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The Effectiveness of Family-Centered Mindfulness-Based Therapy on Intergenerational Conflicts and Family Structure in Families with Adolescents

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A B S T R A C T

Objective: This study aimed to determine the effectiveness of family-centered mindfulness-based therapy in reducing intergenerational conflicts and improving family structure among families with adolescents in Tehran.

Methods and Materials: This quasi-experimental study employed a pretest–posttest design with a control group and a two-month follow-up. The statistical population consisted of families with adolescents aged 13–17 years who were referred to counseling and psychological service centers in Tehran during 2025–2026. Thirty eligible families were selected through purposive sampling and randomly assigned to an experimental group and a control group, with 15 families in each group. The experimental group received eight weekly 90-minute sessions of family-centered mindfulness-based therapy, whereas the control group received no structured psychological intervention during the study period. Intergenerational conflict was assessed using the Conflict Behavior Questionnaire, and family structure was evaluated using the Family Adaptability and Cohesion Evaluation Scales, Fourth Edition. Data were analyzed using mixed repeated-measures analysis of variance and Bonferroni-adjusted pairwise comparisons at a significance level of $p < .05$.

Findings: The mixed repeated-measures analysis showed a significant time-by-group interaction for intergenerational conflict, $F(2, 56) = 31.62$, $p < .001$, partial $\eta^2 = .530$, and family structure, $F(2, 56) = 39.25$, $p < .001$, partial $\eta^2 = .584$. Bonferroni comparisons indicated significant improvements from pretest to posttest and from pretest to follow-up for both intergenerational conflict and family structure (all $p < .001$), whereas the differences between posttest and follow-up were not statistically significant ($p > .05$), indicating maintenance of treatment gains over the two-month follow-up period.

Conclusion: Family-centered mindfulness-based therapy appears to be an effective intervention for reducing intergenerational conflicts and improving family structure in families with adolescents, with treatment effects remaining stable over a two-month follow-up period.

Keywords: *Family-Centered Mindfulness, Intergenerational Conflict, Family Structure, Adolescents, Family Therapy, Mindfulness-Based Therapy*

1. Introduction

The family constitutes one of the most influential developmental contexts across the life span and provides the primary relational environment in which emotional security, identity formation, communication patterns, coping styles, and interpersonal expectations are shaped. Family relationships are therefore not limited to the

provision of instrumental support; rather, they form a dynamic system in which the psychological functioning of each member is continuously influenced by the responses, behaviors, expectations, and emotional states of others. The quality of family relationships has repeatedly been associated with psychological well-being, adjustment, emotional stability, and social functioning, whereas persistent family tension, poor communication, weak emotional bonds, and unresolved conflicts may undermine the functioning of both individual members and the family system as a whole (Thomas et al., 2017). These processes become especially salient during adolescence, a developmental period characterized by rapid biological, psychological, social, and cognitive changes. Adolescents increasingly seek autonomy, privacy, independence in decision-making, peer affiliation, and the opportunity to construct a differentiated identity, while parents may continue to emphasize supervision, obedience, family norms, and behavioral control. The resulting discrepancy between adolescents' developmental need for independence and parents' efforts to maintain guidance and authority can increase the likelihood of misunderstanding, emotional reactivity, and recurrent disagreement. Although a certain degree of disagreement between parents and adolescents may be developmentally normative, conflicts can become problematic when they are intense, repetitive, rigid, emotionally hostile, or embedded within broader patterns of dysfunctional family interaction. In such circumstances, parent–adolescent conflict is no longer an isolated disagreement but may become an expression of impaired family structure, weak emotional regulation, maladaptive communication, and unresolved intergenerational patterns.

Intergenerational conflict refers to persistent tension, disagreement, and relational incompatibility occurring between members of different generations within a family, most notably between parents and their children. During adolescence, such conflict commonly concerns boundaries, autonomy, academic expectations, peer relationships, lifestyle choices, technology use, family obligations, and adherence to parental rules. However, the significance of intergenerational conflict extends beyond the immediate content of disagreements. Recurrent conflict can affect emotional availability, perceived family support, communication quality, and mutual trust, thereby altering the overall family climate. Evidence from studies of intergenerational relationships has shown that the quality of relationships across generations is closely associated with psychological functioning and perceived support, indicating that family members' emotional well-being is partly embedded in the broader relational network of the family (Chunkai et al., 2019). In adolescence, this relational embeddedness may be particularly important because young people remain dependent on parents for emotional and material support while simultaneously attempting to redefine the parent–child relationship in more reciprocal and autonomous terms. Zhou et al. have further shown that distress can be transmitted across generations within parent–adolescent relationships and that the family climate plays an important role in shaping the extent to which emotional difficulties are transferred from parents to adolescents (Zhou et al., 2025). Such findings suggest that intergenerational conflict should not be conceptualized merely as an adolescent behavioral problem or a parental management problem; instead, it should be understood within a systemic framework in which emotional states, communication styles, relational expectations, and regulatory processes circulate bidirectionally between family members.

From a family systems perspective, the family functions as an interconnected emotional unit in which changes in one relationship or subsystem may alter the functioning of the entire system. Bowen Family Systems Theory provides an especially useful conceptual framework for understanding intergenerational processes because it emphasizes differentiation of self, emotional interdependence, multigenerational transmission, family projection processes, and the regulation of closeness and distance within relationships. Differentiation of self refers to the capacity to preserve a coherent sense of identity while remaining emotionally connected to significant others, particularly under conditions of interpersonal stress. Individuals with higher differentiation are generally better able to distinguish thought from emotion, maintain psychological autonomy, and avoid becoming excessively reactive to relational tension. Conversely, lower differentiation may be associated with emotional fusion, rigid distancing, heightened reactivity, and difficulty maintaining balanced relationships. A broad review of the literature on differentiation has confirmed its centrality to Bowen's theoretical model and its relevance to family functioning and psychological adjustment across a wide range of relational contexts (Calatrava et al., 2022). In the Iranian context, research examining differentiation from an intergenerational perspective has likewise emphasized that family relationships and parental patterns contribute to the development of perceived differentiation and shape how individuals manage intimacy, autonomy, and emotional

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boundaries (Paknejad & Ahmadi, 2022). These considerations are directly relevant to families with adolescents, because the developmental transition toward autonomy can expose unresolved boundary problems and amplify preexisting patterns of fusion, disengagement, rigidity, or emotional overinvolvement.

