gratitude journal in which you daily note 3 things for which you are grateful.

---

Attitudes to cultivate in meditation and mindfulness practice

- 1) Beginner’s mind - Receptive, open. Seeing things with fresh eyes, as if for the first time.
- 2) Non-judging - Not labeling every experience as good, bad, liked or disliked.
- 3) Acceptance - Seeing things as they are in the present. This is what it is like right now. Without resistance or grasping.
- 4) Letting-go (letting-be) - Non-clinging, not attaching to everything we like, nor pushing away everything we don’t like. Non-perseverating. We let go each time we fall asleep.
- 5) Trust - Granting significance to your own experience. Not allowing anyone else’s experience to dictate what yours ought to be.
- 6) Patience - Remind yourself that all things take time. There is no need to rush.
- 7) Non-striving - Working without a goal. Simply embrace what is present and hold it in awareness.
- 8) Gratitude - Appreciation for all that is present. Pointing awareness toward the good.
- 9) Generosity - Offering kind support to others with an open-heart and without expectation of reciprocity.
- 10) Kindness - With continued practice, we cultivate kindness for self and others.



11) Compassion - Being with another person's suffering and being moved to help in some way.

12) Humor - Maintaining a sense of humor is always important. Don't take everything too seriously!

**Session 3:**

Overview:

- 1) Discuss and practice self-compassion meditation.
- 2) Practicing self-compassion teaches our children to have self-compassion.

Review:

Take time to review people's experiences with mindful daily activities, and different meditations.

Allow everyone a chance to share their experiences with their practices from last week. Ask everyone to share something for which they are grateful or appreciative of today.

Quote:

“When you begin to touch your heart or let your heart be touched, you begin to discover that it's bottomless, that it doesn't have any resolution, that this heart is huge, vast, and limitless. You begin to discover how much warmth and gentleness is there, as well as how much space”

(Chödrön, P., 2004, p. 128).

Does this quote resonate for anyone besides me? If so, why?

Content:

Today we are going to focus on compassion practices, which also include self-compassion, something many of us often neglect.

Share a story about how turning a compassionate lens on something shifts the experience and the state of mind.

Example:

Last summer while visiting D.C. I observed a lot of homeless people sitting on the sidewalks with signs stating their plight and empty coffee cans for money. It can become a habit, when spending time in a city, to walk by people sitting on the ground, not make eye contact, act as if

they are not even there, as if they are not human beings. Though I am not proud to admit this, I have done this many times and perhaps some of you have as well.

While eating lunch at a restaurant with my daughter, we saw a homeless man sitting on the sidewalk with a sign that read HUNGRY and HOMELESS just outside the window we faced. We ordered extra food, more than we could possibly have eaten, and brought the extra food outside after lunch. We went straight over to him and asked if he was hungry and if he liked Mexican food. Yes, and yes were his answers. He was delighted. We had stepped away from our habitual behavior and into the heart of compassion for another human being. We went into a convenient store to buy him a bottle of water to go with his meal. It was not the solution to his entire situation but in that moment he was hungry and we had food. This tiny act of compassion for another came to pass because we slowed down, got in touch with what was directly in front of us, and shifted the focus away from ourselves.

Can anyone describe a moment of compassion from his or her own life?

---

Describe Dan Siegel's brain model using the hand for use in self-compassion practice.

I'm going to demonstrate a visual (someday you can teach your children) to understand at a very basic level what happens in your brain when it becomes triggered. This is a model created by Dr. Dan Siegel, a psychiatrist and professor of psychiatry at UCLA medical school.

Looking at the open hand, the wrist represents the spinal cord, which feeds into the skull to the brain stem and limbic region (palm), which is where our fight, flight or freeze response comes from. This area, all below the cortex (and thumb folded into palm), regulates our emotions.

Now make a fist with your hand tucking the thumb underneath the four fingers. The tops of the

four fingers represent the “upstairs brain” or the thinking and reasoning area. The very front part of the fingers regulates the sub-cortical and limbic areas, our decision making.

So, when we are tired, hungry or just off in some way, we can lose the ability to use the regulation center and we “flip our lid” (open fingers straight-up). This is when we say or do horrible things impulsively, which can be very frightening to children (and us). We become reactive.

This is a simple way of understanding how the brain works that you can teach your children when they get into kindergarten. By that age, they can have a basic understanding of how their brains work so when they feel they are going to “flip their lids”, they can label it and take a break, mindfully. This is an act of self-compassion.

Creating a secure attachment with your baby includes compassion. Parents have to open their hearts to their babies, let them know they are safe and loved. This fosters feelings of security for the child to explore the world because they know they have a secure base to return to when needed.

What about self-compassion? Isn't self-compassion the same thing just offered to yourself?

Self-compassion is a non-judgmental awareness of one's own inadequacies. Mindfulness tunes us into our own suffering and self-compassion provides us the comforting we need.

Tell story of Dalai Lama not understanding that there is a separate word for self-compassion because in Tibetan, self-compassion is included in compassion. It's all the same thing.

Kristin Neff, a well known researcher in the field of self-compassion, describes three components to self-compassion:

- Self-kindness not self-judgment (i.e. taking care of self).

*How might this be helpful? Discuss.*

- Common humanity vs. isolation (i.e. recognizing we are not alone).

*How might this be helpful? Discuss.*

- Mindfulness vs. over-identification (i.e. being with the painful feelings as they are, not suppressing or piling on of painful feelings).

*How might this be helpful? Discuss.*

Through self-compassion practice we learn that rather than seek out attention, acceptance and love from others, we can find it within ourselves. Amazing, who knew? We spend so much time judging ourselves, I'm too *fill in the blank* \_\_\_\_\_ or I'm not *fill in the blank* \_\_\_\_\_ enough.

There was a time when researchers were calling attention to high self-esteem being a source that leads people into: narcissism, self-righteousness, discrimination and self-absorption. Self-compassion offers the same benefits as high self-esteem without these negative traits (Neff, 2011).

Ask the group the following questions (Neff, 2011) and discuss:

- What are the things you judge or criticize yourself for? (appearance, relationships)
- How do you speak to yourself when you have made a mistake? Do you insult yourself?
- Are you highly self-critical?
- What would it feel like to accept yourself just as you are, right now?

*In class exercise: (Neff, 2011)*

*Take the next few minutes thinking of something about yourself you don't like or makes you feel insecure, embarrassed, or not good enough in some way.*

*Now think of an imaginary person who loves you unconditionally. This person is kind, accepting and compassionate. Imagine that this person knows your strengths and weaknesses yet loves you*

*unconditionally recognizing that all humans are, by nature, imperfect, worthy of love and compassion. This friend knows that all your life's circumstances have created you, as you are, in this very moment. Your "shortcoming" (what you don't like about yourself) is connected to so many things you did not choose: your genetics, your family history, life circumstances, so many things that have been beyond your control.*

*Take the next 10-15 minutes to write a letter to yourself as if writing from the perspective of this imaginary friend, focusing on the "shortcoming" for which you have judged yourself. What would this compassionate, kind friend write to remind you that you are only human therefore perfectly imperfect? While you are writing from the perspective of this imaginary friend try to fill the letter with this person's sense of acceptance, kindness and wishes for your health and happiness. Now keep the letter in a safe place. This is something you can return to again and again to begin to practice self-compassion, to see yourself through the eyes of someone (even if imaginary for this instance) who accepts you fully, imperfections and all – without judgment.*

Practicing self-compassion is an excellent way to protect ourselves from that harsh inner self-critic we all fall victim to. By allowing ourselves to feel connected to all human beings, like in the story I shared at the beginning, we recognize how vulnerable we ALL are as people. We need to release the desire to consider ourselves "better than" others because it means someone else is "less than" us. "Squashing" someone else does not elevate us, though the ego may believe this is so.

