



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

MORE PRESENT, MORE EFFECTIVE

**Applying the Benefits of Mindfulness to the
Adult-Child Relationship**

Author:

Kate McCracken

YMCA of Metropolitan Los Angeles



CONTENTS

EXECUTIVE SUMMARY	3
SECULAR APPLICATIONS OF AN ANCIENT TRADITION	4
Facilitation of Neuroplasticity	4
Improved Psychological Health	5
Improved Physical Health	5
Greater Kindness for Self and Others	6
MINDFULNESS AS A YOUTH DEVELOPMENT STRATEGY	7
The Significance of the Caregiver-Child Relationship	7
Caregiver Stress and Impact on Children	8
The Impact of Caregiver Mindfulness on Children	8
Providing Greater Level of Care	8
Producing Better Outcomes for Children	8
Benefits of Mindfulness Practice for Children and Families	9
Limits of Mindfulness for Caregivers	9
Lack of Research	9
Misunderstanding or Lack of Access to Mindfulness Practice	9
Populations for Whom Mindfulness Is Not Recommended	10
BARRIERS TO ACCESSING MINDFULNESS OPPORTUNITIES	11
Socioeconomic Diversity and Mindfulness	11
Misperceptions About Mindfulness	12
A CALL TO ACTION	13
Involving Community-Based Organizations	13
Implementing Mindfulness at the Organizational Level	13
Planting the Seeds of a Mindful Culture	13
Investing in Staff Wellness	14
CONCLUSION	15
REFERENCES	16
ABOUT THE AUTHOR	20

EXECUTIVE SUMMARY

The practice of secular mindfulness is gaining popularity and credibility as a means of improving outcomes for people experiencing a variety of physical, emotional, and social issues. Proven to reduce negative risk factors and improve overall quality of life, the opportunity to introduce mindfulness into communities that do not traditionally have access to the practice is becoming a priority. Because of the significant impact adults have on children in their care, applying mindfulness to the adult-child relationship has the potential to improve outcomes for children and adults alike. Children who are cared for by adults practicing mindfulness will benefit from (1) having a caretaker whose well-being is enhanced, (2) the social-emotional modeling of a mindful caregiver, and (3) the cultivation of their own mindful attitudes and practices that will support them in developing lifelong skills.

Still, access to mindfulness is limited in communities that experience poverty and low socioeconomic status. Traditional mindfulness venues are not geographically, financially, or socially accessible to many people and groups who would greatly benefit from mindfulness practice. Community-based organizations (CBOs), because of their involvement in diverse communities, are uniquely poised to address the barrier of access to mindfulness. By leveraging existing relationships to introduce mindfulness programs and services, and by integrating mindfulness into business practices, CBOs can enhance quality of life and elevate the level of support provided to the families and children they engage.

While whole societies and their norms and cultures play a part in setting expectations related to child development, in most developed nations, the responsibility of youth development falls primarily to individual caregivers. Even though youth development must be a community effort, barriers often make it difficult to engage with and enjoy the benefits of a supportive community. Mindfulness practice can help individual caregivers attain the benefits that a supportive community provides: a sense of connectedness to self and others, alleviation of mental health symptoms, and a greater sense of happiness and well-being. Mindfulness-based interventions can be short term, cost effective, and adapted to individuals and groups, making them ideal choices for youth and caregiver populations.

JOIN THE DISCUSSION

Visit [Exchange](#) to join the discussion about the potential of mindfulness to contribute to youth development. As you read more about this topic, consider the following questions:



How can cultivating mindful awareness enhance your relationships with your colleagues, family, community, etc.?

What can you do today to initiate the development of a mindful culture in your Y?

yexchange.org

To explore the potential of mindfulness to contribute to the field of youth development, this paper looks at the effects of mindfulness on the adult-child relationship and examines how caregiver mindfulness affects children. By understanding how caregiver mindfulness affects children and how barriers to mindfulness practice can be overcome, it is possible to ensure that all children are able to benefit from the capacity of mindfulness to improve health and well-being.

SECULAR APPLICATIONS OF AN ANCIENT TRADITION

“Between stimulus and response, there is a space. In that space is our power to choose our response. In our response lies our growth and our freedom.”

— Viktor E. Frankl, author of *Man’s Search for Meaning*

On its January 2014 cover, **Time** magazine declared that the United States is experiencing a “mindful revolution,” as the historically Buddhist practice of mindfulness moves into a secular space and gains traction as a scientifically supported intervention. Most commonly associated with meditation, mindfulness is a way of being that is cultivated through the practice of intentional awareness and the exploration of the senses to exercise and strengthen functions of the mind and to cultivate nonjudgmental, present-moment awareness. Five of the most common mindfulness practices include the following:

- **Silent meditation:** Practitioners of silent meditation sit with eyes closed and use an anchor, such as the sensation of the breath or an ambient sound, to direct and redirect their attention throughout the course of the (usually timed) meditative period.
- **Walking meditation:** In walking meditation, practitioners deliberately move while paying attention to the physical sensations associated with the mechanics of walking.
- **Body scans:** Practitioners deliberately and systematically direct their attention to each part of the body, becoming aware of sensations in the different areas. Body scans are often guided by audio while practitioners lie with their eyes closed.
- **Mindful eating:** In mindful eating, practitioners slow down the process of eating—beginning with the preparation of food—and pay attention to the internal and external sensations and feelings that occur when eating.
- **Metta meditation:** **Metta**, a word from ancient Pali (considered the sacred language of Buddhism) means benevolence and loving kindness. In this type of meditation, practitioners offer compassionate love to themselves and others through their thoughts and intentions.

As later discussions in this paper point out, both the practice of and the nonjudgmental, present-

moment awareness that result from mindful practice produce many benefits. Although many contemporary practitioners of mindfulness, like the discipline’s earliest practitioners, consider their practice part of their spiritual development, relatively recent research on the psychological and physiological effects of mindfulness suggest that a secular practice can have similarly positive outcomes.