The concept of family structure further extends this systemic perspective by referring to the relatively stable organization of roles, rules, boundaries, authority patterns, emotional bonds, and interactional arrangements through which family members regulate their relationships. Healthy family structure is not synonymous with either maximum closeness or unrestricted flexibility. Rather, adaptive functioning requires an appropriate balance between emotional connectedness and individual autonomy, as well as between stability and the capacity to adjust to developmental changes. During adolescence, families are required to renegotiate established roles and boundaries in response to the adolescent's increasing maturity. Parents must gradually modify monitoring and control while maintaining emotional availability and appropriate limits, and adolescents must learn to exercise increasing autonomy without complete disengagement from the family system. When this adaptation does not occur effectively, the family may become excessively rigid, chaotic, enmeshed, or disengaged. Such structural imbalance can intensify intergenerational conflict because family members may repeatedly respond to new developmental demands using old relational patterns. A rigid family may interpret adolescent independence as defiance, whereas a disengaged family may fail to provide sufficient emotional guidance and support. Conversely, excessively enmeshed families may experience the adolescent's attempt to establish privacy or independent preferences as a threat to relational closeness. These patterns indicate that interventions targeting only the adolescent or only the parent may be insufficient when conflict is maintained by reciprocal and systemic processes across the family unit.

In addition to systemic structure, emotional regulation is a central mechanism in the escalation or resolution of family conflict. Parent–adolescent disagreements often become destructive not because of the original topic but because family members react automatically to perceived criticism, rejection, disrespect, or loss of control. Emotional arousal can narrow attention, increase hostile attribution, intensify judgmental thinking, and reduce the capacity for perspective taking. Under such conditions, parents and adolescents may respond to each other's reactions rather than to the actual problem under discussion, producing repetitive cycles of criticism, defensiveness, withdrawal, escalation, and counter-escalation. Interpersonal mindfulness has become increasingly relevant in this regard because it involves bringing intentional, nonjudgmental, present-centered awareness into interpersonal exchanges. Instead of reacting automatically, mindful individuals may be more capable of noticing internal emotional states, tolerating discomfort, suspending immediate judgment, and selecting responses that are more consistent with relational goals. Research among Iranian couples has demonstrated meaningful connections between interpersonal mindfulness, emotion regulation, and relational functioning, suggesting that mindfulness may be embedded within a network of processes that influence the quality and stability of close relationships (Seyyed Aghaei & Karami, 2026). Similarly, research on married women in Tehran has linked mindfulness in couple relationships with marital empathy and communication patterns, supporting the view that mindfulness may facilitate healthier interpersonal exchanges partly by strengthening empathic engagement and adaptive communication (Kheirabadi, 2025).

Mindfulness is commonly defined as purposeful awareness of present-moment experience with an attitude of openness, acceptance, and nonjudgment. Within family relationships, however, its relevance extends beyond individual stress reduction. Mindfulness can potentially alter the quality of relational interaction by helping family members notice automatic thoughts, emotional triggers, bodily signs of arousal, and habitual communication patterns before these processes develop into overt conflict. By creating a psychological space between internal experience and behavioral response, mindfulness may reduce impulsive reactions and permit more reflective choices. This relational application is supported by emerging evidence showing that mindfulness is associated with more constructive conflict resolution in intimate relationships. Dyadic research has indicated that mindfulness is related to conflict-resolution processes in couples, suggesting that the effects of mindfulness may operate not only within individuals but across relational partners (Cheolwoo Park & Victor W. Harris, 2025). Additional evidence has demonstrated associations between mindfulness, shared relational engagement, connectedness, and positive interaction, further indicating that mindful awareness may support interpersonal closeness and constructive participation in shared relational activities (C. Park & V. W. Harris, 2025). These findings are particularly relevant to family-centered work because

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parent–adolescent relationships, like couple relationships, involve reciprocal influence, repeated interaction, emotional interdependence, and the need to negotiate differences while maintaining connection.

The dyadic and systemic nature of mindfulness effects has received increasing empirical attention. Akyıl et al. examined family members' well-being, mindfulness, loneliness, and social support through a dyadic approach and highlighted the importance of considering the interdependent psychological functioning of family members rather than treating each person as an isolated unit (Akyıl et al., 2026). Similarly, Körün et al. reported that mindfulness can play a mediating role in the relationship between loneliness and relationship quality within married couples, again emphasizing that mindfulness may influence relational outcomes through mechanisms extending beyond individual symptom reduction (Körün et al., 2026). Such findings are relevant to families with adolescents because emotional experiences within the family are reciprocal: parental distress can shape adolescent responses, adolescent behavior can affect parental emotional regulation, and both processes can influence the quality of family interaction. Therefore, a family-centered mindfulness intervention may provide an advantage over purely individual approaches by training family members to recognize and modify these reciprocal patterns within the relational context in which they occur.

There is also evidence that mindfulness may be especially important when family relationships have been shaped by prior interpersonal adversity or emotionally dysregulated patterns. Rassart et al. found that mindfulness was relevant to the parenting alliance among couples with histories of childhood interpersonal trauma, suggesting that mindful capacities may buffer or modify the relational consequences of earlier adverse experiences (Rassart et al., 2024). Such findings underscore the possibility that mindfulness can support more adaptive functioning even when family members bring longstanding vulnerabilities into present relationships. In another context, Nouri Pargo et al. demonstrated the therapeutic relevance of mindfulness-based cognitive therapy among women with childhood trauma experiences, reporting beneficial effects on psychological symptoms and thereby supporting the broader applicability of mindfulness-based approaches to populations characterized by emotional and relational vulnerability (Nouri Pargo et al., 2025). Although these studies did not specifically examine parent–adolescent conflict, they reinforce the theoretical proposition that mindfulness may reduce the influence of automatic, emotionally conditioned responses that otherwise perpetuate maladaptive relational patterns.

The potential usefulness of mindfulness during adolescence is also supported by studies emphasizing its role in developmental and family processes. Soleimani et al. identified mindfulness as a mediating variable in the relationship between family emotional climate and successful academic identity, suggesting that mindfulness may help explain how family relational environments are translated into adolescent developmental outcomes (Soleimani et al., 2024). This finding is noteworthy because adolescence is a period in which family emotional climate remains influential even as external social contexts gain importance. A supportive, flexible, emotionally regulated family climate can facilitate identity development and adaptive autonomy, whereas a conflictual family atmosphere may complicate these developmental tasks. Zhou et al. similarly highlighted the role of adolescents' mindfulness and self-compassion in the context of intergenerational transmission of distress, indicating that mindful capacities may function as protective processes within parent–adolescent systems (Zhou et al., 2025). Together, these studies support the view that mindfulness may have particular developmental relevance in families with adolescents because it can potentially influence both individual emotional functioning and the broader relational processes through which distress is transmitted and managed.

Recent intervention research has begun to move beyond the use of mindfulness as a solely individual treatment and toward explicitly family-based applications. One important example is MYmind, a mindfulness-based family intervention designed to involve both children and parents. Zoller et al. examined mechanisms of change in MYmind and showed that mindfulness-based family intervention can produce meaningful changes through processes involving both children and parents, providing support for the idea that family participation may be central to therapeutic mechanisms rather than merely an adjunct to individual treatment (Zoller et al., 2026). This is consistent with a systemic understanding of family difficulties: if maladaptive interactions are maintained through reciprocal patterns, then therapeutic change is more likely to become generalized and sustained when multiple members of the relational system acquire new skills. Family-centered mindfulness may therefore be conceptualized as an intervention that combines intrapersonal awareness with interpersonal application.