*Self-compassion meditation: (Neff)*

*This practice requires that you think of something you are struggling with right now. Please do not settle on a topic that is profoundly challenging. Try to come up with something that is a three on a scale of 1 to 10.*

*Find a position that feels restful and if you feel comfortable doing so, you may close your eyes.*

*This practice requires us to call to mind a difficulty we are experiencing in the present so we may work with it. Think of a situation you are dealing with now, who said something, or what might happen, or what did happen. Bring the situation to mind.*

*Now I am going to offer some phrases for you to repeat to yourself. Please find words that feel most comfortable to you. This is your practice.*

*This is a moment of suffering. Or, this is really difficult; I am really struggling right now.*

*Whatever statement brings mindful awareness to the fact that this is hard.*

*Suffering is a part of life. Many people all around the world are going through difficult things as well. It is normal to suffer at times.*

*You may wish to place one hand over your heart to guide this next wish inward.*

*May I be kind to myself in this moment. Use language that you would use with a good friend who was going through a difficult situation. “I care about you, it’s going to be okay” or “Sweetheart, it’s okay.”*

When we learn to have self-compassion we can teach our children to do the same as they mature. We teach our children how to have self-compassion so they become better able to cope with life’s inevitable difficulties. We are better equipped to handle the challenges and frustrations of parenting when we practice self-compassion. And make no mistake about it; parenting is filled with difficult times. When our children are older, they can drive us crazy. We may find ourselves flipping our lids.

We can hold ourselves with compassion, admit our imperfections to our children and apologize for our behavior. This helps our kids understand they are loved and cared for AND that parents make mistakes too. From this they learn that it is okay to make mistakes.

Home practice:

Reflect on the letter written in class. If you wish to rewrite it, to make it even more helpful, do so. This is for you to come back to whenever you want or need to. Practice meditation daily.

Practice with the self-compassion meditation.

Distribute Handout



**Handout Session #3**

“When you begin to touch your heart or let your heart be touched, you begin to discover that it’s bottomless, that it doesn’t have any resolution, that this heart is huge, vast, and limitless. You begin to discover how much warmth and gentleness is there, as well as how much space”

(Chödrön, P., 2004, p. 128).

Home practice:

Reflect on the letter written in class. You may rewrite it if you wish, to make it even more helpful. This is for you to come back to whenever needed so create it in the most helpful way you can. Continue with meditation daily alternate breath meditation with self-compassion practice. You may use the recordings.

**Self-Compassion practice:**

Find a comfortable place to practice, either seated or lying down. You may use this script as your guide.

*This is a moment of suffering.* Or, this is really difficult; I am really struggling right now.

Whatever statement brings mindful awareness to the fact that this is hard.

*Suffering is a part of life.* Many people all around the world are going through difficult things as well. It is normal to suffer at times.

You may wish to place one hand over your heart to guide this next wish inward.

*May I be kind to myself in this moment.* Use language that you would use with a good friend who was going through a difficult situation. “I care about you, it’s going to be okay” or “Sweetheart, it’s okay.”

**Another self-compassion practice:**

Find a comfortable place to practice, either seated or lying down.

Repeating these phrases or something that works for you along these lines.

I am loved.

I am worthy.

I am enough, just as I am.

**Phrases you may use for formal compassion practice when you call someone to mind who is struggling.**

I care about your suffering (sadness, loss, illness etc.).

May you find peace (healing).

I care about this pain. May my caring help ease the pain.

May you find ease in your heart.

May you be free from suffering and the roots of suffering.

May your suffering be eased.

-----

To see a visual of the brain model, please review this link:

<https://www.youtube.com/watch?v=gm9CIJ74Oxw>

### Session 4:

Overview:

- 1) Describe a few simple ways to foster secure attachment.
- 2) Explore walking meditation (to be used with baby also).
- 3) Describe and practice metta/lovingkindness meditation, as expanding beyond self-compassion and moving toward the other.

Review:

Begin with discussion on the past week. Go around the circle allowing each person to have a moment to share his or her experiences with self-compassion meditation and mindfulness. Learn what was useful and what was most challenging.

Content:

This week we are going to talk about some specific things you can do to facilitate your baby's developing a secure attachment. For our meditation practice of the week we are going to do a lovingkindness or metta practice. This begins with offering ourselves love and then expands the heart to offer it to others.

A quote from Daniel Siegel from *Mindsight*

“The best predictor of a child's security of attachment is not what happened to his parents as children but rather how his parents made sense of these experiences” (Siegel, 2011, p. 171)

*Question:*

How many of you would like to parent your child differently than you were parented? Why?

Different how?

Discussion.

Interactive: What are some things that cultivate a secure attachment...beginning with the newborn (birth to 8 weeks)? (*Attachment Connection*, Ruth Newton)

1. A solid marriage or partnership. Conflicts between parents are associated with conflicts between parents and their children. Parents, who are affectionate and kind with each other, i.e. laughing, smiling, warm, help create an environment that babies feel is safe, and playful.
2. Hold baby on your body as much as possible. Baby enjoys your smell and being cozy with you.
3. Baby gazing, make face-to-face and eye contact with baby, responding to baby's expressions. Often baby will try to imitate your expressions.
4. Talk with baby. Even though they do not understand the words, they tune into the intonation and inflection of your voice.
5. Respond to baby's needs with soothing, caring tones while feeding, changing, bathing, and soothing. This will convey to baby that you understand her needs.
6. Play with baby. This includes humming, tummy rubbing, baby massage, going for walks together out in the world while narrating what you are seeing.

This first element of secure attachment mindful parenting is about attuning with baby to learn her cues and respond to them gently/sensitively. The only way a baby is able to communicate is through crying so it is up to parents to try to figure out what each cry is trying to convey. Your baby could be tired, hungry, need a fresh diaper, feeling bored, lonely or simply want a cuddle. That's basically the whole day, every day for weeks and months. While focusing on baby's needs that does not mean you should neglect your own needs.

What SAMPP parents are trying to create is a space of safety and security so your baby knows he or she can count on you to meet her needs. Baby can turn his or her head toward you while crying and you will pick him or her up, try to figure out what he or she needs and satisfy that desire. The more your baby feels well cared for, the stronger sense of felt-security they develop.

Pause

We use a practice called Metta, which loosely translates to loving kindness or friendliness to help cultivate an open heartedness toward ourselves and all other living beings. This practice can be very useful when we find ourselves struggling with our new baby.