Secular mindfulness first saw a surge in acceptance and viability, in part thanks to Jon Kabat-Zinn, whose innovative Mindfulness-Based Stress Reduction (MBSR) program was pioneered at the University of Massachusetts Medical School in 1979 and continues to be offered by the medical school’s Center for Mindfulness and in other venues across the world today. The program, which engages participants in eight weekly group lessons and assigns daily mindfulness exercises, has been proven to help people manage chronic pain resulting from illness and stress-related disorders, reduce anxiety and feelings of panic, and improve overall quality of life and relationships (Kabat-Zinn, 2009). As mindfulness has become more mainstream and programs such as Kabat-Zinn’s have produced verifiable results of positive effects, mindfulness has been gaining attention and credibility as an effective intervention for many physical, emotional-mental, and social states and conditions.

FACILITATION OF NEUROPLASTICITY

Key components of mindfulness include the practice of calling attention to the here and now; taking note of bodily sensations as they occur; and becoming aware of and accepting both internal and external realities without judgment. When faced with the distractions of the external world, those who practice mindfulness accept the distractions as part of life and choose to direct their attention back to the present moment.

By intentionally practicing activities that draw attention to specific experiences or sensations, mindfulness

facilitates neuroplasticity in the brain. (Neuroplasticity refers to the brain's capacity to make lasting changes in structure or function—essentially to repair itself—in response to changes in behavior and environment.) To understand the role meditation plays in neuroplasticity, it is important to identify which regions of the brain are impacted during active meditation and then to determine whether meditation is able to produce long-lasting alterations in brain function. According to Treadway and Lazar (2010), multiple studies linking meditation and brain activity have shown increased activity in the dorsolateral prefrontal cortex (associated with executive decision making and attention); in the anterior cingulate cortex (associated with the integration of attention, motivation, and motor control); and in the anterior insula (associated with perceptions of visceral feelings, balance, heart and breathing rates, and possibly individuals' sense of self). Such practices resulted in lasting changes in brain structure (Hölzel et al., 2011; Treadway & Lazar, 2010). When compared with a control group, long-term mindfulness practitioners had increased cortical thickness of the anterior insula and sensory cortex and larger prefrontal cortices. In addition, the hippocampus (memory) and inferior temporal lobe (sense of agency—one's awareness of the volition of his or her own actions), as well as the anterior insula, had altered gray matter. Changes in brain structure were not limited to long-term practitioners; in a further study of the effects of MBSR on stressed individuals new to meditation, alterations in brain structure were observed after only eight weeks of practice (Hölzel et al., 2011).

Although much is still unknown about training-induced neuroplasticity and continued research is necessary to identify the cellular mechanisms responsible for such changes, researchers generally agree that repeated activation of brain regions leads to increased gray matter. In addition, studies of both long-term and novice meditators have shown that the impacted regions—the regions impacted by mindfulness meditation—are those that affect mental health.

IMPROVED PSYCHOLOGICAL HEALTH

Mindfulness is most widely known as a stress-reduction technique, and numerous studies validate its positive effects on the reduction of stress (Bloom, Ho, Griffiths Vega, & Pasinetti, 2012; Kabat-Zinn, 2009). However, an extensive body of research has shown that mindfulness—specifically MBSR—leads to improved psychological health

and well-being in ways that go beyond simple stress reduction. Neuroplasticity resulting from mindfulness facilitates stronger attentional control—the ability to choose what is paid attention to and what is ignored—giving individuals greater choice and command over where and how they place their attention and focus (Moore, Gruber, Derose, & Malinowski, 2012). Individuals with strong attentional control—such as those who practice mindfulness—are better able to concentrate in distracting environments and to direct their focus toward solutions rather than problems. Additionally, mindfulness practice cultivates present-moment awareness, which helps individuals avoid detrimental cognitions and the subsequent emotional and physical responses that sometimes result from thinking about the past or future (Kabat-Zinn, 2009).

As mindfulness practitioners grow more experienced, their brains continue to strengthen, showing greater competency in both cognitive reappraisal and intimate detachment (Grecucci, Pappaiani, Siugzdaite, Theuninck, & Job, 2014). Commonly understood as the capacity to find a silver lining in a difficult or challenging situation, cognitive appraisal is the ability to change the tone of an emotional response by intentionally redirecting and framing an experience in a way that is encouraging and motivating. Intimate detachment refers to the ability to depersonalize experiences to avoid experiencing emotional distress in response to them. Beyond not “taking it personally,” intimate detachment also helps individuals avoid self-blaming and shaming behaviors. Together, cognitive appraisal and intimate detachment help individuals build the self-efficacy that contributes to the ability to manage stress and stay emotionally regulated (Grecucci et al., 2014).

Mindfulness also improves overall emotional regulation, an individual's ability to identify, adapt, or inhibit his or her feelings, thoughts, and behaviors, including emotion-related behaviors, in any given situation (Quaglia, Goodman, & Brown, 2014). Emotional regulation is a core component in emotional intelligence and a key to social functioning.

IMPROVED PHYSICAL HEALTH

Beyond the social-emotional benefits, mindfulness has also shown to be an effective intervention in the treatment of physical ailments and disease by reducing inflammation in patients who incorporated mindfulness into their

treatment and participated in a structured mindfulness program like Mindfulness-Based Stress Reduction (Kabat-Zinn, 2009). A growing body of research offers data supporting mindfulness as an effective tool for improving physical health.

In a randomized, controlled study, Davidson et al. (2003) looked at the effects of MBSR on healthy employees in a work environment. The employees were randomly placed in one of two groups: the study group, who participated in MBSR training, and the control group, who did not. At the end of the eight-week training period, individuals in both groups were administered a flu vaccine. The researchers measured brain activity immediately before and after the training and again at four months, and performed blood tests of participants in both groups. The results showed that those who participated in MBSR had increases in left-sided anterior neurological activation, which correlates with positive affect, and had significant increases in antibody titers, indicating an increase in immune function. Those in the control group showed no increase in brain activation or in immune function.

Carson et al. (2005) studied the effect loving-kindness meditation had on patients with low back pain. Randomly assigning patients to loving-kindness training or standard care, the researchers found that those in the loving-kindness group showed significant improvements over the standard-care group in levels of pain, anger, and psychological distress.

A study by Creswell et al. (2016), suggests that mindfulness training may have an impact on risk factors for inflammatory disease by altering the default mode network (DMN) in the brain. DMN is a network of interacting brain regions that are activated when we are

at wakeful rest and/or not involved in performing a task that requires attention. In the study, researchers found mindfulness training to be more effective than relaxation training in improving the resting state functionality of the DMN. Creswell and colleagues studied the effects of mindfulness training versus relaxation training on a group of stressed job seekers who were randomly placed in one of the training groups. Compared to those in the relaxation-training group, those who received mindfulness training showed greater activation in the affected brain region (the dorsolateral prefrontal cortex), resulting in improved top-down executive functioning control as well as improvements in a biomarker for inflammatory disease.