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Parents can learn to recognize automatic control, criticism, or anxiety-driven responses; adolescents can learn to recognize impulsivity, defensive reactions, and emotional escalation; and both can practice attentive listening, acceptance, emotional labeling, perspective taking, and deliberate responding within actual family interactions.

At the same time, findings from mindfulness-based couple interventions indicate that treatment effects may not be uniform across all individuals or relational contexts. Zheng emphasized the importance of identifying for whom and under what conditions mindfulness-based couple interventions produce relationship benefits, suggesting that relational characteristics, individual vulnerabilities, and contextual factors may influence responsiveness to mindfulness-based treatment (Zheng, 2025). This caution is important for research on family-centered mindfulness because family systems differ substantially in cohesion, flexibility, conflict intensity, communication patterns, developmental demands, and psychological resources. An intervention that is effective in one type of family may operate differently in another. Accordingly, empirical studies are needed that evaluate family-centered mindfulness in clearly defined populations and examine outcomes that are directly relevant to family functioning rather than relying exclusively on individual psychological symptoms.

The Iranian sociocultural context further strengthens the need for such research. Family relationships in Iran are often characterized by strong interdependence, substantial parental involvement, and considerable importance attached to family cohesion, respect, obligation, and collective decision-making. These values can function as important sources of emotional and social support, but they can also create challenges when adolescents' developmental movement toward autonomy is perceived as inconsistent with parental expectations or established family norms. Research on differentiation among Iranian parents in Tehran has shown the relevance of intergenerational and cultural patterns to the regulation of autonomy and emotional connectedness (Paknejad & Ahmadi, 2022). Likewise, Iranian research linking mindfulness with marital empathy, communication patterns, emotion regulation, and relational functioning indicates that mindfulness-related constructs are relevant within local family relationships and are not confined to Western cultural settings (Kheirabadi, 2025; Seyyed Aghaei & Karami, 2026). Nevertheless, much of the available Iranian evidence has focused on marital relationships, individual symptom reduction, or adult psychological outcomes, leaving a relative gap regarding structured family-centered mindfulness interventions specifically targeting parent–adolescent intergenerational conflicts and family structure.

This gap is theoretically and clinically important. Existing evidence supports the associations among mindfulness, relational quality, emotion regulation, communication, family climate, and psychological well-being, but fewer studies have directly examined whether teaching mindfulness to parents and adolescents together can simultaneously reduce conflict and modify broader patterns of family organization. The distinction is important because lower conflict alone does not necessarily indicate healthier family functioning. A family may experience fewer overt disagreements because members withdraw from one another, suppress concerns, or avoid difficult topics. Therefore, intervention research should assess not only the reduction of conflict but also whether the family develops a more adaptive structure characterized by healthier cohesion, appropriate flexibility, more functional boundaries, and improved capacity to negotiate developmental change. From this perspective, family-centered mindfulness may be especially promising because it targets both the emotional processes that escalate disagreements and the relational awareness needed to alter recurring structural patterns.

The accumulated literature therefore suggests several converging propositions. Family relationships are fundamental determinants of psychological and social well-being across the life span (Thomas et al., 2017); intergenerational relationships and family support are closely connected with emotional functioning (Chunkai et al., 2019); differentiation and intergenerational processes are central to understanding relational boundaries and emotional reactivity (Calatrava et al., 2022; Paknejad & Ahmadi, 2022); mindfulness is associated with constructive communication, conflict resolution, connectedness, and relationship quality (Körün et al., 2026; Cheolwoo Park & Victor W. Harris, 2025; C. Park & V. W. Harris, 2025); mindfulness may influence family members through reciprocal and dyadic mechanisms (Akyıl et al., 2026); it may also buffer the relational consequences of emotional adversity (Nouri Pargo et al., 2025; Rassart et al., 2024); and emerging family-based interventions demonstrate the feasibility of targeting children and parents together through mindfulness-oriented treatment (Zoller et al., 2026). At the same time, adolescent development creates a particularly sensitive period in which intergenerational distress, family emotional climate, and mindful capacities may interact to

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influence adjustment (Soleimani et al., 2024; Zhou et al., 2025). Given the need to establish whether such approaches can produce broader relational benefits and the recognition that treatment effects may depend on relational and contextual conditions (Zheng, 2025), systematic investigation of family-centered mindfulness in families with adolescents is warranted.

Accordingly, the present study aimed to determine the effectiveness of family-centered mindfulness-based therapy in reducing intergenerational conflicts and improving family structure among families with adolescents in Tehran.

2. Methods and Materials

2.1. Study Design and Participants

This study employed a quasi-experimental pretest–posttest design with a control group and a two-month follow-up to investigate the effectiveness of family-centered mindfulness-based therapy on intergenerational conflicts and family structure among families with adolescents. The statistical population consisted of families with adolescents aged 13–17 years residing in Tehran, Iran, during 2025–2026. Participants were recruited from families referred to counseling and psychological service centers in Tehran because of parent–adolescent relational difficulties, recurrent interpersonal conflicts, or concerns regarding family functioning. Following initial screening and assessment of eligibility, 30 families were selected through purposive sampling and randomly allocated to either the experimental group receiving family-centered mindfulness-based therapy or the control group, with 15 families in each group. One adolescent and one parent from each family participated in the assessment and intervention process; therefore, the study involved 30 parent–adolescent dyads comprising 60 individuals. Inclusion criteria were having an adolescent between 13 and 17 years of age, living with at least one biological or adoptive parent, experiencing a clinically meaningful level of parent–adolescent conflict based on the initial screening assessment, willingness of both the parent and adolescent to participate in the study, ability to attend the intervention sessions regularly, and provision of informed consent by the parent and assent by the adolescent. Families were excluded if either participating member had a severe psychiatric disorder requiring immediate specialized treatment, active substance dependence, severe cognitive or developmental impairment interfering with participation in group sessions, simultaneous participation in another structured family or psychological intervention, or absence from more than two intervention sessions. After completion of the pretest assessments, the eligible families were randomly assigned to the experimental and control groups using a simple random allocation procedure. The experimental group received the family-centered mindfulness-based intervention, whereas the control group received no structured psychological intervention during the study period and continued to use routine services when required. Both groups completed the study measures at pretest, immediately after completion of the intervention, and at the two-month follow-up. Participation was voluntary, the confidentiality of personal information was maintained throughout the study, and participants were informed that they could withdraw from the research at any stage without any adverse consequences.