The metta meditation practice came out of the Buddha's teaching called the Metta Sutta. I will read this and you can follow along.

Distribute copies of the Metta Sutta. While distributing, explain that the story is that this teaching was originally given to monks as something to use to feel safe and protected after they returned from the forest to the Buddha frightened by the forest sounds heard when they had gone for quiet contemplation.

### **Metta Sutta**

This is what should be done

By those who are skilled in goodness,

And who know the path of peace:

Let them be able and upright,

Straightforward and gentle in speech.

Humble and not conceited,

Contented and easily satisfied.

Unburdened with duties and frugal in their ways.

Peaceful and calm, and wise and skillful,  
Not proud and demanding in nature.  
Let them not do the slightest thing  
That the wise would later reprove.  
Wishing in gladness and in safety,  
May all beings be at ease.  
Whatever living beings there may be,  
Whether they are weak or strong, omitting none,  
The great of the mighty, medium, short or small,  
The seen and the unseen,  
Those living near and far away,  
Those born and to-be-born,  
May all beings be at ease.  
Let none deceive another,  
Or despise any being in any state.  
Let none through anger or ill-will  
Wish harm upon another.  
Even as a mother protects with her life  
Her child, her only child,  
So with a boundless heart  
Should one cherish all living beings.  
Radiating kindness over the entire world,  
Spreading upwards to the skies,

And downwards to the depths;  
Outwards and unbounded,  
Freed from hatred and ill-will.  
Whether standing or walking, seated or lying down  
Free from drowsiness,  
One should sustain this recollection.  
This is said to be the sublime abiding.  
By not holding to fixed views  
The pure-hearted one, having clarity of vision,  
Being freed from all sense desires,  
Is not born again into this world.

([dharma.ncf.ca/introduction/sutras/metta-sutra.html](http://dharma.ncf.ca/introduction/sutras/metta-sutra.html))

Do any of these lines stand out to you? Discuss

---

*Metta Practice: Distribute metta phrases*

*I will offer you some traditionally used phrases but feel free when practicing here or at home, to try language that suits you if these words feel unnatural. This is not meant to be a rote set of instructions. Rather, the act of repeating these phrases/blessings over and over begin to penetrate our minds and the world actually begins to look brighter, more pleasant. And, we begin to feel more at ease and safe in this world.*

*Finding a comfortable posture where you are alert and upright but not rigid, you may close your eyes if you like. The metta practice is a series of well wishes or phrases that we offer to different archetypes and ourselves to incline the heart and mind toward compassion and kindness.*

*Pause*

*We begin the practice by offering ourselves lovingkindness. Some people find this quite difficult. They may feel undeserving or unworthy of the kind of love they would offer to others. If this is the feeling that arises in you right now, you may wish to bring an image of your much younger self, you when you were an innocent, happy child to mind. You may wish to place your hand over your heart though it is not necessary.*

*Pause*

*Repeating these phrases to yourself either speaking them or you can sing them to yourself silently:*

*May I feel safe and protected.*

*May I feel healthy and happy.*

*May I live with ease and compassion. (repeat phrases 2-3 times, slowly)*

*Pause*

*Now call to mind a benefactor, someone who loves you, who supports you emotionally. You may not even know this benefactor personally but you know they would be unconditional in their loving, like the Dalai Lama or Mother Theresa. It does not have to be someone living. It can even be your favorite tree where you like to sit in a park, or a pet that is always happy to see you.*

*Repeat the phrases*

*May you feel safe and protected.*

*May you feel healthy and happy.*



*May you live with ease and compassion. (repeat phrases 2-3 times, slowly)*

*Pause*

*Next, call to mind a dear friend, one who has stood by you and whom you have supported in times of difficulty.*

*Repeat the phrases*

*May you feel safe and protected.*

*May you feel healthy and happy.*

*May you live with ease and compassion. (repeat phrases 2-3 times, slowly)*

*Pause*

*Now thinking of a neutral person. This can be someone you see often but really don't know. You may not even know their name, like the checkout clerk from the supermarket or the person you know from your local coffee shop.*

*Repeat the phrases*

*May you feel safe and protected*

*May you feel healthy and happy,*

*May you live with ease and compassion. (repeat phrases 2-3 times, slowly)*

*Pause*

*Next we call to mind someone with whom we have some difficulty. This is sometimes referred to as "the difficult person" but remember that this person was not born with a stamp on his or her head that said "difficult person." This person was once a happy, innocent child too but for whatever reason, you are having a challenge with them right now. Don't pick a person that will disturb your mind too much. Start with someone easier than that. It can be someone who took*

*your parking space for example. It may even be the baby who has given you heartburn or kicks all night long making it hard to sleep.*

*Repeat the phrases*

*May you feel safe and protected.*

*May you feel healthy and happy,*

*May you live with ease and compassion. (repeat phrases 2-3 times, slowly)*

*Pause*

*And finally we offer these phrases to all beings everywhere. Recognizing that all beings want the same things. We may not like all beings or share the same values but we can work with the phrases and adjust them accordingly. For example, it is difficult to imagine sending these metta phrases to white supremacists, so we can adapt the phrases as necessary.*

*May all beings feel safe and protected*

*May all beings be free from hatred*

*May all beings live with ease and compassion*

This is the traditional metta meditation but you may also wish to include one round dedicated to your baby. Also, you do not need to go through each category/muse each time. This is your practice so do what works for the time you have and your own needs.

Home practice:

Continue to practice metta meditation and self-compassion meditation. Alternate with whatever feels right that day. Try to practice at least 10 minutes each day. See if you notice any differences in the baby's activity during meditation. Continue with gratitude journal.

Distribute Handout

### Handout Session # 4

Home practice:

Practice metta meditation and self-compassion meditation. Alternate with whatever feels right each day. Try to practice at least 10 minutes each day. See if you notice any differences in the baby's activity during meditation. Continue with gratitude journal.

Ways to cultivate secure attachment

1. A solid marriage or partnership. Conflicts between parents are associated with conflicts between parents and their children. Parents who are affectionate and kind with each other, i.e. laughing, smiling, warm, help create an environment that babies feel is safe, and playful.
2. Hold baby on your body as much as possible. Baby enjoys your smell and being cozy with you.
3. Baby gazing, make face-to-face and eye contact with baby, responding to baby's expressions. Often baby will try to imitate your expressions.
4. Talk with baby. Even though they do not understand the words, they tune into the intonation and inflection of your voice. They will begin to imitate your sounds.
5. Respond to baby's needs with soothing, caring tones while feeding, changing, bathing, and soothing. This will convey to baby that you understand her needs.
6. Play with baby. This includes humming, tummy rubbing, baby massage, going for walks together out in the world while narrating what you are seeing.

### The Metta Sutta

This is what should be done

By those who are skilled in goodness,

And who know the path of peace:

Let them be able and upright,

Straightforward and gentle in speech.

Humble and not conceited,

Contented and easily satisfied.

Unburdened with duties and frugal in their ways.

Peaceful and calm, and wise and skillful,

Not proud and demanding in nature.

Let them not do the slightest thing

That the wise would later reprove.