GREATER KINDNESS FOR SELF AND OTHERS

Beyond the benefits already noted, a mindful way of being has been shown to lead to more compassionate behavior in the form of kindness to self and others (Lim, Condon, & DeSteno, 2015). Kindness is a powerful action, driven by emotions that compel us to help others. Pietero Fucci, in the **Power of Kindness**, writes that kindness is an essential trait that improves individuals' own happiness, in addition to the happiness of those around them, and enables us to preserve the warmth of human connection as our culture grows increasingly transactional. Perhaps kindness is, in essence, the antidote to the detriments of stress.

MINDFULNESS AS A YOUTH DEVELOPMENT STRATEGY

Mindfulness is not only for adults. A review of multiple studies looking at the impact of mindfulness on youth concludes that, not only do youth who participate in mindfulness interventions experience the same social and emotional benefits as do adult practitioners, but that mindfulness also contributes to cognitive development, improving young peoples' attention and focus, metacognition, and executive function (Weare, 2012). When exploring the benefits of mindfulness practice for children, some of the preliminary benefits can be associated with impact that affects whole-life outcomes. Improved attentional control in children, for example, moderates response to negative peer pressure and overall adjustment (Felver, Tipsord, Morris, Racer, & Dishion, 2014), impacting essential adolescent experiences and choices that shape adult-life circumstances.

These outcomes, when paired with the ability of mindfulness to cultivate compassion and kindness, and evidence demonstrating that children thrive in environments with compassionate caregivers, suggest that promoting mindfulness can be an effective component of youth development strategy. In fact, today, mindfulness is being integrated into schools in an effort to confer its benefits on upcoming generations. The question is, is facilitating mindfulness in children enough if caregivers—parents, teachers, child care workers, coaches, and so on—are not also living mindfully?

THE SIGNIFICANCE OF THE CAREGIVER-CHILD RELATIONSHIP

It is human nature to connect, and all societies are built on the concept of relationship. Attachment theory, which illustrates how integral the initial formations of relationship are for youth, suggests that the type of attachment children form with their primary caregivers influences their functioning throughout their lives (Dykas & Cassidy, 2011). According to this theory, infants whose primary caregivers are nearby, accessible, and attentive feel loved and secure and are therefore more likely to confidently engage in behaviors such as exploring their environments and playing with others; they are also more likely to respond to others in an empathetic way. Infants whose caregivers are not

nearby, accessible, or attentive feel anxious and exhibit behaviors—visual searching, clinging, crying, and searching—that continue until the connection with the caregiver can be reestablished; if the connection cannot be reestablished or is not reestablished in a timely way, the child experiences “profound despair and depression” (Fraleigh, 2010, para. 4). These attachment experiences in infancy shape individuals' attachments to others throughout their lives (Cassidy, Jones, & Shaver, 2013). According to Cassidy et al., these early attachments also affect physiological systems impacting an individual's stress response, inflammatory response, and immune system functioning.

Although attachment theory highlights the importance of the relationship between children and their primary caregivers, primary caregivers are not the only caregivers who impact childhood development, especially as children grow into adolescents and young adults. In his book **All Kids Are Our Kids: What Communities Must Do to Raise Caring and Responsible Children and Adolescents** (2006), Benson introduces the framework for the 40 Developmental Assets®—the behaviors, attitudes, beliefs, and values whose presence or absence predicts positive or negative outcomes. The more assets a young person has, the better chance he or she has to live a healthy, productive life. Developing these assets requires the presence of asset builders, adults who, through their significant relationships with adolescents, are able to shape adolescents' lives at critical developmental stages, when the consequences of life choices can shape adult experience and whole-life outcomes. Asset builders are the key to helping young people develop their assets. According to Benson, it takes only one adult in an alternative role to parent to positively influence the outcomes for a young person.

Among the many roles adult caregivers play in children's lives, that of role model is especially critical. From the adults in their lives, children learn how to form relationships, communicate verbally and nonverbally, and engage with community and the environment. Positive role modeling is particularly important given that both negative and positive behaviors can be contagious, as evidenced by research finding that habits associated with health, including

physical activity and eating habits, are influenced by group social norms (Ball, Jeffery, Abbott, McNaughton, & Crawford, 2010).

CAREGIVER STRESS AND IMPACT ON CHILDREN

Parents with children living at home have higher stress levels overall than nonparents (Spijkers, Jansen, & Reijneveld, 2013). According to Margolis and Myrskylä (2015), more than 70 percent of parents report a drastic reduction in happiness during the first two years following the birth of a first child—a more significant reduction in happiness than is reported for divorce, unemployment, and partner death. Studies looking at why the reduction in happiness is so precipitous are inconclusive at best, but it seems clear that caring for children is difficult and stressful. Yet, as noted previously, healthy child development begins with caregivers who are attentive, present, and sensitive to children's physical and emotional needs—states that stressed caregivers may find more challenging to achieve.

What impact, if any, does stress in caregivers have on the children in their charge? The experiences of those who care for older adults can inform our understanding of the experiences of those who care for children, especially young children. The chronic stress of caregivers, most often researched and documented in the care of older adults with dementia, is widely known to have significant deleterious effects on the physical and mental health of caregivers. The consequence is that the caregivers' capacity to provide quality care is limited, resulting in declines in the psychological, emotional, and social health of the charges in their care (Whitebird et al., 2012).

THE IMPACT OF CAREGIVER MINDFULNESS ON CHILDREN

It is at this point that the two main premises of this paper—(1) that a mindful approach can positively impact an individual's understanding of and responses to both internal and external experiences and (2) that the caregiver-child relationship is critical to child development—converge. Relationships and their influence are at the core of the human experience. When the benefits of mindfulness are applied to the caregiver-child relationship, it is possible to positively impact children in both direct and indirect ways.

PROVIDING GREATER LEVEL OF CARE

Studies involving various fields link caregiver health with quality of care; that is, healthful caregivers are able to provide greater care to those in their charge. As noted previously, mindfulness confers a range of health benefits. Therefore, an argument can be made that caregivers who practice mindfulness are able to provide better care, and studies bear this out.

