

MINDFULNESS, ATTACHMENT STYLE AND CONFLICT RESOLUTION
BEHAVIORS IN ROMANTIC RELATIONSHIPS

By

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ABSTRACT

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Effective regulation of conflict requires a couple to talk openly about issues (Gottman, 1999). One of the ways these skills can be enhanced is through mindful awareness of what is happening in the present moment with the qualities of acceptance, openness and non-judgment (Brotto & Heimmin, 2007). However, differing attachment styles rooted in patterns learned in childhood may interfere with effective communication between couples. This study explored the differences in mindfulness qualities between various conflict regulation styles and attachment styles. Differences in relationship satisfaction were also examined in various conflict regulation styles. Seventy-nine individuals who have been in a monogamous relationship for at least one year and are co-habiting completed an online survey comprised of the Freiberg Mindfulness Inventory (FMI), Rahim Organizational Conflict Inventory-II (ROCI-II), Experiences in Close Relationships Inventory-Revised (ECR-R) and Multidimensional Relationship Questionnaire (MRQ). Results revealed significant differences in mindfulness and relationship satisfaction between conflict regulation styles. These results suggest that mindfulness qualities of openness, acceptance and non-judgment can be enhanced in clinical settings to improve conflict regulation outcomes and relationship satisfaction regardless of an individual's adult attachment orientation.

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INTRODUCTION

Intimate relationships can be one of the most fulfilling yet equally challenging commitments a person can experience. Conflicts that inevitably arise can be opportunities for partners to come to know themselves better and use that knowledge to enhance their interpersonal skills. The ability to solve or regulate conflicts can make a relationship stronger and help partners build a greater sense of closeness. The inability to repair or regulate conflicts can also break a couple apart. It is important to look at external variables to see how they may impact a couple's ability to repair ruptures in the relationship. Individual differences and communication are important factors that can influence relationship satisfaction and the ability of couples to overcome obstacles. Although conflicts are unpleasant and many individuals try to avoid discussing them, understanding the dynamics involved and using problem solving together can greatly contribute to relationship quality and satisfaction.

According to John Gottman (1999), effective regulation of conflicts requires a couple to talk openly about the issue without shutting down, to solve minor issues, and to physiologically sooth themselves. One way that these skills can be acquired is through mindful awareness during interactions with others. Bishop et al. (2006) proposed a definition for mindfulness that has been used in published research (Elder, 2010; Hardgrave, 2010). The first component of the definition involves the self-regulation of awareness to the present moment which increases recognition of mental processes occurring in the immediate experience. The second component involves embracing a

state of openness, curiosity and acceptance of the present moment. Current research has established positive effects of mindfulness interventions on relationship quality and satisfaction, specifically in general communication between couples, sexual functioning, and behavioral interactions (Brotto & Heiman, 2007; Brotto, Krychman, & Jacobson, 2008; Carlson, 2008). Correlational research has also found significant positive relationships between mindfulness traits within an individual and increased coping skills, emotional intelligence and overall wellbeing (Specia, Carlson, Goodey, & Angen, 2000; Carlson, 2008; Weinstein, Brown, & Ryan, 2009). Previously established research on mindfulness has shown versatility in many positive aspects of physical health and psychological wellbeing (Praisman, 2008).

There has been minimal research linking “mindfulness” and “conflict resolution behaviors” together in research databases. This indicates that there might not be much research established regarding the application of mindfulness techniques when resolving conflicts. Applying acceptance and non-judgmental aspects of mindfulness in conflict resolution may serve as an effective tool for individuals to get through problems more collaboratively. Using mindfulness techniques in clinical settings has promise in helping individuals achieve optimal functioning in their relationships despite maladaptive features in their communication skills and behaviors.

REVIEW OF LITERATURE

Relationships

Attachment style

The manner in which people interact with their significant other is greatly influenced by a multitude of overt and covert triggers and/or events in the environment. Siegel and Hartzell (2004) argue that those triggers elicit a unique experience within each individual that impacts physical, psychological and behavioral functions. Adult attachment style is part of an individual's perceptual framework that contributes to the way people respond to triggers and communicate with others. It plays a large role in how people express themselves, respond to others and the environment, and also shapes the expectations that one places on others. Adult attachment styles are usually rooted in attachment patterns learned in childhood with a caretaker (Hazan and Shaver, 1987 cited by Fraley, 2010). By watching and responding to family interactions and patterns, people learn a set of behavioral rules to follow so their needs can get met. These rules also function as a guide to teach individuals to protect themselves from aversive engagement with others (Goldenberg & Goldenberg, 2008).

Ainsworth describes attachment as an affectionate bond that is formed between a mother and child. Ainsworth & Bell (1970) conducted the well-known "strange situation" experiment, and identified 3 distinct reactions that young children emitted when their mother briefly left them alone in a playroom and returned. Securely attached children felt comfortable leaving the proximity of the mother and explored the playroom while

occasionally returning to their mother. When their mother left the playroom, the child displayed distressed behaviors and expressed happiness toward their mother when she returned. Anxious-ambivalent children were hesitant to leave their mother's side and explore the playroom. When their mother left the playroom the child exhibited extreme distress. When their mother returned, the child wanted to be close to her but appeared upset with her and displayed resentful behaviors. Lastly, anxious-avoidant children did not explore the playroom but sought little attention from their mother. They displayed little emotion or interest in their mother's presence and reacted the same way when she left the room and returned (Ainsworth & Bell, 1970).