Wishing in gladness and in safety,

May all beings be at ease.

Whatever living beings there may be,

Whether they are weak or strong, omitting none,

The great of the mighty, medium, short or small,

The seen and the unseen,

Those living near and far away,

Those born and to-be-born,

May all beings be at ease.

Let none deceive another,

Or despise any being in any state.

Let none through anger or ill-will

Wish harm upon another.

Even as a mother protects with her life  
Her child, her only child,  
So with a boundless heart  
Should one cherish all living beings:  
Radiating kindness over the entire world  
Spreading upwards to the skies,  
And downwards to the depths;  
Outwards and unbounded,  
Freed from hatred and ill-will.  
Whether standing or walking, seated or lying down  
Free from drowsiness,  
One should sustain this recollection.  
This is said to be the sublime abiding.  
By not holding to fixed views  
The pure-hearted one, having clarity of vision,  
Being freed from all sense desires,  
Is not born again into this world.

(<http://dharma.ncf.ca/introduction/sutras/metta-sutra.html>)

Phrases you may wish to use in Metta/Lovingkindness practice.

May I/you be/feel happy.

May I/you be healthy.

May I/you be safe.

May I/you abide with happiness.

May I/you be free from danger.

May I/you live with ease.

May I/you feel contented.

May I/you accept your limitations.

May I/you live with a compassionate heart.

**Session 5:**

Overview:

- 1) Connect mindfulness in daily life.
- 2) Discuss bringing awareness to how we use technology after baby arrives.
- 3) Bring in the “good enough” parent concept.
- 4) Practice present moment meditation.
- 5) Recommend gratitude conversation at dinner (or whatever shared meal).
- 6) Suggest trying a present moment meal.

Review:

Begin with discussion on the past week. Go around the circle so each person has a moment to share their experiences with metta and mindfulness meditation, gratitude journaling or whatever they have practiced. If they have not practiced, discuss obstacles and gather input from others that may be helpful. Learn what was useful and what was most challenging.

Content:

For our final class before the babies arrive, I want to focus our attention on being in the present moment, mindfulness in daily life. During delivery, you may use your breath to ground yourself in the present moment. You likely won't want to miss a thing. The breath will be very helpful in maintaining attention on the task at hand.

I would like to share a quote from a well-known Buddhist monk from Thailand named Achaan Chah who died in 1992. For those of you interested in learning more about Insight Meditation, the book titled *A Still Forest Pool* is available and includes teachings from Achaan Chah that are easy to understand. It is on your supplemental sources list.

“Proper effort is not the effort to make something particular happen. It is the effort to be aware and awake in each moment, the effort to overcome laziness and defilement, the effort to make each activity of our day meditation” (Kornfield & Breiter, 2016, p.51).

Let’s begin our practice with “proper effort” in a mindfulness meditation to arrive here, in the present moment.

**Expansive mindfulness practice:**

*Find an upright and dignified posture that is not rigid. When you feel comfortable, allow the eyes to close or cast a downward gaze. Notice where the breath is felt in the body; is it in the chest, the lungs, the belly or somewhere else?*

*Pause*

*Allow yourself to take a few deep, slow breaths to find balance while tuning into the breath. You may continue breathing at a natural rhythm, one that feels gentle for you. Allowing the body to regulate the breathing without you. Trust that the breaths’ rhythm will flow directly from the source of the body.*

*Pause*

*When you feel ready, opening up awareness to include the sensations of the breath throughout the entire body. Sensing the body, inhaling and exhaling, right here, right now, just breathing.*

*Pause*

*If thoughts float in, simply notice the thoughts and without judgment, let them float by for now.*

*They can be addressed later.*

*Opening up awareness to include a broader range of experience now. Noticing any emotions that are present in your heart or mind. Whatever it is, it is your experience right now. No need to resist. Simply allowing whatever emotions to be present, in the breathing body.*



*Pause*

*Awareness of emotions may be sufficient for you at this time. Or you may wish to expand awareness further to include all the sounds in this space, the other people in the room.*

*Pause*

*You may wish to open up wider, like a vast blue sky. Allowing everything to arise and pass away. Noticing as emotions, thoughts, and sounds enter consciousness and noticing as they move passed. If at any time this feels too open or the mind desires more quiet, notice this and return attention to the breath.*

*Pause*

*Continue breathing in and out. Resting in spacious awareness. Feeling the sensations in the body. Allowing thoughts and sensations to pass through, as if through a screen, without settling in the mind and without self-judgment, gently guiding back to the breath. This is a moment of pure mindfulness.*

*Long pause*

*With a mind as spacious as the sky, become the sky with clouds floating by. Be here, now, in this present moment.*

*Pause*

*In a moment I am going to count backward from 3 to 1 and invite you back to this room, to our group. (Counting slowly) 3, 2, 1. You may open your eyes.*

What was your experience of that meditation practice?

Discussion.

Daily Mindful Awareness:

What are some daily behaviors or activities you do without thinking? In what ways do you think it would be different if you experienced some of them with mindful awareness?

When we practice mindfulness with simple tasks in everyday life, it lays the foundation for practicing with our babies. Being present is a skill to cultivate. There are so many thoughts, news, occurrences taking place in our daily experience that distract us from presence.

-Ask group to create a list of things that are distractions and possible solutions. Write on a board or paper on an easel.

---

Some of us may have been taught as children to stop daydreaming. Some of our parents may have thought something was wrong with us if we sat quietly. Meditation gives us the experience that just sitting and being fully present to this very moment is actually beneficial.

When we are speaking with someone who is really present, giving us his or her undivided attention we feel respected and recognized. It makes us feel important and worthy of the attention.

As much as we may try to remain mindful in our everyday life, it's not possible to ignore all the other distractions in life, including the thoughts that float into the mind uninvited. The mind's job is to think. The mind is simply doing what it is supposed to do.

When your newborn is crying, it is very difficult to ignore. And you should not ignore your baby's crying, of course. Many parents report experiencing tension in their bodies or difficult emotions when they hear the sound of their baby crying. Nursing mothers often report experiencing letdown (define if necessary) when they hear a baby cry, sometimes even if it isn't their baby.

You can use the sound of your baby crying as a signal, like a bell, to return to the present moment. Sometimes we need a tap on the shoulder, a reminder of some kind to bring us back to the present moment. Our crying baby is the perfect cue. It can be the reminder to put down the electronics and tune into our baby so she or he does not feel any competition with the phone, T.V., computer during a time of need.

Have you ever become so engaged in an activity that time and space fell away?

When you have found yourself lost in thought or action, what tugs you back to presence?