According to Hallman, O'Connor, Hasenau, and Brady (2014), hospital staff who practice mindfulness reduce their own stress, which improves staff and patient safety outcomes. Akiva, Arel, and Benn (2012) found that parents and adult caregivers and teachers of children with special needs, after receiving mindfulness training, reported increased ability to respond to the children with empathy and less reactivity; they also observed improvements in family life and greater connection and engagement with the children. Teachers, in particular, experience an increase in personal well-being, teaching self-efficacy, and classroom behavior management as a result of mindfulness-based training (Meiklejohn et al., 2012). In addition to impacting the caregiver's well-being, mindfulness has also been shown to increase caring behaviors toward self or others (Jazaieri et al., 2015), thus directly contributing to the health of relationships between adult caregivers and children.

In short, caregivers who practice mindfulness experience greater psychological well-being and fewer effects from daily stress, and are able to bring essential qualities to their caregiving role—all of which benefit the children in their care.

PRODUCING BETTER OUTCOMES FOR CHILDREN

General parent training has been shown to consistently reduce maladaptive behaviors in youth, improvements that are sustainable over time (Sanders, 1999). Intentionally mindful caregiving shows even more impressive outcomes. Singh et al. (2006) report that mindful parenting not only decreases a child's aggression, noncompliance, and self-harm, but it also increases a mother's self-satisfaction with her parenting skills and experience—an outcome that may yield the same positive benefits through reinforcing and increasing the mother's caregiving behaviors. The positive outcomes for children whose parents practice mindful parenting include improved quality of the parent-child relationship (Duncan, Coatsworth, &

Greenberg, 2009). And even though mindful parenting does not specifically target a child's behavior, it has also been shown to reduce maladaptive behaviors and improve behaviors that promote children's social functioning (Bögels, Lehtonen, & Restifo, 2010).

Because all caregivers—not just parent or primary caregivers—can make meaningful contributions to healthy child development, caregivers of all kinds have been targeted to help youth decrease or manage maladaptive behaviors including aggression (Kazdin & Whitley, 2003). When mindfulness caregiving was applied outside of the parent or primary caregiver relationship, additional benefits were noted. In a study comparing the outcomes of social-emotional learning programs (one with a mindfulness component and one without), teachers found themselves reflecting on how their own participation in the mindfulness activities contributed to the positive outcomes in their student groups (Schonert-Reichl et al., 2015). Improved student outcomes included increased cognitive skills and more competent social-emotional functioning within classroom environments. In other populations, mindful caregiving has also been connected to increased happiness on the part of the person being cared for (Singh et al., 2004). These findings provide a compelling reason to encourage all caregivers, including parents, teachers, and youth workers, to practice mindfulness as a means of enhancing their contributions to youth development.

BENEFITS OF MINDFULNESS PRACTICE FOR CHILDREN AND FAMILIES

Children directly benefit when they practice mindfulness, experiencing many of the same benefits as adults, as well as benefits specifically relevant to their developmental stage (Kaiser Greenland, 2010). Children who practice mindfulness experience improvements in memory, attention, focus, and self-understanding, and a reduction in aggression (Hooker & Fodor, 2008). De Bruin, Blom, Smit, van Steensel, and Bögels (2014) found that when intentionally mindful parenting or caregiving was combined with mindfulness training for the youth, both parents and youth reported an increase in quality of life. The youth in particular, who participated in the MYMind mindfulness training for adolescents with autism spectrum disorders, noted that mindfulness helped them manage external and internal distractions and stress, and helped them cope

with feelings, changes, and the future. Their parents, who received parallel mindful parenting training, perceived themselves as less reactive, better able to listen, and less judgmental—results that may be considered to increase the quality of the parent-child relationship.

LIMITS OF MINDFULNESS FOR CAREGIVERS

Despite the potential that mindfulness for caregivers and children offers for improved relationships, social and emotional development, and physical health, not all of those who can benefit from mindfulness engage in mindful practice, often due to lack of access or information. In addition, for some populations, mindfulness is not a recommended practice.

LACK OF RESEARCH

A significant limitation, particularly related to validating the impact of caregiver mindfulness on children, rests with the research itself. To date, most research has been done in small, homogenous groups, or it has focused on populations experiencing clinical issues (mental illness, neurodevelopmental disorders, etc.). Additionally, some studies indicate that mindfulness does not make a significant impact on some clinically diagnosed emotional or cognitive disorders. For example, mindfulness benefits do not eliminate the symptoms of anxiety, stress, and attentional or focus issues related to disorders like attention deficit hyperactivity disorder (ADHD), though it does reduce them (van der Oord, Bögels, & Peijnenburg, 2012). Nor has mindfulness been found to be effective in the treatment of obsessive compulsive disorder (OCD) among others (Cosme & Wiens, 2015; Pepping, Davis, & O'Donovan, 2015). There has been enough research, however, to point to exciting opportunities to explore these topics further. The interest in academic communities is growing, and new research is being initiated to address the questions that other projects have been unable to answer, as well as to pursue new areas of mindfulness research.

MISUNDERSTANDING OR LACK OF ACCESS TO MINDFULNESS PRACTICE

Beyond the limits in the research, misconceptions, discussed in more detail later in this paper, are also a barrier. For example, communities where families are in the most need are not exposed to or do not have

access to mindfulness training because of perception or access issues. The growing presence of mindfulness paired with these misconceptions is creating a social tension around the topic. New York Times editorial writers and academics alike are making up their minds about the topic without having been exposed to mindfulness training themselves (D. Keating, personal communication, April 1, 2015; Heffernan, 2015).

POPULATIONS FOR WHOM MINDFULNESS IS NOT RECOMMENDED

Mindfulness is not for everyone. People with a history of trauma and mental illness can find the practice of

mindfulness to be triggering (Booth, 2014; Rocha, 2014). It is considered unsafe for people with these conditions to practice mindfulness independently; practice should be supervised by a credentialed professional. Nor can mindfulness be taught by just anyone. Because mindfulness practice does not aim to generate a sense of relaxation or positive emotions, a facilitator must be prepared to support practitioners who experience a wide variety of experiences and reactions. Without specific training in mindfulness facilitation, a layman will be unable to manage the scenarios that may arise (Arthurson, 2015).