These behaviors that were formed early on are indicative of the relationship that was constructed between the mother and child. Securely attached individuals learn that their mothers are a secure and stable-base who quickly responded to their needs. Therefore they feel comfortable leaving her side to explore. Insecurely attached children do not experience their mothers as secure and stable bases so they have learned that the chances of getting their needs met are inconsistent. They have learned that their mothers are often unavailable in meeting their needs so they respond with either clinging onto their mothers or cutting themselves off from their mothers emotionally (Ainsworth & Bell, 1970).

Main and Soloman (1986) added a fourth attachment to Ainsworth's insecure attachment styles called the disorganized/fearful insecure attachment. These children are characterized by responding to their guardian with both anxiety and avoidance. Typically, these children view their caretakers as a source of comfort and a source of fear; therefore

they emit mixed signals when responding to their parents; they want to be comforted by them and are fearful of them at the same time. Children expressing disorganized attachment behaviors are associated with abuse and neglect situations in the household (Siegel & Hartzell, 2004). As adults they can often appear dazed or disoriented as well as express extreme rage or anger in times of stress (Siegel & Hartzell, 2004).

Brennan, Clark, & Shaver, (1998) further described attachment style as bidimensional constructs. The two dimensions of attachment consist of attachment-related anxiety and attachment-related avoidance. This model describes individuals as scoring high or low in each dimension separately, which forms 4 different attachment styles. For example, an individual who scores high on attachment-related anxiety and low on attachment-related avoidance would be identified as an individual with an anxious attachment. An individual who scores low on attachment-related anxiety and high on attachment-related avoidance would be identified as an individual with an avoidant attachment style. An individual scoring high on attachment-avoidance and high on attachment-anxiety would be identified as an individual with a disorganized/fearful attachment style. Lastly, an individual scoring low on attachment-related anxiety and low on attachment-related avoidance would be identified as an individual with a secure attachment style. This model recognizes attachment behaviors in a dimensional manner rather than categorical (Brennan, Clark, & Shaver, 1998).

Fraley (2010) discusses a brief synopsis of research done on romantic adult attachments and how they relate to attachment bonds formed in childhood with a caregiver. Hazan and Shaver (1987; in Fraley, 2010) administered a self-report

questionnaire to participants that contained 3 separate paragraphs that described 3 attachment styles (secure, ambivalent, avoidant) related to adult relationship behaviors. The paragraph that describes ambivalent insecure attachment states, “I find that others are reluctant to get as close as I would like. I often worry that my partner doesn't really love me or won't want to stay with me. I want to get very close to my partner, and this sometimes scares people away”. The paragraph describing avoidant insecure attachment states “I am somewhat uncomfortable being close to others; I find it difficult to trust them completely, difficult to allow myself to depend on them. I am nervous when anyone gets too close, and often, love partners want to be more intimate than I feel comfortable being.” The paragraph describing secure attachment states “ I find it relatively easy to get close to others and I am comfortable depending on them and having them depend on me. I don't often worry about being abandoned or about someone getting close to me.” Participants were asked to mark the paragraph that described them the best. Results indicated that 56% of participants identified with having secure attachment behaviors, while 19% identified with ambivalent attachment behaviors and the other 25% identified with avoidant attachment behaviors. These findings were similar to the general distribution of attachment styles observed in infancy (Fraley, 2010).

There is still an opportunity for an individual to shift from an insecure attachment style to a secure attachment style in adolescence and adulthood. Earned-secure attachment is when an individual overcomes the impact of negative parenting histories or distressing childhood events and associates with secure attachment orientations as an adult. An individual who earns secure attachment is likely to break the intergenerational

cycle of parenting behaviors that contribute to insecure attachment (Roisman, Padron, Sroufe, & Egeland, 2011).

Individuals with earned-secure attachment orientations in adulthood have endured greater maladaptive parenting histories or distressing childhood events compared to continuous-secure attachments, indicating a transition in attachment orientation at some point in development (Roisman et al., 2011). Earned-secure individuals seem to parent just as effectively as continuous-secure individuals in that they are attuned and emotionally connected with their children (Paley et al., 1999; in Roisman et al., 2011). The difference between earned-secures and continuous-secures is that earned-secures tend to display more depressive symptomology and internalize more distress in adulthood than those with continuous secure attachments (Roisman et al., 2011). Earned-secures display the ability to regulate their emotions more effectively in an argument and have more satisfying romantic relationships than individuals with insecure attachments, which indicates that previous behavior associated with insecure attachment styles can shift in adulthood (Paley et al., 1999; in Roisman et al., 2011).