### Discussion and Questions

#### **Present moment awareness practice:**

*Bringing awareness to your breathing until you come to a rhythm that feels comfortable and natural. Breathing so you are able to follow a full breath from the beginning of the inhalation to the final expulsion of air on the exhalation.*

*Pause*

*Moving your attention to the body now. If your eyes are closed, you may open them gazing a few feet in front of you. Softening the muscles around your eyes and relaxing your shoulders, use one or two words to silently name what you see, a chair, a plant, a door etc.*

*Pause*

*Now draw your attention to sounds you are hearing while remaining aware of what you are seeing. Hearing the hum of the heat or air conditioning, a train passing, talking in the next room. Experiencing these sights and sounds just as they are, without labeling them as pleasant or unpleasant. Simply holding them in awareness.*

*Pause*

*Adding the realm of body sensations into awareness while still seeing and hearing. Noticing any tensions, aches, warmth or cold. Bringing awareness to the clothing on the body, the air on the skin. Your awareness now includes seeing, hearing and feeling. Are there any tastes or scents in your awareness? All of these elements of awareness can be held together at the same time without causing too much disturbance in the mind.*

*Pause*

*Are there thoughts and emotions arising and passing as well? Any thoughts of a to-do list, feelings of ease or restlessness? Add these thoughts and feelings into the mix as well.*

*Pause*

*Now include your baby in this mindful attention practice. Is he or she resting or moving, kicking or hiccupping?*

*Pause*

*As a well-known meditation teacher, Ram Dass said in his book **Be here now**. Notice how many things can be occurring, awakening your attention simultaneously. **This very moment is so full of experiences there is no room to add thoughts of future or past.** This moment will never occur again so breathe it in fully (you may close eyes or not). Know that at anytime, when chaos fills the mind, including during the birthing experience, taking a pause and bringing attention right here to the present, using your breath, is always achievable. Allowing yourself to refocus, slow down the pace and **be present**.*

Discuss practice.

The meditations we have been practicing here (and hopefully at home) have been in an effort to be better able to pay mindful attention, in the present moment, to each other and our babies. We

can't possibly do this all the time of course, but as much as we are able and certainly, when they most need us.

We are trying to do the best we can but remember there is NO such thing as the perfect parent.

The type of parenting that will avoid the most critical self-judgment is that of *good enough parenting*. Remember to practice your meditation regularly. Don't forget to use your self-compassion phrases in your practice when you need them. The benefits you experience over time will spill over to all the people you encounter in daily life.

In preparation for the upcoming delivery, it's valuable to talk about what some may have already experienced during meditation, physical pain. Sometimes when we are sitting in a posture for a long while, or even during a body scan, the mind becomes quiet and we begin noticing sensations in the body. Some of them may be experienced as painful.

Let's practice a little pain now.

**Ice practice** – adapted from Nancy Bardacke - *Mindful Birthing*

Set-up:

Set out bowls so each couple can use one. Ask each person to grab a handful of ice from a cooler and put it in the bowl.

Once everyone has some ice in the bowl, pick up some ice in ONE hand and hold it until I say stop. (Set the timer for one minute) While you hold it, if it becomes uncomfortable, start verbally complaining about it. **Get loud!** You are free to whine and complain as loudly as you want.

*At the one-minute mark facilitator tells participants they may drop the ice back into the bowl.*

The mind goes into a reactive mode when trying to cope with physical discomfort unless we do something different. We gently “flip our lids” (use Dan Siegel's hand demonstration). We want

it to just stop and get back to normal. This is human nature. In childbirth, there is often pain or discomfort involved. If your mind becomes reactive during pain, that's like adding fuel to the fire which intensifies the suffering.

So we are going to try this exercise again but this time bring your mindfulness practice to it.

When I say begin, pick up the ice in the other hand and pay full attention to your breath. (Set the timer for one minute again). Dedicate yourself to observing the breath. As if your life depends on it. If it helps your concentration you may close your eyes but it's up to you. Focus, focus, focus on your breathing. At one-minute mark I tell them they may put down the ice.

Discuss the practice. Did you notice any difference between the first time with the ice and the second time?

When you practice this at home, be sure to practice with your partner, doula or good friend who will be with you during delivery. Have your pain partner keep time – one minute. The experience of holding ice is different from labor pains because in-between contractions during labor there is no pain at all. With the ice practice, you may feel residual discomfort sometimes for a few moments after you have held it.

Home practice:

Introduce gratitude practice to one meal during the week. Each person shares something they appreciate or for which they are grateful that occurred that day.

Continue daily meditations, sitting, walking (in nature), laying down or standing. Enjoy paying attention to baby's movement times and resting times.

Continue or begin discussions on sharing of responsibilities once baby arrives.

Practice mindfulness of breathing using ice practice in preparation for delivery.

Wishing you all the very best for a smooth delivery. Distribute Handout.

**Handout Session #5**

Home practice:

Introduce gratitude practice to one meal during the week. Each person shares something they appreciate or for which they are grateful that occurred that day.

Continue daily meditations, sitting, walking (in nature), laying down or standing. Enjoy paying attention to baby's movement times and resting times. Gratitude journal.

Continue or begin discussions on sharing of responsibilities once baby arrives.

Practice mindfulness of breathing using ice practice in preparation for delivery.

Ideas for cultivating mindful parenthood:

- 1) Give yourself permission to take a little quiet time for yourself (or with baby) each day.
- 2) Seek out inspirational websites or books. Listening or reading, even just a few minutes can be reassuring.
- 3) Enjoy being in nature, in your garden, playing with a pet outdoors.
- 4) Find one or two friends who are kind and compassionate listeners. Remember to reciprocate.
- 5) Practice meditation with a group or in a yoga class.
- 6) Put mindful awareness reminders around your home, like sticky notes saying, "Breathe" or "Pause" or "It's going to be okay." Choose your own helpful words.

Additional supports you may wish to consider:

- 1) A counselor.
- 2) A new parents support group.
- 3) A faith group.
- 4) Meditation group.

5) Reassurance from an experienced mom or dad. Someone who will not judge you.

(Adapted from *Mindful Motherhood* by Cassandra Vieten)

Remember, there is **no such thing** as a perfect parent, just as there is no perfect person. A “good enough” parent is what we are working toward. A parent who demonstrates (over and over) to their baby that they are safe, loved and protected will help baby develop a secure attachment.

This reinforces your baby’s confidence to be an independent person and enables them to explore their exciting new world.



**Session 6:**

This session may need to be conducted via an online group service (i.e. Skype conference, Zoom, gotomeeting.com) as participants will now have their babies making gathering together in person more difficult.

Session 6 will take place several weeks after session 5 to ensure all babies have been born.

**Overview:**

- 1) Reassemble as a group of new parents
- 2) Share birth experiences
- 3) Discuss role mindfulness may have played during delivery and how it can be incorporated moving forward.
- 4) Discuss baby blues vs. post partum depression.
- 5) Introduce CALMS steps
- 6) Email handouts to participants

**Content:**

Welcome back moms, dads and babies!

Allow time for each couple or individual to share their birth story.

Did you find any meditation practices useful during delivery or since? Why or why not?

**Discuss**

Introduce 5 steps of CALMS (Takikawa & Contey, 2010) to help parents gain sure footing on what to do to begin cultivating a secure attachment now that baby has arrived.

Here are 5 steps you can use with your baby that supports both of you in your efforts to create a loving relationship. You can use the acronym CALMS to help remember them.

Check in with yourself.

Allow a breath.

Listen to your baby.

Make contact and mirror feelings.

Soothe your baby.