BARRIERS TO ACCESSING MINDFULNESS OPPORTUNITIES

Mindfulness training teaches strategies for recognizing, understanding, and redirecting attention away from emotional and cognitive responses that generate conflict; in so doing, it helps prevent psychosocial dysfunction in adults of all ages and children (Schonert-Reichl et al., 2015). Further, a significant investment in mindfulness practice is not required to glean its benefits. Mindfulness practitioners note significant improvements in self-regulation of attention and concentration, the major functions that lead to the other holistic benefits, with only 10 minutes of mindfulness practice daily over a 16-week period (Moore et al., 2012). Such benefits are too far-reaching to continue to be denied to those who lack access or exposure to mindfulness offerings.

Yet despite its growing popularity and known efficacy, many potential applications of mindfulness remain unexplored. As the practice of secular mindfulness in the United States and in other societies in the developing world has surged, there remains a significant disconnect between populations who could benefit from mindfulness practice and mindfulness offerings.

SOCIOECONOMIC DIVERSITY AND MINDFULNESS

The face of secular mindfulness, as evidenced by the choice of photograph for the **Time** cover referenced earlier, is often a Caucasian female who, because of her higher socioeconomic status, has the luxury to sit in silence and contemplate her realities. Although mindfulness organizations and authorities strive to diversify mindfulness communities, they experience difficulties drawing the attention and interest of more socioeconomically and racially diverse groups.

The American Psychological Association (APA) Task Force on Socioeconomic Status (2007) states, "Socioeconomic factors and social class are fundamental determinants of human functioning across the life span, including development, well-being, and physical and mental health" (p. 1). According to Gallo and Matthews (as cited in APA, 2007), living with low socioeconomic status has been shown to increase levels of stress resulting in elevated levels of "hopelessness, hostility, anger, and depression" (p. 14), making individuals with low socioeconomic status

among those who could most benefit from mindfulness practice but who, conversely, are the least likely to have access to it.

Despite the current lack of diversity in mindfulness practice, when mindfulness programs are made available to people in lower socioeconomic groups, the participants reap the benefits. In one study, researchers found that low-income, older adults of color who participated in a mindfulness-based stress reduction program were able to glean immediate benefits from mindfulness practice, use the new tools to cope with inner and outer stressors in their lives, and enjoy an increased sense of community (Szanton, Wenzel, Connolly, and Piferi, 2011). Participants noted that the program brought together "different neighbors" who could "have some peaceful time together" (p. 3), allowed participants to "come together" and "know [their] neighbors," and taught them "how to respect each other" (p. 4). These outcomes reinforced the researchers' findings that social supports are significant factors in health and are believed to remove barriers to well-being.

In another study, Blum (2014) created the Mindfulness Allies Project (MAP), a five-part class held at a community center in a major U.S. city in the Northeast. MAP participants were largely low-income (earning less than \$15,000 a year), people of color (55%) and female (88%). Each of the five free classes included a meal and free child care. The program's main objective was to reduce the challenges of participants' struggles, both inner (stress, anger, self-judgment, and chronic pain) and outer (racism, financial hardship, limited mobility, and family obligations). Participants were taught several different modes of mindfulness practice: mindfulness meditation, body scans, walking meditation, and self-compassion. Measured with an optional post-program survey, MAP data found immense benefits for the diverse cohort who participated in the program. When asked whether the class was helpful, all participants responded with a "True" or "Very True" response. When asked whether mindfulness practice had improved participants' lives in some way, all but one responded with "Somewhat True," "True," or "Very True."

MISPERCEPTIONS ABOUT MINDFULNESS

Many people—even those who have sufficient resources and access to mindfulness offerings—choose not to participate because of misperceptions that it is a new-age, noncredible practice for only a select few. Conceptualizing how someone whose life is troubled by poverty or crime could benefit from reflecting on that reality in silence can be difficult. Even as awareness of the potential benefits of mindfulness for diverse populations grows, many mistakenly believe that the goal of mindfulness or meditation is to quiet the mind, stop thoughts, and stop negative emotions (Kabat-Zinn, 2009) and is therefore impossible.

Mindfulness practices do not require the stopping of thoughts, nor is stopping thoughts helpful or healthful. Thoughts are an important part of the brain's function and stopping them would be dangerous, leaving practitioners susceptible to common threats, such as

crossing a busy street, that are easily avoided with common sense. Nor is the goal of mindfulness to deny negative emotions. In a study of individuals with mood disorders, it was found that attempts to cognitively resolve negative emotions activated brain regions that resulted in the negative emotion being prolonged and heightened. Mindfulness, on the other hand, decreased activation of these brain structures, enabling subjects to experience these emotions while simultaneously suspending or disrupting self-critical judgment (Farb, Anderson, & Segal, 2012).

In short, while the benefits of mindfulness often reduce conflict and stress in relationships to self and others, the intent of mindfulness is not to reduce or eliminate negative or conflict emotions. Instead it is to learn to recognize and master the response to the presence of those emotions (Arthurson, 2015).

A CALL TO ACTION

As a growing body of research has shown, mindfulness is good for adults and children alike. Research specifically examining the impact of mindfulness in caregiver-child situations strongly suggests that mindful caregivers positively impact youth development. These observations alone should be enough to compel us to overcome the factors that limit access to mindfulness for diverse communities. As research to more fully understand the effects and underlying mechanics of mindfulness continues to proceed, there is no reason to delay the development and implementation of mindfulness programs, which current research has clearly demonstrated have positive outcomes for participants.

The resources required are minimal. The time and monetary investments needed to initiate a mindfulness training program for a small community group is under 50 hours and \$500, including food and child care for the participants (Blum, 2014). Because the impacts of mindfulness can increase quality of life for families of low socioeconomic status, it is worth the initial investment in those families' well-being. The key to creating successful mindfulness programs that impact all youth—especially those to whom mindfulness practice has traditionally been unavailable—requires that we actively seek out families from diverse racial and socioeconomic groups to participate in mindfulness activities at locations and in environments that are accessible and comfortable.

INVOLVING COMMUNITY-BASED ORGANIZATIONS

Community-based organizations (CBOs), particularly those that engage socioeconomically diverse populations, are uniquely poised to integrate mindfulness into their programming in a way that may be more successful than the traditional programs offered by mindfulness organizations (Harnett & Dawe, 2012). CBOs may provide mindfulness activities for parents and caretakers while children are engaged in activities. Organizations such as YMCAs, Boys & Girls Clubs, local parks and recreation departments, and local community colleges have unique opportunities to engage parents in general mindfulness practice or in mindful parenting or caregiver training at times and locations that complement the youth course offerings.

