Relational mindfulness, spirituality, and the therapeutic bond

Melissa D. Falb *, Kenneth I. Pargament

Department of Psychology, Bowling Green State University, Bowling Green, OH 43403-0232, United States

A R T I C L E   I N F O

Article history:
Received 10 April 2012
Received in revised form 23 July 2012
Accepted 25 July 2012

Keywords:
Mindfulness
Relational mindfulness
Interpersonal mindfulness
Spirituality
Psychotherapy
Psychotherapeutic relationship

A B S T R A C T

Mindfulness training, which emphasizes deliberate non-judgmental attention to present moment experiences, has become increasingly mainstream over the past several decades. With accumulating evidence for the physical and mental health benefits of mindfulness, it has been integrated into medical and psychological treatments and is increasingly accepted in the fields of psychology and psychiatry. However, several elements of mindfulness practice which potentially contribute to its benefits have been largely neglected. These include the connections between mindfulness, interpersonal relationships, spirituality, and the psychotherapeutic alliance. The emerging concept of “relational mindfulness” focuses attention on the oft-neglected interpersonal aspects of mindfulness practices. Relational mindfulness is potentially relevant to the psychotherapeutic process, due to its cultivation of the types of qualities that enhance the therapeutic relationship, including warmth, empathy, curiosity, acceptance, self-attunement, and emotional intelligence. In addition, mindfulness practices, especially relational ones, can contribute to the development of spiritual qualities, such as transcendence, boundlessness, ultimacy, and interconnectedness. Several recent studies suggest that meditation/mindfulness interventions may be explained and/or enhanced by an emphasis on spiritual components. In this paper, we suggest that focusing on the oft-neglected relational and spiritual aspects of mindfulness practice has the potential to deepen its benefits, especially within the context of the psychotherapeutic relationship.

© 2012 Elsevier B.V. All rights reserved.

1. Introduction

Mindfulness training, which emphasizes deliberate non-judgmental attention to present moment experiences (Kabat-Zinn, 2003, p. 145), has become increasingly mainstream over the past several decades. As interest in mindfulness has grown, it has been increasingly integrated into medical and psychological treatments, including Mindfulness Based Stress Reduction (MBSR; Kabat-Zinn, 1982), Mindfulness Based Cognitive Therapy (MBCT; Teasdale et al., 1995), Dialectical Behavior Therapy (DBT; Linehan, 1987), and Acceptance and Commitment Therapy (ACT; Hayes and Wilson, 1994). With accumulating evidence for the physical and mental health benefits of mindfulness (for reviews, see Baer, 2003; Keng et al., 2011), it has become increasingly accepted in the fields of psychology and psychiatry.

However, several elements of mindfulness practice which potentially contribute to its benefits have been largely neglected. The purpose of the current article is to explore these aspects – two ideas in particular. First, we will investigate the connections between mindfulness, interpersonal relationships, and psychotherapy.

In particular, we will consider the potential impact of relational mindfulness on the psychotherapeutic relationship. Second, this article will consider the ways in which mindfulness practice might be considered spiritual and how this spiritual element is especially relevant to relational mindfulness ideas and practices.

2. What is relational mindfulness?

Most mindfulness practices are solitary ones, carried out in silence. These practices clearly contribute to a range of positive effects, including for mental health practitioners. However, it can be difficult to see the connection between what happens in solitude and what happens in “real life.” Many meditation practitioners, including those with long-standing practices, note that despite increasing calmness and clarity “on the meditation cushion,” interpersonal interactions and intimate relationships can continue to be a source of struggle. Qualities such as tranquility, clarity, and compassion which develop during mindfulness practice often cannot be sustained during the challenges of interpersonal relationships. Given the inherent difficulty of relationships, as well as their significance to most people, this neglect of important relational aspects by traditional mindfulness practices is problematic.
The emerging concept of “relational mindfulness” focuses attention on the oft-neglected interpersonal aspects of mindfulness practices. Relational mindfulness focuses not on the individual practices found in most mindfulness based therapies and traditional meditation techniques, but rather on mindfulness practiced in relationship to other people. Relational mindfulness draws on various aspects of mindfulness practice (present moment awareness, selflessness, compassion training, etc.) that can be beneficial for improving communication, empathy, and other aspects of interpersonal relationships. It is an in vivo technique, emphasizing the interactions between two or more people who take a deliberate stance of awareness and attention to their emotional and bodily states as influenced by their dealings with one another. It is the process of practicing mindfulness while interacting with others, integrating words with silence and learning to speak and listen mindfully.