Check in with yourself:

This is the first step to take when the baby is upset and you are not able to calm him or her right away or easily. Being unable to settle the baby down can cause parents to become tense, angry, frustrated, helpless, guilty, scared, sad, irritable...

Ask parents to list other feelings they have experienced if this has occurred.

Checking in with your own emotional mind state gives you a moment to pause, to become aware of what you are feeling. Acknowledging these feelings helps them begin to shift to a calmer state, which is how you want to try to approach your baby. Your baby will notice your emotional shift and begin to quiet down with you. The better able parents are at calming themselves, the more capacity they will have while trying to calm their baby.

Allow a breath:

You can practice this with eyes open or closed. Allow yourself to take a deep inhale followed by a longer exhale. Imagine each breath brings more calm into your body. Try this breathing 3-5 times and if necessary, continue taking deep, calming breaths until you notice a shift taking place. You may want to add an exaggerated shoulder shrug to the breathing.

Some other ways you can help yourself arrive at a calmer place:

- Take a glass of water and drink it slowly.
- Go out for some fresh air.

- Tighten and relax your fists.
- Eat a healthy snack.
- Bring awareness to your feet being supported by the floor.
- Repeat words of encouragement to yourself, “I can do this.” “My baby needs my help and I am doing the best I can right now.”

**Listen to your baby:**

Now that you are feeling a bit quieter inside, hopefully, try asking yourself, “What is my baby trying to tell me?” Your baby is trying to communicate his or her needs and even though it may feel difficult to hear her cry, it’s important to stay with her, soothing her, (and soothing yourself with breathing if necessary) looking carefully at her while listening to her cries. Her body may give you clues by the pace of her breathing or facial expression. Allow baby to be your teacher.

- Slow down.
- Get quiet.
- Use all your senses to observe baby, eyes, ears, nose.
- Listen to your instincts. Trust what your inner voice is telling you.

Parents begin to give their babies a sense of self-worth by responding genuinely and seeing her as her own tiny person. This is how your baby begins to feel safe and loved.

**Make contact and mirror feelings:**

This is when all your heart practices, compassion and lovingkindness meditations, come into practice. You may want to use your openhearted listening and responding skills with the baby when the crying continues.

- Make gentle physical contact with baby.
- Observe and listen to your baby.

- Talk to your baby about what she is experiencing (to the best of your understanding). “It looks like you need a new diaper.” “I wonder if you are still hungry.” “Your tummy is making a lot of noises. Maybe you need to burp.” “I am here for you.”
- Keep talking gently to your baby and notice how he or she responds.
- Continue these listening and mirroring steps as long as it feels useful.

We don't always know what our babies are trying to tell us, especially in the beginning but we do not need to have all the answers. What we are trying to do is communicate to our baby that he or she is safe and loved and we are here to take care of her needs.

#### Soothe your baby:

At this point, you are at least somewhat calmer and you have connected with your baby.

Although the crying cycle may not be over, you are better able to keep frustration at bay because you have taken the previous calming steps. This is when you can return to the first four steps as needed - check in with yourself, allow more breaths, listen to your baby and mirror whatever emotions she is showing you by speaking them to her in sentences with matching facial expressions.

When you feel ready and calm, you can try these methods to soothe your baby.

- Holding
- Rocking
- Walking
- Bouncing
- Wear baby in a carrier/sling
- Nursing
- Going out for fresh air with baby

- Listen to white noise or music

Throughout these efforts, keep speaking quietly to your baby about what you're doing. Wait for responses to see what works. Notice when your baby begins to calm down. Give each method some time to work.

Attuning to your baby is about making a **complementary** response to your baby's state to convey **empathy** and an **appropriate response**. Ideal attunement is showing your baby you recognize her upset as well as conveying to her that you can tolerate her upset. You show her you can hold it without getting swallowed by it.

You can practice mindful awareness while changing diapers by focusing on the connection you are making with your baby. Even if she is crying, approach the whole process with friendliness and interest. After you've cleaned the baby off, if there is time, take a moment for some skin to skin contact i.e. rubbing baby's belly or nibbling toes. Mindful awareness is being aware of the crying but not labeling/defining it as a problem. Remember, this is how your baby communicates until they have language so settle in. It will be a while. When the diaper has been changed, you can mark the transition with, "All clean" or "Love you."

While mindful parenting won't resolve issues that occurred in your own childhood, it will make you more conscious of when you are feeling triggered. If you continue with your mindfulness meditation practices, on and off the cushion, you will begin to develop the ability to observe your reactive thoughts with the spaciousness needed to allow them to simply be there **and** choose a more appropriate response rather than an over-reactive one that may be rooted in your own history.

**Final meditation together:**

*With one of you holding your baby, I invite you to close your eyes if that feels comfortable.*

*Begin noticing that your body is breathing. Paying particular attention to focusing on your out-breath, pushing it out with a bit more pressure as if you are blowing out a candle. You can do this with your mouth opened or closed, just paying attention to the very end of the exhalation.*

*Pause*

*Now feel the baby's skin against your own or if you aren't holding the baby, place one hand on baby. Feeling this tiny body, a little human, full of life, taking in this wondrous new world.*

*Pause*

*You may wish to repeat these words to yourself, "I am keeping my baby safe." "I am keeping myself safe."*

*Pause*

*Calling to mind a parental archetype, or someone who represents this to you, someone whose parenting you admire. This may be one of your parents. Maybe a parent character on TV. It may be someone you do not know personally. It could also be "Mother Nature."*

*Pause*

*Knowing your "person" has offered this loving support and safety to a baby, just as brave parents all across the world over millennia have nurtured their children. And now it is your turn to keep your baby safe, fed, warm and protected.*

*Pause*

Allowing yourself to repeat these phrases or something that represents you better:

*May I nurture my baby (insert baby's name) to the best of my ability.*

*May I help my baby (insert baby's name) feel safe and secure.*

*May I hold myself with kindness during challenging times.*

Wrap up:

Let's take this opportunity to exchange email addresses and phone numbers so we can stay connected.

If meeting takes place in person, suggest a group photo with babies. Talk about the importance of sangha/group for support and camaraderie. No need to travel this path alone.

Please keep me updated with pictures.

Distribute Handout

**Handout Session #6**

5 steps of CALMS (Takikawa & Contey, 2010)

Here are 5 steps you can use with your baby that support both of you in your efforts to create a loving, secure relationship.

**C**heck in with yourself.

**A**llow a breath.

**L**isten to your baby.

**M**ake contact and mirror feelings.

**S**oothe your baby.

**C** – Check in with your emotional self. When your baby is crying, having a hard time settling down, what are you feeling? Agitated, frustrated, exhausted, overwhelmed, helpless or something else? Bring awareness to the feelings that are present in the moment.

**A** - Allow yourself to take a few slow, deep breaths. You can try this with eyes opened or closed. Keep this deep breathing going until you notice the tension in your body begin to release. If needed, go for a quick walk or to another room to be alone for a moment or two. Go into self-compassion mode by reminding yourself that you are perfectly capable. “My baby needs help now and I am doing the best I can.”