2.2. Measures

Intergenerational conflicts were assessed using the Conflict Behavior Questionnaire (CBQ) developed by Robin and Foster. The CBQ is a self-report instrument designed specifically to evaluate conflictual interactions and negative communication patterns between parents and adolescents and has been widely used in research examining parent–adolescent relational difficulties. The questionnaire assesses the extent to which interactions between adolescents and their parents are characterized by disagreement, hostility, criticism, misunderstanding, negative attribution, ineffective communication, and dissatisfaction with the relationship. Separate but conceptually parallel forms can be completed by parents and adolescents, allowing the quality of the intergenerational relationship to be evaluated from both perspectives. Items are answered in a dichotomous true–false format, and responses indicative of dysfunctional or conflictual interactions are scored in the direction of greater conflict. Item scores are summed to obtain an overall conflict score, with higher scores indicating more severe parent–adolescent conflict and a more negative perception of the intergenerational relationship, whereas lower scores indicate more constructive communication and fewer relational conflicts. In the present study, the total score was used as the principal indicator of intergenerational conflict. The instrument was administered at pretest, posttest, and follow-up under standardized conditions, and internal consistency was reassessed for the present sample using Cronbach's alpha.

Family structure and functioning were assessed using the Family Adaptability and Cohesion Evaluation Scales, Fourth

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Edition (FACES IV) developed within Olson's Circumplex Model of Marital and Family Systems. FACES IV is designed to evaluate fundamental structural and relational dimensions of family functioning, particularly family cohesion and flexibility, which represent the degree of emotional connectedness among family members and the family's capacity to modify leadership, roles, rules, and relational patterns in response to developmental or situational demands. The instrument contains balanced scales assessing balanced cohesion and balanced flexibility and unbalanced scales assessing disengagement, enmeshment, rigidity, and chaos. Respondents indicate the extent to which each statement describes their family on a Likert-type response scale. Scores are calculated according to the established scoring procedure, with stronger balanced cohesion and flexibility and lower levels of disengagement, enmeshment, rigidity, and chaos reflecting a healthier and more functional family structure. Composite indices can also be derived to provide an overall representation of family functioning based on the balance between adaptive and maladaptive structural characteristics. In the present study, the overall family functioning score and the principal cohesion and flexibility indices were considered indicators of family structure. The questionnaire was completed independently by participating family members at the pretest, posttest, and follow-up stages, and its internal consistency in the present sample was evaluated using Cronbach's alpha coefficients.

2.3. Intervention

The experimental group participated in a family-centered mindfulness-based therapy program conducted over eight weekly sessions, each lasting approximately 90 minutes, with both the participating parent and adolescent attending the sessions. The intervention integrated established mindfulness principles with family-oriented therapeutic techniques and was specifically adapted to developmental and relational challenges common to families with adolescents. The initial session focused on establishing therapeutic rapport, introducing the rationale for mindfulness within family relationships, clarifying treatment goals and group rules, identifying recurrent patterns of parent–adolescent conflict, and teaching basic awareness of breathing and present-moment attention. The second session emphasized recognition of automatic reactions within family interactions and introduced the body-scan exercise to strengthen awareness of bodily sensations, emotional activation, and early signs of interpersonal tension. The third session focused on mindful awareness of thoughts and emotions, helping parents and adolescents distinguish between an event and their interpretations of that event and recognize how judgment, assumptions, and habitual cognitive reactions intensify family disagreements. The fourth session addressed mindful communication through attentive listening, nonjudgmental observation, awareness of tone and nonverbal behavior, and delaying impulsive responses during emotionally charged interactions. The fifth session emphasized emotion regulation and acceptance, teaching participants to recognize difficult emotions without immediate avoidance, suppression, or reactive behavior and to use breathing space and grounding practices when conflict emerged. The sixth session focused on family roles, boundaries, flexibility, and patterns of cohesion, with mindfulness exercises incorporated to help family members recognize rigid, disengaged, enmeshed, or chaotic interaction patterns and develop more balanced responses to developmental changes associated with adolescence. The seventh session concentrated on compassion, empathy, perspective taking, forgiveness, and mindful problem solving, with parent–adolescent dyads practicing constructive responses to actual areas of disagreement occurring within their families. The final session reviewed acquired skills, identified changes in conflict and family interaction patterns, strengthened participants' ability to integrate mindfulness into daily family life, formulated individualized relapse-prevention plans, and encouraged continued home practice. Participants were assigned structured home exercises throughout the intervention, including daily mindful breathing, body awareness, observation of thoughts and emotions, mindful listening, brief breathing-space exercises during conflict, and written monitoring of challenging family interactions. The control group did not receive family-centered mindfulness-based therapy during the research period and was placed on a waiting list so that the intervention could be made available after completion of the follow-up assessments.

2.4. Data Analysis

Data were analyzed using IBM SPSS Statistics. Before conducting inferential analyses, the data were screened for missing values, outliers, coding errors, and violations of statistical assumptions. Descriptive statistics, including mean, standard deviation, frequency, and percentage, were

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calculated to summarize demographic characteristics and study variables. The normality of the dependent variables was examined using the Shapiro–Wilk test together with skewness and kurtosis indices, equality of error variances between groups was evaluated using Levene's test, and the assumption of homogeneity of covariance matrices was examined where applicable. Because intergenerational conflict and family structure were measured repeatedly at pretest, posttest, and two-month follow-up in two independent groups, a mixed repeated-measures analysis of variance was used to examine changes across time and differences between the experimental and control groups. The within-subject factor was time with three levels comprising pretest, posttest, and follow-up, whereas group constituted the between-subject factor with two levels comprising family-centered mindfulness-based therapy and control. Mauchly's test was used to assess the assumption of sphericity, and when this assumption was violated, the Greenhouse–Geisser correction was applied. Significant time-by-group interaction effects were interpreted as evidence that changes in the dependent variables differed between the intervention and control groups. When statistically significant overall effects were observed, Bonferroni-adjusted pairwise comparisons were conducted to identify differences between assessment occasions. Effect sizes were reported using partial eta squared to determine the magnitude of the intervention effects. All statistical tests were two-tailed, and the level of statistical significance was set at $p < .05$.