In addition to offering separate programs for parents and children, many CBOs can structure family time activities to include exposure to mindfulness practice. Because the impact of caregiver stress has so much influence on the well-being of children, intervention programs should focus on the family unit as a whole (Östberg, 1998). Including all members of the family may also help CBOs reach parents who would not seek out these self-care or learning opportunities for themselves (van der Oord et al., 2011).

IMPLEMENTING MINDFULNESS AT THE ORGANIZATIONAL LEVEL

CBOs, such as those mentioned earlier, are in a position to be significant leaders in their communities, building culture and providing opportunities to improve quality of life for the families they engage. And they can do more for their communities, just as caregivers can do more for their charges, if they practice a mindful culture themselves. Mindfulness is not the only aspect of effective leadership, but it is an important characteristic exhibited by successful leaders (Kearney, Kelsey, & Herrington, 2013). An effective leader is a strong culture keeper and model of the behavioral norms a group or institution is expected to accept and embody. CBOs have the potential to act as leaders to entire communities.

PLANTING THE SEEDS OF A MINDFUL CULTURE

In the same ways that the benefits of mindfulness are cultivated through intentional mindfulness practice, organizational mindfulness is cultivated through intentional dedication to mindful attitudes. For an organization to operate more mindfully, it must look at its organizational culture. Assessing that culture can start with an attempt to answer this question: Understanding that mindfulness is a nonjudgmental, present-moment focused way of being, where in our organizations and groups do opportunities exist to integrate mindfulness? To plant the seeds of a mindful culture, leaders can begin by looking for opportunities to have conversations about contemplative practices, focusing on health and well-being, emphasizing the power of relationships and connection, being thoughtful and intentional, and cultivating emotional intelligence (Burnett & Pettijohn, 2015).

INVESTING IN STAFF WELLNESS

Leaders can also look at investment in staff wellness as a key to establishing a mindful organizational culture. An organization is made up of the people who do the work. Evidence-based practices like Mindfulness in Motion, an on-site mindfulness-based intervention program, significantly impact employee resilience and deepen work engagement, readying employees to perform well and find fulfillment in their work (Klatt, Steinberg, & Duchemin, 2015). The purpose of organizational mindfulness, like mindful practice, is not to eliminate conflict or perfect a system, but to develop awareness and intentionality and view them as opportunities for growth and development.

CONCLUSION

The benefits of mindfulness are too far-reaching and too great to continue to be denied to populations who are burdened by the effects that low socioeconomic status can have on emotional, social, and physical well-being. This is especially true when (1) the barriers to mindfulness access can be removed or overcome by simple means that are often directly aligned with the cause and mission of existing organizations and (2) youth development programs and practices have greater impact when the competency of caregivers is cultivated through an intentional investment that allows for self-development.

As the practice of mindfulness becomes mainstream and its validity becomes widely accepted, CBOs seeking to stay relevant have a unique opportunity to foster youth development through mindfulness programming. When mindfulness becomes a key part of the organizational culture—a lens through which to evaluate youth development programming, and a resource for caregivers and families—CBOs will be able to provide a fundamental skill that facilitates the well-being of caregivers, children, and communities.

REFERENCES

- American Psychological Association, Task Force on Socioeconomic Status. (2007). Report of the APA task force on socioeconomic status. Washington, DC: American Psychological Association.
- Akiva, T., Arel, A., & Benn, R. (2012). P05.05: The effects of mindfulness training on caregivers of children with special needs: A qualitative analysis. **BMC Complementary and Alternative Medicine**, *12*(Suppl. 1), P365. doi:10.1186/1472-6882-12-S1-P365
- Arthurson, K. (2015). Teaching mindfulness to year sevens as part of health and personal development. **Australian Journal of Teacher Education**, *40*(5), 27–40.
- Ball, K., Jeffery, R. W., Abbott, G., McNaughton, S. A., & Crawford, D. (2010). Is healthy behavior contagious: Associations of social norms with physical activity and healthy eating. **International Journal of Behavioral Nutrition and Physical Activity**, *7*(1), 86. doi:10.1186/1479-5868-7-86
- Benson, P. L. (2006). **All kids are our kids: What communities must do to raise caring and responsible children and adolescents** (2nd ed). San Francisco, CA: Jossey-Bass.
- Bloom, P., Ho, L., Griffiths Vega, J., & Pasinetti, G. (2012). P02.37: Mindfulness for caregivers. **BMC Complementary and Alternative Medicine** *12*(Suppl. 1), P93. doi:10.1186/1472-6882-12-S1-P93
- Blum, H. A. (2014). Mindfulness equity and Western Buddhism: Reaching people of low socioeconomic status and people of color. **International Journal of Dharma Studies**, *2* (10). doi:10.1186/s40613-014-0010-0
- Bögels, S. M., Lehtonen, A., & Restifo, K. (2010). Mindful parenting in mental health care. **Mindfulness**, *1*(2), 107–120. doi:10.1007/s12671-010-0014-5
- Booth, Robert. (2014). Mindfulness therapy comes at a high price for some, say experts. **The Guardian**. Retrieved from www.theguardian.com/society/2014/aug/25/mental-health-meditation
- Burnett, M., & Pettijohn, C. (2015). Investigating the efficacy of mind-body therapies and emotional intelligence on worker stress in an organizational setting: An experimental approach. **Journal of Organizational Culture, Communications and Conflict**, *19*(1), 146.
- 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, Pt. 2), 1415–1434. doi:10.1017/S0954579413000692
- Carson, J. W., Keefe, F. J., Lynch, T. R., Carson, K. M., Goli, V., Fras, A. M., & Thorp, S. R. (2005). Loving-kindness meditation for chronic low back pain: Results from a pilot trial. **Journal of Holistic Nursing**, *23*(3), 287–304. doi:10.1177/0898010105277651
- Cosme, D., & Wiens, S. (2015). Self-reported trait mindfulness and affective reactivity: A motivational approach using multiple psychophysiological measures. **PLOS ONE**, *10*(3), e0119466. doi:10.1371/journal.pone.0119466
- Creswell, J. D., Taren, A. A., Lindsay, E. K., Greco, C. M., Gianaros, P. J., Fairgrieve, A.,... Ferris, J. L. (2016). Alterations in resting-state functional connectivity link mindfulness meditation with reduced interleukin-6: A randomized controlled trial. **Biological Psychiatry**. doi:10.1016/j.biopsych.2016.01.008