**L** – Listen to your baby. What is s/he trying to tell me? Get quiet, slow yourself down and be present for your baby. Use all your senses while observing baby. Trust your instincts. Allow baby to be your teacher. No one knows your baby better than you. By attending to your baby’s needs s/he begins to develop a sense of self-worth, which makes her feel safe and loved.



**M** – Make contact and mirror baby’s feelings. Remember your compassion phrases the practices we did together and use them for your baby.

*S/he is suffering right now.*

*All babies (all beings) suffer sometimes.*

*This will pass and I will help you.*

Use your openhearted listening and responding skills with the baby. Talk to your baby about what s/he is experiencing (to the best of your understanding). “It looks like you need a new diaper.” “I wonder if you are still hungry.” “Your tummy is making a lot of noises. Maybe you have some gas.” Keep talking gently to baby and notice the response. Continue these listening and mirroring steps as long as it feels useful.

**S** – Soothe your baby. If you are not yet feeling calmed down, repeat the first 4 steps, particularly focusing on deep breathing, or whatever method works best for you to soothe yourself. Once you feel more at ease, here are some things you can try with your crying baby: (after ruling out the baby trifecta: diaper, sleepiness, and hunger).

- Holding
- Rocking
- Walking
- Bouncing (physical therapy balls are great for this)
- Wear baby in a carrier/sling
- Going out for fresh air with baby
- Listen to white noise or music
- Bathing

## Supplemental Resources

*Mindful Birthing* by Nancy Bardacke

*Becoming Attached* by Robert Karen

*The Attachment Connection* by Ruth P. Newton

*Self-Compassion* by Kristin Neff

*Mindful Motherhood* by Cassandra Vieten

*The Whole Brain Child* by Daniel Siegel

*Everyday Blessings* by Myla and Jon Kabat-Zinn

*Mindful Parenting* by Kristen Race

*What Babies Want* by Debby Takikawa and Carrie Contey

*Full Catastrophe Living* by Jon Kabat-Zinn

*A Still Forest Pool: The Insight Meditation of Achaan Chah* by Jack Kornfield and Paul Breiter

Parenting information, written by medical clinicians, (not bloggers), can be found at:

<https://www.helpguide.org/home-pages/parenting-family.htm>

## References:

- Austin, M.-P., Hadzi-Pavlovic, D., Leader, L., Saint, K., & Parker, G. (2005). Maternal trait anxiety, depression and life event stress in pregnancy: Relationships with infant temperament. *Early Human Development, 81*(2), 183–191.
- Bardacke, N., (2012), *Mindful Birthing: Training the mind, body, and heart for childbirth and beyond*. New York, NY: Harper Collins Publishers.
- Borelli, J. L., Compare, A., Snavely, J. E., & Decio, V. (2015). Reflective functioning moderates the association between perceptions of parental neglect and attachment in adolescence. *Psychoanalytic Psychology, 32*(1), 23–35.
- Bourne, K., Berry, K., & Jones, L. (2014). The relationships between psychological mindedness, parental bonding and adult attachment. *Psychology and Psychotherapy-Theory Research and Practice, 87*(2), 167–177.
- Bowlby, J. (1969). *Attachment and loss: Volume 1: Attachment*. New York: Basic Books, Inc.
- Bowlby, J. (1973). *Attachment and loss: Volume 2: Separation: Anxiety and anger*. New York: Basic Books, Inc.
- Brazelton, T.B., & Cramer, B.G. (1991). *The earliest relationship: Parents, infants and the drama of early attachment*. Boston, MA: DeCapo Press.
- Brodie, R. (n.d.). *Mary Ainsworth and attachment theory*, from <http://www.childdevelopmentmedia.com/articles/mary-ainsworth-and-attachment-theory>.
- Brown, K.W. & Ryan, R. M. (2003). The benefits of being present: Mindfulness and its role in psychological well-being. *Journal of Personality and Social Psychology, 84*(4), 822-848.
- Caldwell, J. G., & Shaver, P. R. (2013). Mediators of the link between adult attachment and mindfulness. *Interpersona, 7*(2), 299-310.

- Caldwell, J., & Uram, S. (2013). *A neurobiological perspective on trauma and attachment, and the role of mindfulness in the healing process. [electronic resource]*. Eau Claire, WI: PESI Healthcare, 2013.
- Cassidy, J., Jones, J. D., & Shaver, P. R. (2013). Contributions of attachment theory and research: A framework for future research, translation, and policy. *Development and Psychopathology*, 25(4 0 2), 1415.
- Chan, K. P. (2014). Prenatal meditation influences infant behaviors. *Infant Behavior and Development*, 37(4), 556–561.
- Chödrön, P., (2004), *Start where you are: A guide to compassionate living*. Boston, MA: Shambala Publications, Inc.
- Conte, H. R., Ratto, R., & Karasu, T. B. (1996). The psychological mindedness scale. *The Journal of Psychotherapy Practice and Research*, 5(3), 250–259.
- Davies, K. A., Macfarlane, G. J., McBeth, J., Morriss, R., & Dickens, C. (2009). Insecure attachment style is associated with chronic widespread pain, *Pain*, 143(3), 200–205.
- Davis, T. J., Morris, M., & Drake, M. M. (2016). The moderation effect of mindfulness on the relationship between adult attachment and wellbeing. *Personality and Individual Differences*, 96, 115–121.
- [dharma.ncf.ca/introduction/sutras/metta-sutra.html](http://dharma.ncf.ca/introduction/sutras/metta-sutra.html)
- Dimidjian, S., Goodman, S. H., Felder, J. N., Gallop, R., Brown, A. P., & Beck, A. (2016). Staying well during pregnancy and the postpartum: A pilot randomized trial of mindfulness-based cognitive therapy for the prevention of depressive relapse/recurrence. *Journal of Consulting and Clinical Psychology*, 84(2), 134–145.

- Duncan, L. G., & Bardacke, N. (2009). Mindfulness-based childbirth and parenting education: Promoting family mindfulness during the perinatal period. *Journal of Child and Family Studies, 19*(2), 190–202.
- Dunn, C., Hanieh, E., Roberts, R., & Powrie, R. (2012). Mindful pregnancy and childbirth: Effects of a mindfulness-based intervention on women's psychological distress and well-being in the perinatal period. *Archives of Women's Mental Health, 2*, 139.
- Egeland, B., Jacobvitz, D., & Sroufe, L.A. (1988). Breaking the cycle of abuse. *Child Development, 59*(4), 1080–1088.
- Fraley, R. Chris, M., H., Vicary, A., & Brumbaugh, C. (2011). The experiences in close relationships-Relationship structures questionnaire: A method for assessing attachment orientations across relationships. *American Psychological Association, 23*(3), 615–625.
- Fransson, M., Granqvist, P., Marciszko, C., Hagekull, B., & Bohlin, G. (2016). Is middle childhood attachment related to social functioning in young adulthood? *Scandinavian Journal of Psychology, 57*(2), 108–116.
- Fricchione, G. (2011). *Compassion and healing in medicine and society: On the nature and use of attachment solutions to separation challenges*. Baltimore, MD: Johns Hopkins University Press.
- Goldstein, J. (2016). *Mindfulness: A practical guide to awakening* (Reprint edition). Boulder, CO: Sounds True.
- Gunarantana, B. (2015). *Mindfulness in plain English*. Somerville, MA: Wisdom Publications.
- Halpert, J. (2016, October 27). The power of mindful parenting. *Kiwimagonline*, <http://www.kiwimagonline.com/mindful-parenting>.