3. Findings and Results

The final sample consisted of 30 families with adolescents, including 15 families assigned to the family-centered mindfulness-based therapy group and 15 families assigned to the control group. All 30 families who entered the study completed the pretest, posttest, and two-month follow-up assessments and were therefore included in the final statistical analyses. The participating adolescents ranged in age from 13 to 17 years, with a mean age of 15.07 years (SD = 1.29) in the experimental group and 14.93 years (SD = 1.33) in the control group. In the experimental group, 8 adolescents (53.3%) were girls and 7 (46.7%) were boys, while the control group included 7 girls (46.7%) and 8 boys (53.3%). Regarding the participating parents, the experimental group consisted of 11 mothers (73.3%) and 4 fathers (26.7%), whereas the control group consisted of 10 mothers (66.7%) and 5 fathers (33.3%). The mean age of participating parents was 42.60 years (SD = 4.87) in the experimental group and 43.13 years (SD = 5.16) in the control group. In terms of parental educational attainment, 5 parents (33.3%) in the experimental group had a high school diploma or lower level of education, 7 (46.7%) held a bachelor's degree, and 3 (20.0%) held a master's degree or higher. Corresponding figures in the control group were 6 (40.0%), 6 (40.0%), and 3 (20.0%), respectively. Concerning family size, the mean number of children was 2.13 (SD = 0.74) in the experimental group and 2.20 (SD = 0.68) in the control group. The average duration of the parents' marital relationship was 18.27 years (SD = 4.12) in the experimental group and 18.73 years (SD = 4.39) in the control group. Examination of the baseline demographic characteristics indicated no substantial imbalance between the two groups in terms of adolescent age, adolescent gender, parental age, participating parent's gender, educational level, number of children, or duration of marriage, suggesting that the experimental and control groups were reasonably comparable prior to implementation of the intervention.

Table 1

Descriptive Statistics for Intergenerational Conflict and Family Structure Across the Three Measurement Occasions

Variable	Group	Pretest M	Pretest SD	Posttest M	Posttest SD	Follow-up M	Follow-up SD
Intergenerational Conflict	Family-Centered Mindfulness	11.80	2.18	7.27	1.87	7.73	1.91
Intergenerational Conflict	Control	11.53	2.10	11.20	2.14	11.07	2.19
Family Structure	Family-Centered Mindfulness	52.73	6.14	65.47	5.82	64.13	5.96
Family Structure	Control	53.20	6.31	53.87	6.18	54.13	6.24

As shown in Table 1, the two groups demonstrated relatively similar mean scores for both dependent variables at the pretest stage, whereas clearly different patterns emerged after implementation of the intervention. For intergenerational conflict, the experimental group had a pretest mean of 11.80 (SD = 2.18), which decreased substantially to 7.27 (SD = 1.87) immediately after treatment and remained relatively low at the two-month follow-up, with a mean of 7.73 (SD = 1.91). This represents an approximate reduction of 38.4% from pretest to posttest and

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a reduction of approximately 34.5% from pretest to follow-up. In contrast, the control group demonstrated only minor fluctuations across the three assessment occasions, with mean scores of 11.53 (SD = 2.10) at pretest, 11.20 (SD = 2.14) at posttest, and 11.07 (SD = 2.19) at follow-up. Thus, the descriptive pattern suggests that participation in family-centered mindfulness-based therapy was associated with a marked reduction in parent–adolescent intergenerational conflicts that was largely maintained over the two-month follow-up period. A similar but inverse pattern was observed for family structure, for which higher scores represented healthier and more adaptive family functioning. The experimental group increased from a mean of 52.73 (SD = 6.14) at pretest to 65.47 (SD = 5.82) at posttest and maintained a mean of 64.13 (SD = 5.96) at follow-up. The control group, however, exhibited almost no meaningful change, with mean scores of 53.20 (SD = 6.31), 53.87 (SD = 6.18), and 54.13 (SD = 6.24) at pretest, posttest, and follow-up, respectively. These descriptive results provide preliminary evidence that the intervention was associated not only with reduced conflict between parents and adolescents but also with substantial improvement in overall family cohesion, flexibility, and structural functioning.

Before performing the mixed repeated-measures analyses, the relevant statistical assumptions were examined. Inspection of the distributions showed no extreme univariate outliers, and the standardized skewness and kurtosis values for intergenerational conflict and family structure at all three measurement occasions were within acceptable limits. The Shapiro–Wilk test was nonsignificant for intergenerational conflict in the experimental group at pretest ($W = .953$, $p = .563$), posttest ($W = .947$, $p = .481$), and follow-up ($W = .958$, $p = .650$), as well as in the control group at pretest ($W = .961$, $p = .703$), posttest ($W = .956$, $p = .614$), and follow-up ($W = .949$, $p = .508$). Similarly, the distributions of family structure scores did not significantly deviate from normality in either group at any assessment occasion, with Shapiro–Wilk values ranging from .944 to .972 and all p values greater than .05. Levene's test indicated that the assumption of homogeneity of variances was satisfied for intergenerational conflict at pretest, $F(1, 28) = 0.08$, $p = .781$, posttest, $F(1, 28) = 0.31$, $p = .582$, and follow-up, $F(1, 28) = 0.22$, $p = .643$. The same assumption was satisfied for family structure at pretest, $F(1, 28) = 0.04$, $p = .842$, posttest, $F(1, 28) = 0.15$, $p = .704$, and follow-up, $F(1, 28) = 0.11$, $p = .744$. Mauchly's test of sphericity was nonsignificant for intergenerational conflict, $W = .921$, $\chi^2(2) = 2.21$, $p = .331$, and family structure, $W = .936$, $\chi^2(2) = 1.77$, $p = .413$, indicating that the assumption of sphericity was satisfied for both dependent variables. Accordingly, the standard univariate repeated-measures results were interpreted without the need for Greenhouse–Geisser correction.

Table 2

Mixed Repeated-Measures Analysis of Variance for Intergenerational Conflict and Family Structure

Variable	Effect	SS	df	MS	F	p	Partial η^2
Intergenerational Conflict	Time	94.54	2	47.27	38.62	<.001	.580
	Group	103.68	1	103.68	16.94	<.001	.377
	Time × Group	77.41	2	38.71	31.62	<.001	.530
	Error (Time)	68.56	56	1.22			
Family Structure	Time	583.11	2	291.56	45.73	<.001	.620
	Group	739.26	1	739.26	14.87	.001	.347
	Time × Group	500.42	2	250.21	39.25	<.001	.584
	Error (Time)	357.09	56	6.38			

The results of the mixed repeated-measures analysis of variance presented in Table 2 demonstrate statistically significant changes in both study outcomes over time and, more importantly, statistically significant differences in the pattern of change between the experimental and control groups. For intergenerational conflict, the main effect of time was statistically significant, $F(2, 56) = 38.62$, $p < .001$, partial $\eta^2 = .580$, indicating that conflict scores changed significantly across the pretest, posttest, and follow-up assessments when both groups were considered together. The main effect of group was also statistically significant, $F(1, 28) = 16.94$, $p < .001$, partial $\eta^2 = .377$, showing an overall difference in intergenerational conflict scores between participants receiving family-centered mindfulness-based therapy and those in the control condition. Most importantly, the time-by-group interaction was statistically significant and substantial in magnitude, $F(2, 56) = 31.62$, $p < .001$, partial $\eta^2 = .530$. This interaction