Relational mindfulness can take various forms, each emphasizing communicating and relating in a new, more attentive way. Relational mindfulness can involve deliberately mindful practices (e.g., Insight Dialogue, a form of dialogic meditation based on Vipassana meditation; Kramer, 2007) or it can involve less formal relational practices such as eye gazing and synchronized breathing (Levine and Levine, 1995) or brief, verbal exchanges (“What would you like to tell me?” “If you really knew me…” which emphasize non-reactive, present-moment awareness of self and others. Alternatively, the qualities of relational mindfulness can be developed using techniques that are not explicitly mindful, but which enhance the same qualities of attention and awareness cultivated through deliberate mindfulness practice. In the therapeutic realm, such implicitly mindful techniques are most relevant to couples’ work, and found in various styles of therapy. One example is that of Imago Relationship Therapy (Brown, 1999), which can be considered a “reciprocal relational practice” in which partners connect in a potentially meditative way by focusing on each other’s words instead of a traditional meditation object (Crapuchettes and Beauvoir, 2011).

3. How is relational mindfulness relevant to the psychotherapeutic relationship?

This relatively new concept, relational mindfulness, has to date received little attention in the psychological literature; however, it is potentially important for the psychotherapeutic process. The therapeutic bond is clearly a relevant area where intentional awareness in relationship to another person can have healing benefits. With regard to psychotherapy outcomes and effectiveness, numerous studies show that non-specific or “common” factors, such as the therapeutic relationship or “alliance,” are at least as important as the specific form of therapy practiced (for meta-analytic reviews, see Horvath et al., 2011; Martin et al., 2000). Mindful therapist qualities, sometimes identified by concepts such as “presence” (Geller and Greenberg, 2002; Rogers as cited in Baldwin, 1987), “relational depth” (Cooper, 2005), or “mentalization” (Allen, 2013) in the psychological literature, play a clear role in successful psychotherapy.

Research suggests that mindfulness practice develops the types of qualities that enhance the therapeutic relationship. Relational mindfulness in particular appears to have potential to be an agent for cultivating enhanced interpersonal harmony. Clinicians who are able to maintain these qualities off the cushion (i.e. in the heat of the moment during potentially difficult therapeutic exchanges) will likely have better therapeutic outcomes and be able to maintain rapport while modeling for patients new, healthier ways of relating to oneself and others. In particular, cultivation in therapists of mindful qualities, such as present moment awareness and increased attentiveness to one’s thoughts, feelings, and bodily sensations, can prove useful in improving the therapeutic relationship.

4. Mindfulness and psychotherapeutic outcomes

Indeed, qualities associated with mindfulness have been shown to be related to a number of positive psychotherapy outcomes. Mindfulness practice in general can aid in developing qualities such as warmth and empathy which have been shown to enhance therapy outcomes. For example, clinicians who are able to identify and repair therapeutic ruptures show positive treatment outcomes (Safran et al., 2011). In addition, therapist emotional intelligence has been shown to be correlated with better therapist-rated outcomes, lower drop-out rates, and increased patient compliance (Kaplowitz et al., 2011). Siegel (2007) suggests that attunement of an individual with the self (e.g. through mindfulness) leads to an improved ability to attune with others. Thus, an increasingly self-attuned therapist is likely to increase his or her capacity to attune with patients, who are themselves likely, through the therapeutic relationship, to grow in their own ability to self-attune (Bruce et al., 2010). In fact, Henry et al. (1990) found that how psychotherapists relate to themselves (e.g. in a warm and accepting manner versus one which is hostile and controlling) is predictive of how they relate with patients.