- Hesse, E. (2008). The adult attachment interview: Protocol, method of analysis, and empirical studies. In J. Cassidy & P.R. Shaver (Eds.), *The handbook of attachment: Theory, research and clinical applications*, New York, NY: The Guilford Press.
- Horrigan, B., Lewis, S., Abrams, D. I., & Pechura, C. (2012). Integrative medicine in America—How integrative medicine is being practiced in clinical centers across the United States. *Global Advances in Health and Medicine*, 1(3), 18.
- Hughes, A., Williams, M., Bardacke, N., Duncan, L. G., Dimidjian, S., & Goodman, S. H. (2009). Mindfulness approaches to childbirth and parenting. *British Journal of Midwifery*, 17(10), 630–635.
- Kabat-Zinn, J., Kabat-Zinn, M. (2014). *Everyday blessings: The inner work of mindful parenting*. New York, NY: Hachette Books.
- Kabat-Zinn, J., (2013). *Full Catastrophe Living: Using the wisdom of your body and mind to face stress, pain, and illness*. New York, Bantam Books.
- Kornfield, J., Breiter, P., (2016). *A still forest pool: The insight meditation of Achaan Chah*. Wheaton, IL, Quest Books.
- Lewallen, A. C., & Neece, C. L. (2015). Improved social skills in children with developmental delays after Parent participation in MBSR: The role of parent–child relational factors. *Journal of Child and Family Studies*, 24(10), 3117–3129.
- Lind, T., Bernard, K., Ross, E., & Dozier, M. (2014). Intervention effects on negative affect of CPS-referred children: Results of a randomized clinical trial. *Child Abuse & Neglect*, 38(9), 1459–1467.
- Main, M., Goldwyn, R., Hesse, E. (2002/2008). *Adult attachment scoring and classification system*. Unpublished scoring manual, University of California at Berkeley.

- Main, M., Kaplan, N., & Cassidy, J. (1985). Security in infancy, childhood, and adulthood: A move to the level of representation. *Monographs of the Society for Research in Child Development, 50*(1/2), 66–104.
- Marrone, M. (2014). *Attachment and interaction: From Bowlby to current clinical theory and practice*. London, UK: Jessica Kingsley Publishers
- MGH Psychiatry Academy. (2014.). *BHI CBT for translation\_01-Benson*. Retrieved from <http://vimeo.com/92868200>.
- Mohan, A., Sharma, R., & Bijlani, R. L. (2011). Effect of meditation on stress-induced changes in cognitive functions. *The Journal of Alternative and Complementary Medicine, 17*(3), 207–212.
- Moreira, H., & Canavarro, M. C. (2015). Individual and gender differences in mindful parenting: The role of attachment and caregiving representations. *Personality and Individual Differences, 87*, 13–19.
- Neff, K. (2011). *Self-Compassion: Stop beating yourself up and leave insecurity behind*. New York: Harper Collins.
- Newton, R. (2008). *The attachment connection*. Oakland, CA: New Harbinger Publications.
- Olendzki, A., (2010). *Unlimiting mind: The radically experimental psychology of Buddhism*. Boston, MA: Wisdom Publications
- Pepping, C. A., & Duvenage, M. (2016). The origins of individual differences in dispositional mindfulness. *Personality and Individual Differences, 93*, 130–136.
- Pickard, J. A., Townsend, M., Caputi, P., & Grenyer, B. F. S. (2017). Observing the influence of mindfulness and attachment styles through mother and infant interaction: A longitudinal

- study: Maternal mindfulness and infant attachment. *Infant Mental Health Journal*, 38(3), 343–350.
- Plotka, R. (2011). Adult attachment interview (AAI). In S. Goldstein & J. A. Naglieri (Eds.), *Encyclopedia of Child Behavior and Development* (pp. 52–54). Springer US.
- Reuther, B. T. (2014). On our everyday being: Heidegger and attachment theory. *Journal of Theoretical and Philosophical Psychology*, 34(2), 101–115.
- Saunders, R., Jacobvitz, D., Zaccagnino, M., Beverung, L. M., & Hazen, N. (2011). Pathways to earned-security: The role of alternative support figures. *Attachment & Human Development*, 13(4), 403–420.
- Sawyer Cohen, J., & Semple, R. (2010). Mindful parenting: A call for research. *Journal of Child & Family Studies*, 19(2), 145–151.
- Segal, J., Glenn, M., Robinson, L., (2017), *What is secure attachment and bonding*, Retrieved from [http:// www.helpguide.org/articles/parenting-family/what-is-secure-attachment-and-bonding.htm](http://www.helpguide.org/articles/parenting-family/what-is-secure-attachment-and-bonding.htm)
- Siegel, D. J. (2010). *Mindsight: The new science of personal transformation* (Reprint edition). New York: Bantam.
- Siegel, D. J. & Hartzell, M. (2003). *Parenting from the inside out: How a deeper self-understanding can help you raise children who thrive*. New York: Penguin.
- Snyder, R., Shapiro, S., & Treleaven, D. (2012). Attachment theory and mindfulness. *Journal of Child and Family Studies*, 21(5), 709–717.
- Sroufe, L. A., Egeland, B., & Kreutzer, T. (1990). The fate of early experience following developmental change: Longitudinal approaches to individual adaptation in childhood. *Child Development*, 61 (5), 1363-1373.



- Steele, H., Davidson, F. W., Davidson, J., & Kaplan, L. (2007). *John Bowlby: Attachment theory across generations*. San Luis Obispo, CA, Davidson Films.
- Takikawa, D., Contey, C., (2010). *What babies want: Five simple steps to calming and communicating with your baby*. New York, NY: LTM Books.
- Toth, S. L., Cicchetti, D., Rogosch, F. A., & Sturge-Apple, M. (2009). Maternal depression, children's attachment security, and representational development: An organizational perspective. *Child Development, 80*(1), 192–208.
- Vieten, C., & Astin, J. (2008). Effects of a mindfulness-based intervention during pregnancy on prenatal stress and mood: Results of a pilot study. *Archives of Women's Mental Health, 11*(1), 67–74.
- Vieten, C., (2009). *Mindful motherhood: Practical tools for staying sane during pregnancy and your child's first year*. Oakland, CA: New Harbinger Publishers, Inc.
- Walsh, J. J., Balint, M. G., Smolira SJ, D. R., Fredericksen, L. K., & Madsen, S. (2009). Predicting individual differences in mindfulness: The role of trait anxiety, attachment anxiety and attentional control. *Personality and Individual Differences, 46*(2), 94–99.
- Waters, E., Posada, G., Crowell, J. A., & Lay, K. L. (1994). The development of attachment: From control system to working models. *Psychiatry: Interpersonal and Biological Processes, 57*(1), 32-42.