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demonstrates that the temporal pattern of change in intergenerational conflict differed considerably between the two groups and that the reduction observed in the experimental group cannot be explained merely by the passage of time or repeated measurement. The partial eta squared value of .530 indicates that approximately 53.0% of the explainable within-subject variance associated with change across measurement occasions was attributable to the differential pattern between the intervention and control groups, representing a large treatment effect. For family structure, the main effect of time was likewise statistically significant, $F(2, 56) = 45.73$, $p < .001$, partial $\eta^2 = .620$, indicating considerable change in family structure scores across the study period. The overall group effect was significant, $F(1, 28) = 14.87$, $p = .001$, partial $\eta^2 = .347$. More critically, a significant time-by-group interaction was found for family structure, $F(2, 56) = 39.25$, $p < .001$, partial $\eta^2 = .584$, demonstrating that the improvement in family structure across time was significantly greater in the family-centered mindfulness group than in the control group. The interaction effect accounted for approximately 58.4% of the relevant variance and therefore represents a large effect. Taken together, these findings indicate that family-centered mindfulness-based therapy produced substantial changes in both targeted outcomes, characterized by a reduction in intergenerational conflict and an improvement in adaptive family structure, and that these effects remained evident at the two-month follow-up assessment.

Table 3

Bonferroni-Adjusted Pairwise Comparisons of Measurement Occasions in the Experimental Group

Variable	Comparison	Mean Difference	SE	p	95% CI
Intergenerational Conflict	Pretest – Posttest	4.53	0.47	<.001	3.34 to 5.72
Intergenerational Conflict	Pretest – Follow-up	4.07	0.49	<.001	2.83 to 5.31
Intergenerational Conflict	Posttest – Follow-up	-0.46	0.25	.244	-1.09 to 0.17
Family Structure	Pretest – Posttest	-12.74	1.31	<.001	-16.05 to -9.43
Family Structure	Pretest – Follow-up	-11.40	1.34	<.001	-14.79 to -8.01
Family Structure	Posttest – Follow-up	1.34	0.63	.118	-0.25 to 2.93

The Bonferroni-adjusted pairwise comparisons reported in Table 3 further clarify the nature of the changes observed within the experimental group. For intergenerational conflict, the mean pretest score was significantly higher than the posttest score, with a mean difference of 4.53 points ($SE = 0.47$, $p < .001$, 95% CI [3.34, 5.72]), indicating a substantial reduction in parent–adolescent conflict immediately following completion of family-centered mindfulness-based therapy. The difference between pretest and follow-up was also statistically significant, with the pretest score exceeding the follow-up score by 4.07 points ($SE = 0.49$, $p < .001$, 95% CI [2.83, 5.31]). In contrast, the difference between posttest and follow-up was not statistically significant, $MD = -0.46$, $SE = 0.25$, $p = .244$, 95% CI [-1.09, 0.17]. Although the descriptive means indicated a small increase in intergenerational conflict from posttest to follow-up, this increase was minor and statistically nonsignificant, suggesting that the therapeutic gains achieved at the end of treatment were largely maintained during the subsequent two months. For family structure, the posttest mean was significantly higher than the pretest mean, reflected by a pretest-minus-posttest difference of -12.74 points ($SE = 1.31$, $p < .001$, 95% CI [-16.05, -9.43]). The difference between pretest and follow-up was also significant, $MD = -11.40$, $SE = 1.34$, $p < .001$, 95% CI [-14.79, -8.01], demonstrating that the improvement in family functioning remained pronounced two months after treatment completion. The difference between posttest and follow-up was not significant, $MD = 1.34$, $SE = 0.63$, $p = .118$, 95% CI [-0.25, 2.93], despite a modest descriptive decline from the immediate posttest score. This pattern suggests that the improvement in family structure was stable rather than transient. Supplementary comparisons within the control group revealed no statistically significant differences among pretest, posttest, and follow-up scores for either intergenerational conflict or family structure after Bonferroni adjustment (all $p > .05$), further supporting the interpretation that the changes detected in the experimental group were associated with participation in the family-centered mindfulness-based intervention rather than naturally occurring temporal fluctuations.

Overall, the findings provide consistent evidence for the effectiveness of family-centered mindfulness-based therapy in families with adolescents. At baseline, the intervention and control groups exhibited comparable levels of intergenerational conflict and family structural functioning.

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Following eight sessions of family-centered mindfulness-based therapy, families in the experimental group showed a pronounced decrease in intergenerational conflict and a substantial increase in adaptive family structure, whereas families in the control group remained relatively stable across the same period. The significant time-by-group interactions, large partial eta squared values, and significant pretest-to-posttest and pretest-to-follow-up differences demonstrate that the intervention effects were both statistically robust and sustained beyond the immediate treatment phase. Moreover, the absence of significant posttest-to-follow-up differences suggests that the therapeutic improvements were maintained over the two-month follow-up period. Therefore, the statistical findings support the effectiveness of family-centered mindfulness-based therapy for reducing conflict between parents and adolescents and promoting healthier, more cohesive, flexible, and adaptive family structures.

4. Discussion

The present study examined the effectiveness of family-centered mindfulness-based therapy in reducing intergenerational conflicts and improving family structure among families with adolescents in Tehran. The findings indicated that participation in the intervention was associated with a statistically significant reduction in intergenerational conflict and a statistically significant improvement in family structure compared with the control condition. The significant time-by-group interactions for both dependent variables showed that the observed changes were not attributable merely to the passage of time or repeated measurement, but reflected a differential pattern of change between families who received the intervention and those who did not. Moreover, the large partial eta squared values indicated that the magnitude of the intervention effects was substantial. Pairwise comparisons further demonstrated that the improvement observed from pretest to posttest remained significant at the two-month follow-up, while the differences between posttest and follow-up were not statistically significant. This pattern suggests that the therapeutic gains were relatively stable over the short-term follow-up period. Taken together, the results support the effectiveness of family-centered mindfulness-based therapy not only in decreasing overt intergenerational tension but also in promoting more adaptive patterns of family organization, cohesion, flexibility, and interaction.

The first major finding was that family-centered mindfulness-based therapy significantly reduced intergenerational conflict between parents and adolescents. This result is consistent with studies suggesting that mindfulness can improve the quality of close relationships by reducing automatic reactivity and facilitating more constructive responses during interpersonal tension. Park and Harris reported significant associations between mindfulness and conflict resolution in couple relationships and showed that higher mindfulness was related to more adaptive management of relational disagreements (Cheolwoo Park & Victor W. Harris, 2025). Although their work focused on couples rather than parent–adolescent dyads, the underlying relational mechanisms are highly relevant to the present findings because both types of relationships require the regulation of emotional arousal, interpretation of another person's intentions, maintenance of connection during disagreement, and the ability to respond without escalating conflict. The present intervention incorporated mindful breathing, awareness of emotional activation, nonjudgmental observation, and deliberate responding during difficult family interactions. These skills may have reduced the tendency of parents and adolescents to react impulsively to perceived criticism, disrespect, restriction, or rejection, thereby interrupting repetitive cycles of escalation.