Several studies provide initial evidence that mindfulness training interventions can have a positive impact on clinicians’ therapeutic work, including their ability to relate to patients in a more mutually meaningful and mindful way. For example, Rimes and Wingrove (2011) found that trainee clinical psychologists who participated in an eight-week MBCT course reported greater acceptance of thoughts and feelings, improved ability to pause before reacting, and an increased understanding of what it is like to be a therapy patient. In a study assessing the long-term impacts of mindfulness training on counseling and psychology trainees, Christoper et al. (2011) found a range of positive impacts on self-care, interpersonal relationships generally, and the therapeutic relationship in particular. These benefits included feeling less controlled by one’s emotions, being less reactive and defensive, remaining centered or calm when overwhelmed, becoming less judgmental and more accepting, dis-identifying from one’s thoughts, having increased patience and compassion, feeling less fear of and need for approval from patients, and experiencing greater respect for, curiosity about, and acceptance of present-moment experience. Generally, these results suggest that mindfulness training can help mental health practitioners increase their understanding and awareness of qualities of mindfulness, as well as to model those processes in sessions with patients.

5. Relational mindfulness and psychotherapeutic outcomes

In addition to assessing general mindfulness training, several recent studies have looked specifically at relational or interpersonal mindfulness and its effects on the therapeutic process. These studies have shown relational mindfulness practices to be beneficial when utilized by either patients or clinicians. For example, Beckerman and Sarracco (2011) integrated mindfulness training into couples’ therapy sessions, particularly during heated moments and exchanges. By deliberately bringing attention to thoughts and feelings during difficult communications, participants were able to interrupt negative thought cycles, remain emotionally present, avoid withdrawal behaviors, identify and express vulnerable feelings, and communicate in a less judgmental and more compassionate manner. Similarly, a study using interpersonal mindfulness training with psychology graduate students (Cohen and Miller, 2009) showed that participants experienced increased social connectedness and increased
emotional intelligence (e.g., awareness of nonverbal communication), suggesting that such training could be of potential benefit to the therapeutic alliance and psychotherapy outcomes.

6. Relevance of spirituality to relational mindfulness

How can spirituality potentially enhance the effects of relational mindfulness practices? By spirituality, we refer to four qualities: transcendence, the sense that an object or experience goes beyond our everyday, usual, or ordinary understanding; boundlessness, a sense of vast, unrestricted space and time; ultimacy, that which is the primary, fundamental, or underlying essence of all experience; and interconnectedness, a sense of dissolving boundaries around the self and increasing unity with others and the world. The first three of these come from Pargament’s description of the sacred (Pargament, 2007). In addition, mindfulness practice (and Buddhist theory itself, e.g., the concept of “no self”) points to and develops a quality of deep interconnectedness which might also be considered spiritual (Bergemann et al., in press). This latter quality is especially relevant to relational mindfulness practices.

Unfortunately, mindfulness practice is easily divorced from its spiritual roots, due in part to Buddhism’s non-theistic nature. In addition, therapeutic mindfulness programs such as MBSR and MBCT, although derived from Buddhist spiritual traditions, are secular programs which have removed references to the Buddha and to Buddhist concepts in order to make these programs more widely accessible in a western, medical context. Nonetheless, several recent studies suggest that the efficacy of meditation interventions, including mindfulness, may in part be explained by spiritual components (Greeson et al., 2011) or that effectiveness may be increased when spiritual aspects are emphasized (Wachholtz and Pargament, 2008).