- Davidson, R. J., Kabat-Zinn, J., Schumacher, J., Rosenkranz, M., Muller, D., Santorelli, S. F.,..., Sheridan, J. F. (2003). Alterations in brain and immune function produced by mindfulness meditation. **Psychosomatic Medicine**, *65*(4), 564–570. doi:10.1097/01.psy.0000077505.67574.e3
- de Bruin, E. I., Blom, R., Smit, F. M. A., van Steensel, F. J. A., & Bögels, S. M. (2014). MYmind: Mindfulness training for youngsters with autism spectrum disorders and their parents. **Autism**, *19*(8), 906–914. doi:10.1177/1362361314553279
- Duncan, L. G., Coatsworth, J. D., & Greenberg, M. T. (2009). A model of mindful parenting: Implications for parent-child relationships and prevention research. **Clinical Child and Family Psychology Review**, *12*(3), 255–270. doi:10.1007/s10567-009-0046-3
- Dykas, M. J., & Cassidy, J. (2011). Attachment and the processing of social information across the life span: Theory and evidence. **Psychological Bulletin**, *137*(1), 19–46. doi:10.1037/a0021367
- Farb, N. A. S., Anderson, A. K., & Segal, Z. V. (2012). The mindful brain and emotion regulation in mood disorders. **Canadian Journal of Psychiatry**, *57*(2), 70–77.
- Felver, J. C., Tipsord, J. M., Morris, M. J., Racer, K. H., & Dishion, T. J. (2014). The effects of mindfulness-based intervention on children's attention regulation. **Journal of Attention Disorders**, 1–10. doi:10.1177/1087054714548032
- Fraley, R. C. (2010). A brief overview of adult attachment theory and research. Retrieved from <https://internal.psychology.illinois.edu/~rcfraley/attachment.htm>
- Grecucci, A., Pappaianni, E., Siugzdaite, R., Theuninck, A., & Job, R. (2014). Mindful emotion regulation: Exploring the neurocognitive mechanisms behind mindfulness. **BioMed Research International**, *2015*, 1–9. doi:10.1155/2015/670724
- Hallman, I. S., O'Connor, N., Hasenau, S., & Brady, S. (2014). Improving the culture of safety on a high-acuity inpatient child/adolescent psychiatric unit by mindfulness-based stress reduction training of staff. **Journal of Child and Adolescent Psychiatric Nursing**, *27*(4), 183–189. doi:10.1111/jcap.12091
- Harnett, P. H., & Dawe, S. (2012). The contribution of mindfulness-based therapies for children and families and proposed conceptual integration. **Child and Adolescent Mental Health**, *17*(4), 195–208. doi:10.1111/j.1475-3588.2011.00643.x
- Heffernan, V. (2015, April 14). The muddled meaning of "mindfulness." [Editorial]. **The New York Times Magazine**. Retrieved from www.nytimes.com/2015/04/19/magazine/the-muddled-meaning-of-mindfulness.html?_r=0
- Hölzel, B. K., Carmody, J., Vangel, M., Congleton, C., Yerramsetti, S. M., Gard, T., & Lazar, S. W. (2011). Mindfulness practice leads to increases in regional brain gray matter density. **Psychiatry Research: Neuroimaging**, *(19)*1, 36–43. doi:10.1016/j.pscychresns.2010.08.006
- Hooker, K. E., & Fodor, I. E. (2008). Teaching mindfulness to children. **Gestalt Review**, *12*(1), 75–91.
- Jazaieri, H., Lee, I. A., McGonigal, K., Jinpa, T., Doty, J. R., Gross, J. J., & Goldin, P. R. (2015). A wandering mind is a less caring mind: Daily experience sampling during compassion meditation training. **The Journal of Positive Psychology**, *11*(1), 37–50. doi:10.1080/17439760.2015.1025418
- Kabat-Zinn, J. (2009). **Full catastrophe living: Using the wisdom of your body and mind to face stress, pain, and illness** (15th Anniversary Edition). New York: Delta.

- Kaiser Greenland, S. (2010). **The mindful child: How to help your kid manage stress and become happier, kinder, and more compassionate**. New York: Free Press.
- Kazdin, A. E., & Whitley, M. K. (2003). Treatment of parental stress to enhance therapeutic change among children referred for aggressive and antisocial behavior. **Journal of Consulting and Clinical Psychology**, *71*(3), 504–515. doi:10.1037/0022-006X.71.3.504
- Kearney, W. S., Kelsey, C., & Herrington, D. (2013). Mindful leaders in highly effective schools: A mixed-method application of Hoy's M-scale. **Educational Management Administration & Leadership**, *41*(3), 316–335. doi:10.1177/1741143212474802
- Khaddouma, A., Gordon, K. C., & Bolden, J. (2015). Mindful M&M's: Mindfulness and parent training for a preschool child with disruptive behavior disorder. **Clinical Case Studies**, *4*(6), 407–421. doi:10.1177/1534650115570708
- Klatt, M., Steinberg, B., & Duchemin, A. M. (2015). Mindfulness in Motion (MIM): An onsite mindfulness based intervention (MBI) for chronically high stress work environments to increase resiliency and work engagement. **Journal of Visualized Experiments**, *101*. doi:10.3791/52359
- Lim, D., Condon, P., & DeSteno, D. (2015). Mindfulness and compassion: An examination of mechanism and scalability. **PLOS ONE**, *10*(2), e0118221. doi:10.1371/journal.pone.0118221
- Lueke, A., & Gibson, B. (2015). Mindfulness meditation reduces implicit age and race bias: The role of reduced automaticity of responding. **Social Psychological & Personality Science**, *6*(3), 284–291. doi:10.1177/1948550614559651
- Margolis, R., & Myrskylä, M. (2015). Parental well-being surrounding first birth as a determinant of further parity progression. **Demography**, *52*(4), 1147–1166. doi:10.1007/s13524-015-0413-2
- Meiklejohn, J., Phillips, C., Freedman, M. L., Griffin, M. L., Biegel, G.,...Saltzman, A. (2012). Integrating mindfulness training into K–12 education: Fostering the resilience of teachers and students. **Mindfulness**, *3*(4), 291–307.
- Moore, A., Gruber, T., Derose, J., & Malinowski, P. (2012). Regular, brief mindfulness meditation practice improves electrophysiological markers of attentional control. **Frontiers in Human Neuroscience**, *6*, 18. doi:10.3389/fnhum.2012.00018
- Östberg, M. (1998). Parental stress, psychosocial problems and responsiveness in help-seeking parents with small (2–45 months old) children. **Acta Paediatrica**, *87*(1), 69–76. doi:10.1111/j.1651-2227.1998.tb01389.x
- Pepping, C. A., Davis, P. J., & O'Donovan, A. (2015). The association between state attachment security and state mindfulness. **PLOS ONE**, *10*(3), e0116779. doi:10.1371/journal.pone.0116779
- Quaglia, J. T., Goodman, R. J., & Brown, K. W. (2014). From mindful attention to social connection: The key role of emotion regulation. **Cognition and Emotion**, *29*(8), 1466–1474. doi:10.1080/02699931.2014.988124
- Rocha, Tomas. (2014). The dark knight of the soul. **The Atlantic**. Retrieved from www.theatlantic.com/health/archive/2014/06/the-dark-knight-of-the-souls/372766/
- Sanders, M. R. (1999). Triple P-Positive Parenting Program: Towards an empirically validated multilevel parenting and family support strategy for the prevention of behavior and emotional problems in children. **Clinical Child and Family Psychology Review**, *2*(2), 71–90.