The reduction in intergenerational conflict is also compatible with evidence indicating that mindfulness contributes to more positive and connected relational exchanges. Park and Harris found that mindfulness was associated with shared relationship activity engagement, connectedness, and positive interaction in close relationships (C. Park & V. W. Harris, 2025). This supports the interpretation that mindfulness may influence conflict not only by suppressing negative reactions but also by improving the positive relational context in which disagreements occur. In the present study, family members were trained to listen attentively, observe their emotional responses, identify habitual patterns, and consider the other person's perspective before responding. Such practices may have increased the experience of being heard and understood within the family. When adolescents perceive that parents are listening rather than immediately controlling, criticizing, or correcting them, and when parents perceive that adolescents are responding rather than automatically resisting, relational tension may decline. In this sense, the effectiveness of family-centered mindfulness may be explained partly by the transformation of interaction from

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automatic and defensive responding toward greater presence, attentiveness, and reciprocal responsiveness.

The present findings are further supported by recent dyadic research emphasizing the relationship between mindfulness and the quality of close interpersonal relationships. Körün et al. reported that mindfulness played a mediating role in the association between loneliness and relationship quality in married couples, demonstrating that mindful awareness may function as a relational resource that improves interpersonal connection (Körün et al., 2026). Similarly, Akyıl et al. showed that mindfulness, well-being, loneliness, and social support were interrelated within family dyads, highlighting the importance of considering mutual influence between members of the same relational system (Akyıl et al., 2026). These findings are particularly pertinent to family-centered interventions because conflict within families is inherently reciprocal. A parent's emotional reactivity can increase an adolescent's defensiveness, while the adolescent's oppositional or withdrawn response can further increase parental distress. By training both members of the parent–adolescent dyad rather than working with one individual in isolation, the intervention may have altered this reciprocal cycle at multiple points simultaneously.

Another plausible mechanism underlying the reduction in conflict concerns emotion regulation. Seyyed Aghaei and Karami identified a close network of relationships between interpersonal mindfulness, emotion regulation, and emotional divorce among Iranian couples, suggesting that mindfulness may contribute to healthier relational functioning through enhanced regulation of affective responses (Seyyed Aghaei & Karami, 2026). The relevance of this mechanism is evident in parent–adolescent conflict, which often intensifies when emotional arousal becomes more influential than reflective problem solving. During adolescence, disagreements concerning autonomy, academic expectations, technology use, friendships, privacy, or family rules can quickly become emotionally charged. Mindfulness practice may help family members notice anger, anxiety, frustration, and bodily activation without immediately converting those experiences into hostile speech, withdrawal, punishment, or retaliatory behavior. The intervention's emphasis on pausing, breathing, recognizing emotional triggers, and distinguishing thoughts from facts may therefore have increased the capacity of both parents and adolescents to regulate themselves before responding. This interpretation is also compatible with the findings of Kheirabadi, who linked mindfulness in couple relationships with empathy and communication patterns among married women in Tehran (Kheirabadi, 2025). Improved empathy and communication may reduce the adversarial quality of family disagreement and help transform conflict into negotiation.

The present reduction in intergenerational conflict can also be understood within the framework of intergenerational transmission of distress. Zhou et al. showed that psychological distress may be transmitted between parents and adolescents and that family climate, self-compassion, and mindfulness play important roles in this process (Zhou et al., 2025). This finding provides a particularly direct theoretical basis for the current results. Families characterized by recurrent conflict may become trapped in cycles in which parental stress affects the adolescent, the adolescent's distress increases behavioral or emotional reactivity, and this in turn intensifies parental frustration. Mindfulness may reduce the strength of this transmission by increasing awareness of internal states and decreasing immediate emotional contagion. Family members may become better able to recognize that another person's anger or distress does not necessarily require an equally reactive response. In this way, mindfulness may weaken the recursive amplification of distress across generations and contribute to a calmer family climate.

The second major finding was that family-centered mindfulness-based therapy significantly improved family structure. This result extends the effect of the intervention beyond symptom reduction and suggests that mindfulness-based family work may influence broader patterns of cohesion, flexibility, boundaries, and role organization. From a family systems perspective, healthy functioning requires an appropriate balance between emotional closeness and autonomy, as well as between stability and adaptability. Calatrava et al., in their review of differentiation of self, emphasized the importance of maintaining an autonomous sense of self while remaining emotionally connected to significant others (Calatrava et al., 2022). This concept is particularly relevant to adolescence, when the family must renegotiate the balance between connection and independence. The intervention may have improved family structure because mindfulness encourages members to tolerate differences without interpreting them as relational threats. Parents may become more capable of allowing age-appropriate autonomy without experiencing it as rejection, while adolescents may become more capable of asserting independence without resorting to emotional cutoff or hostility.

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The improvement in family structure is also consistent with Iranian research concerning differentiation and intergenerational functioning. Paknejad and Ahmadi examined differentiation indices within Bowen's intergenerational framework among Iranian parents in Tehran and highlighted the relevance of emotional differentiation to family functioning (Paknejad & Ahmadi, 2022). In families with low differentiation, members may become excessively fused, reactive, controlling, or emotionally distant. These patterns can correspond to maladaptive structural characteristics such as enmeshment, rigidity, disengagement, or chaos. The family-centered mindfulness intervention used in the present study directly addressed family roles, boundaries, flexibility, and patterns of emotional connection. By helping participants observe rather than automatically enact these patterns, the intervention may have created opportunities for more balanced family functioning. Increased awareness may enable parents to recognize when supervision becomes intrusive, when consistency becomes rigidity, or when emotional withdrawal becomes disengagement. Similarly, adolescents may become more aware of when autonomy seeking takes the form of avoidance or rejection rather than constructive independence.

The findings concerning family structure are further supported by the broader literature linking family relationships with psychological well-being. Thomas et al. emphasized that family relationships are central determinants of health and well-being across the life course (Thomas et al., 2017). Chunkai et al. also demonstrated that intergenerational relationships and family social support are closely related to psychological outcomes (Chunkai et al., 2019). Although these studies were conducted in different populations, they reinforce the principle that the organization and quality of family relationships have important psychological consequences. The improvement in family structure observed in the current study may therefore have implications beyond the immediate variables measured. A more cohesive yet flexible family environment may provide adolescents with greater emotional security, more predictable support, and a healthier context for autonomy development, while also reducing parental burden and relational strain.

The results can also be interpreted in light of evidence that mindfulness is associated with adaptive family and developmental processes. Soleimani et al. found that mindfulness mediated the relationship between family emotional climate and successful academic identity, demonstrating that mindful capacities may connect family relational environments with important developmental outcomes (Soleimani et al., 2024). This supports the idea that mindfulness operates not merely as an individual attentional skill but as a process embedded in broader family functioning. In the present study, the enhancement of family structure may have emerged because mindfulness altered the emotional climate in which family members interacted. As criticism, impulsive reactions, and defensive communication decreased, family members may have experienced greater emotional safety, which in turn allowed more flexible role negotiation and more constructive management of developmental differences.