Mindfulness practices including relational ones cultivate spiritual qualities like those identified above (Hollingsworth, 2008). While relational mindfulness most obviously cultivates the spiritual quality of inter-connectedness, improving our sense of unity with a relationship partner (such as therapist patient), other spiritual attributes are relevant as well. For example, relational mindfulness practices can lead to a sense of transcendent relationship to another human being in that the “other” becomes seen from outside our ordinary (e.g. psychiatric) perspective, in his or her wholeness, rather than simply as sick, broken, disordered, or in need of treatment. Additionally, these practices appear to cultivate increased emotional intelligence, which encompasses greater awareness of both self and other based on non-verbal aspects of communication not usually attended to (Cohen and Miller, 2009). Similarly, a sense of boundlessness can be cultivated through relational mindfulness practices and their resulting interpersonal attunement. The self – and other – not uncommonly becomes seen as unrestricted by personal spatial and temporal attributes such as thoughts, emotions, and personality (Hollingsworth, 2008). Finally, ultimacy can be found in these practices in that shared participation in practices of deliberate attentiveness and attunement can result in a sense of participation in something greater (e.g. a larger truth or deeper reality) which underlies our personal experience. This may manifest itself in positive outcomes such as improved psychological resilience and overall mental health (Shapiro et al., 2007). Thus, the qualities of spirituality can arise within a mindful relationship such as that cultivated through relational mindfulness practices.

Hopefully, it is clear that the spiritual concepts and principles relevant to mindfulness do not apply exclusively to patients of Buddhist background or leaning. Rather, due to the universal nature of these experiences and qualities, individuals from all – or no – religious orientations can experience the spiritual effects that naturally arise from practices which stem historically from within a Buddhist context. It is not necessary to make explicit reference to theological, religious, or doctrinal concepts from Buddhism, though for some patients that could be useful. Certainly, knowing our patients’ religious orientation can help us determine which stories or metaphors might be useful to them; however, an emphasis on the overarching spiritual qualities of mindfulness can be enough. Thus, it would appear that spiritual aspects of mindfulness may contribute to its many benefits and are relevant to the current discussion. For example, Lomax et al. (2011) provide compelling illustrations of the way a patient’s spirituality is affirmed through the therapist’s deeply attentive responsiveness to narrative accounts of sacred moments the patient brings into treatment. Indeed, mindfulness itself involves the cultivation of a quality of attention which could be characterized by awe, including awe at the transcendent, boundless, ultimate, and interconnected nature of reality and of human beings themselves. It is certainly no accident, for example, that Levine and Levine’s (2005) discussion of mindfulness and meditation practices in the cultivation of relationships is replete with words such as “boundless being,” “wholeness,” “complete-ness,” “interconnectedness,” “boundary less spaciousness,” and “vastness.” In the practice of mindfulness, especially relational forms, spiritual qualities, whether intentionally or not, are often cultivated.

7. Conclusion

Despite numerous studies assessing mindfulness in a clinical context, a major weakness of the existing literature is a dearth of empirical research focusing on relational mindfulness practices. While research on mindfulness in the psychotherapeutic endeavor is growing, current investigations into the benefits of mindfulness practice neglect for the most part its relational aspect. In addition, the spiritual facets of mindfulness have been mostly disregarded, in fact sometimes deliberately eliminated from the inherently spiritual techniques and traditions from which they derive. The next important step in the use of mindfulness within psychother-apy and psychiatry will be to extend the focus of attention to include the important concept of relational or interpersonal mindfulness as well.

Bringing non-judgmental present-moment awareness to one’s internal workings when alone is a significant skill for increasing one’s emotional, psychological, and spiritual well-being; however, bringing that same non-judgmental present-moment awareness to one’s interactions with others in the challenging arena of interpersonal relationships appears to be an essential next step. While this is true generally, it is especially relevant to the therapy process and to the healing power of the therapeutic alliance. In particular, focusing on the spiritual aspects of relating to one another appears to have the potential to deepen the benefits of mindfulness practice. Although the explicit use of spiritual concepts in the therapeutic endeavor may be regarded as inappropriate by some, these elements need not be associated with any particular religious tradition. In addition, whether acknowledged or not, spiritual qualities such as transcendence, boundlessness, ultimacy, and interconnectedness, may in fact be present in any deliberate interactions between two people, particularly those cultivated through relational mindfulness practices.

References