- Sawyer Cohen, J. A., & Semple, R. J. (2009/2010). Mindful parenting: A call for research. **Journal of Child and Family Studies**, *19*(2), 145–151.
- Schonert-Reichl, K. A., Oberle, E., Lawlor, M. S., Abbott, D., Thomson, K., Oberlander, T. F., & Diamond, A. (2015). Enhancing cognitive and social–emotional development through a simple-to-administer mindfulness-based school program for elementary school children: A randomized controlled trial. **Developmental Psychology**, *51*(1), 52–66. doi:10.1037/a0038454
- Singh, N. N., Lancioni, G. E., Winton, A. S. W., Wahler, R. G., Singh, J., & Sage, M. (2004). Mindful caregiving increases happiness among individuals with profound multiple disabilities. **Research in Developmental Disabilities**, *25*(2), 207–218.
- Singh, N. N., Lancioni, G. E., Winton, A. S. W., Fisher, B. C., Wahler, R. G., Mcaleavey, K.,... Sabaawi, M. (2006). Mindful parenting decreases aggression, noncompliance, and self-injury in children with autism. **Journal of Emotional and Behavioral Disorders**, *14*(3), 169–177. doi:10.1177/10634266060140030401
- Spijkers, W., Jansen, D. E. M. C., & Reijneveld, S. A. (2013). Parental internalizing problems in a community sample: Association with child psychosocial problems. **The European Journal of Public Health**, *24*(1), 11–15. doi:10.1093/eurpub/ckt037
- Szanton, S. L., Wenzel, J., Connolly, A. B., & Piferi, R. L. (2011). Examining mindfulness-based stress reduction: Perceptions from minority older adults residing in a low-income housing facility. **BMC Complementary and Alternative Medicine**, *11*(1), 44. doi:10.1186/1472-6882-11-44
- Treadway, M. T., & Lazar, S. W. (2010). Meditation and neuroplasticity: Using mindfulness to change the brain. In R. A. Baer (Ed.) **Assessing Mindfulness & Acceptance Processes in Clients: Illuminating the Theory and Practice of Change** (pp. 185–204). Oakland, CA: Context Press.
- van der Oord, S., Bögels, S. M., & Peijnenburg, D. (2012). The effectiveness of mindfulness training for children with ADHD and mindful parenting for their parents. **Journal of Child and Family Studies**, *21*(1), 139–147. doi:10.1007/s10826-011-9457-0
- Weare, K. (2012). Evidence for the impact of mindfulness on children and young people. **The Mindfulness in Schools Project in association with Mood Disorders Centre**. Retrieved from <http://nora-school.org/admin-forms/mindfulness-studies.pdf>
- Whitebird, R. R., Kreitzer, M., Crain, A. L., Lewis, B. A., Hanson, L. R., & Enstad, C. J. (2012). Mindfulness-based stress reduction for family caregivers: A randomized controlled trial. **The Gerontologist**, *53*(4), 676–686. doi:10.1093/geront/gns126

ABOUT THE AUTHOR

KATE MCCRACKEN

**SENIOR DIRECTOR OF LEADERSHIP, INCLUSION, &
ORGANIZATIONAL DEVELOPMENT**

YMCA OF METROPOLITAN LOS ANGELES

Kate McCracken is giving her gift as the Senior Director of Leadership, Inclusion, & Organizational Development on the Association Operations team at the YMCA of Metropolitan Los Angeles. Kate's role includes leading the Los Angeles Y's Diversity, Inclusion, & Global work as the Global Center of Excellence Lead; providing leadership and organizational development consulting to association staff and leaders at all levels; acting as Project Manager for the Bridging the Gap mentoring program (now in its third cohort), a national pilot collaborative between 10 YMCAs, YMCA of the USA's Diversity & Inclusion and Multicultural Leadership Development departments, and Bank of America; and developing curriculum to build competencies with the Los Angeles YMCA team. She has a bachelor of arts degree in studio art with a minor in human services from California State University Fullerton because, at the age of 18, she had no idea what she wanted to do with her life and decided to do something fun in the meantime.



Kate has developed as a professional almost exclusively in nonprofit organizations and was part of the team at Mental Health America of Los Angeles (MHALA) that crafted, passed, and implemented California State Proposition 63, the Mental Health Services Act, ensuring that recovery-based, person-centered mental health services are available to all. Despite failing public speaking in college, Kate discovered her capacity for developing others through speaking and teaching while at MHALA.

She came to the Los Angeles Y in 2012, bringing over 10 years of staff development and training experience, a passion for diversity and inclusion, and a desire to create a gift-focused culture.

Please send correspondence regarding this paper to Kate McCracken, 625 S. New Hampshire Ave., Los Angeles, CA 90005.