The stability of the intervention effects at the two-month follow-up is another important finding. The absence of significant deterioration from posttest to follow-up suggests that participants were able to maintain much of the acquired benefit after structured sessions ended. This durability may be partly explained by the experiential and practice-based nature of mindfulness. Unlike interventions limited to intellectual insight, mindfulness requires repeated application in daily life. Participants were assigned home exercises involving mindful breathing, body awareness, observation of thoughts and emotions, mindful listening, and the use of brief breathing spaces during conflict. These practices may have become increasingly integrated into family routines and interpersonal exchanges. The sustained effects are compatible with intervention research demonstrating that mindfulness-based family approaches can generate meaningful changes through mechanisms involving both children and parents. Zoller et al., in their investigation of mechanisms of change in the MYmind family intervention, highlighted the value of simultaneous parent and child participation in producing therapeutic changes (Zoller et al., 2026). This supports the interpretation that lasting change may be more likely when multiple members of the family system acquire and reinforce the same regulatory and interpersonal skills.

The present findings are also broadly consistent with research showing that mindfulness-based interventions can be beneficial among individuals with histories of emotional and interpersonal vulnerability. Rassart et al. demonstrated that mindfulness was relevant to the parenting alliance among couples affected by childhood interpersonal trauma (Rassart et al., 2024), while Nouri Pargo et al. reported beneficial effects of mindfulness-based cognitive therapy among women with childhood trauma experiences (Nouri Pargo et al., 2025). These findings suggest that mindfulness

may remain therapeutically useful even when current relational functioning is influenced by longstanding patterns of emotional dysregulation or previous adverse experiences. Family conflicts are often not generated exclusively by the immediate disagreement; rather, they may activate deeply established expectations, fears, and defensive patterns. Mindful awareness may help family members distinguish present interactions from older emotional templates and reduce the tendency to respond automatically according to prior experiences.

At the same time, the findings should not be interpreted as indicating that mindfulness-based family intervention will be equally effective in all families. Zheng emphasized that the relational benefits of mindfulness-based couple interventions may depend on participant and contextual characteristics (Zheng, 2025). Families differ in conflict severity, attachment patterns, psychological comorbidity, parental stress, adolescent developmental stage, motivation for treatment, and structural characteristics. Therefore, the substantial effects found in the present sample may reflect both the suitability of the intervention and the characteristics of families who were willing and able to participate in an eight-session program. Nevertheless, the consistency of change across both intergenerational conflict and family structure strengthens the conclusion that the intervention influenced multiple levels of family functioning rather than producing a narrow or isolated effect.

5. Conclusion

Overall, the findings indicate that family-centered mindfulness-based therapy may be an effective systemic intervention for families experiencing relational difficulties during adolescence. Its effectiveness can be understood through several mutually reinforcing mechanisms, including decreased emotional reactivity, improved emotion regulation, enhanced empathic listening, more constructive communication, increased tolerance of differences, greater differentiation, and increased flexibility in family roles and boundaries. These mechanisms are consistent with the broader evidence linking mindfulness with conflict resolution, connectedness, relational quality, family emotional climate, and intergenerational functioning (Akyıl et al., 2026; Körün et al., 2026; Cheolwoo Park & Victor W. Harris, 2025; C. Park & V. W. Harris, 2025; Zhou et al., 2025). The findings therefore extend previous research by demonstrating that a family-centered application of mindfulness may simultaneously reduce problematic parent–adolescent conflict and promote healthier family organization, with effects that remain evident after the immediate treatment period.

6. Limitations & Suggestions

One limitation of the present study was the relatively small sample size of 30 families, which may restrict the statistical power and limit the generalizability of the findings to the broader population of families with adolescents. The participants were recruited from counseling and psychological service centers in Tehran, and families who seek professional services may differ from non-help-seeking families in motivation, conflict severity, psychological awareness, and willingness to engage in treatment. The study also relied primarily on self-report measures, which may be influenced by social desirability, shared method variance, recall bias, and participants' expectations regarding intervention effectiveness. Furthermore, the follow-up period was limited to two months, and the long-term durability of the treatment effects therefore remains uncertain. Because the control group did not receive an active comparison intervention, it is also not possible to determine the extent to which nonspecific therapeutic factors such as therapist attention, group support, treatment expectancy, and structured family interaction contributed to the observed outcomes. Finally, although both parent and adolescent participation was incorporated into the intervention, potentially influential variables such as baseline family conflict severity, parental psychopathology, socioeconomic status, family composition, adolescent gender, and previous treatment history were not examined as moderators of treatment response.

Future research should replicate the present study using larger and more socioeconomically and geographically diverse samples recruited from multiple districts and settings. Randomized controlled trials with active comparison conditions, such as family psychoeducation, parent management training, or conventional family therapy, would make it possible to determine whether family-centered mindfulness provides specific benefits beyond common therapeutic factors. Longer follow-up periods of six months or one year are recommended to establish the durability of treatment effects and to identify whether families continue to practice mindfulness after formal treatment ends. Future studies should also combine self-report measures with observational coding of family interactions, clinician ratings, and reports from multiple

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family members in order to obtain a more comprehensive assessment of relational change. It would also be valuable to investigate potential mediators, including emotion regulation, parental stress, interpersonal mindfulness, empathy, differentiation of self, and communication quality, as well as moderators such as adolescent age, gender, family structure, baseline conflict intensity, and parental psychological distress. Comparative research examining whether the intervention operates differently in single-parent, blended, and two-parent families would further clarify its applicability.

From a practical perspective, family-centered mindfulness-based therapy can be considered for implementation in counseling centers, school-based mental health services, adolescent clinics, and family intervention programs serving families experiencing recurrent parent–adolescent conflict. Practitioners may benefit from teaching parents and adolescents mindfulness skills together rather than limiting intervention to one member of the family system, particularly when difficulties are maintained through reciprocal patterns of emotional escalation. Clinical programs should emphasize brief, repeatable practices that can be integrated into daily family life, including mindful breathing before responding, nonjudgmental observation of emotional activation, attentive listening, pausing during conflict, perspective taking, and structured reflection after difficult interactions. Therapists should also connect mindfulness practices explicitly to family boundaries, roles, cohesion, and flexibility so that mindfulness is used not merely for individual relaxation but as a tool for changing relational patterns. Providing written or audio-guided home practices and encouraging family members to practice skills during real-life disagreements may further support the maintenance and generalization of therapeutic gains.

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Declaration of Interest

The authors of this article declared no conflict of interest.

Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

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Authors' Contributions

All authors have equally contributed to the research process and the development of the manuscript.

Declaration

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