Individuals are likely to activate attachment behavior during times of high stress (Mikulincer and Shaver, 2003). Some of these behaviors are maladaptive coping mechanisms and can create internal and external problems. For example, those with attachment avoidance tend to distance themselves from the stressful stimuli and be less likely to seek out social support from others. Interestingly enough, those with anxious-ambivalent attachment display similar patterns of coping, possibly to self-regulate their intense emotions around the event (Holmberg, Lomore, Takacs & Price, 2011).

Availability and quality of social support systems significantly decrease stress severity, and although perceived availability of social support mediates attachment style and support-seeking behaviors, securely attached individuals are more likely to perceive more social support than those with an insecure attachment (Ognibene & Collin, 1998).

Distance (avoidance) coping is associated with greater incidence of substance use in adulthood and is observed in each of the insecure attachment styles (Billings & Moos, 1981; Holahan & Moos, 1981; Ognibene & Collin, 1998). Individuals with insecure attachment styles may have a greater likelihood of emitting maladaptive coping styles in times of high stress.

Research done on attachment style has demonstrated how patterns of behavior that were developed early in the lifespan affect behaviors later on. The development of these behavioral patterns affects the way people perceive and respond to their environment. In intimate relationships, attachment style coping mechanisms present themselves more often, especially during high stress and conflict (Goldberg & Goldberg, 2008). High stress can trigger maladaptive behaviors associated with a particular attachment style, causing the individual to react in ways that exclude higher level processing in the brain (Seigel & Hartzell, 2004). Lower executive functioning and high emotionality during conflicts and stress can result in unsuccessful, and sometimes hostile attempts at resolving conflicts and can often leave issues unresolved for long periods of time (Seigel & Hartzell, 2004).

It can be presumed that attachment style patterns can be observed in the general population, and play a substantial role in relationship interactions and the way that

individuals cope and respond to stressful events. Information on attachment styles can give clinicians insight into the approach in treating individuals, and to gain a greater understanding of the individual's perspective. In relationship counseling, information on attachment style behaviors can lend clinicians and clientele insight regarding the dynamics between the couple and what might be contributing to problems in their communication (Tatkin, 2011). For example, if one partner emits avoidant behaviors while the other partner demands discussing issues that arise, it may create resentment and feelings of neglect within the relationship because neither partner's needs are being met.

Communication

Physical and emotional intimacy is one of the most cherished and rewarding aspects of any relationship. It is one of the ways in which a person feels appreciated and loved by another. Intimacy is a close, familiar, and usually affectionate or loving personal relationship with another person and can be attained by building a trusting and open repertoire. It is crucial for couples to communicate on a variety of topics so that both persons may build a friendship, feel understood, and minimize hostility and resentful feelings (Gottman, 1999).

Research on general communication effectiveness among couples is related to positive relationship variables. Wachs & Cordova (2007) conducted a study that proposed increased mindfulness traits in an individual could predict greater emotional repertoire skills and greater marital satisfaction. The authors also proposed that greater emotional repertoire skills would predict greater marital satisfaction, and that emotional repertoire

would mediate the relationship between mindfulness and marital satisfaction. Emotional repertoire was defined as the “enactment of emotions” in the context of intimate relationships and mindfulness was defined as “conscious attending to the present moment” (Wachs & Cordova, 2007).

Greater mindfulness predicted greater marital satisfaction, empathic concern, perspective taking, lack of personal distress, controlling the outward expression anger and the ability to diminish anger within (Wachs & Cordova, 2007). Mindfulness also predicted less aggressive behavior and impulsive reactions during conflict (Wachs & Cordova, 2007). Less difficulty identifying and communicating emotions, as well as less outward expression of anger, aggressive behaviors and impulsive reacting predicted greater marital satisfaction (Wachs & Cordova, 2007).

Emotional repertoire skills mediated the relationship between mindfulness and marital satisfaction on identifying and expressing emotions. When controlling for couples’ mindfulness, anger reactivity uniquely contributed 20.4% of the variability in couples’ satisfaction. When controlling for both couples’ mindfulness and anger reactivity, identification/communication of emotions uniquely contributed 24.7% of variability in marital satisfaction (Wachs & Cordova, 2007). Therefore, the ability to control, tolerate and thoughtfully express negative emotions, especially feelings related to anger, demonstrated greater marital satisfaction regardless of couples’ mindfulness. (Wachs & Cordova, 2007).

Another aspect of relationship communication is sexual communication. In romantic relationships, sexual satisfaction predicts greater overall relationship

satisfaction, love, commitment and stability (Sprecher, 2002). Sexual communication between couples predicts greater sexual satisfaction and overall relationship satisfaction over and beyond the quality of general communication between couples (Montesi, Fauber, Gordon, & Heimberg, 2010). As sex is an important variable in overall relationship satisfaction, couples would greatly benefit from incorporating sexual communication regularly.

Another aspect of communication is attributions. Attributions are ways people interpret information and react to stimuli to understand their own behavior and other people's behavior (Bradbury & Fincham, 1992). The way that individuals in a relationship interpret the other's verbal and non-verbal behavior will likely have an impact on the effectiveness of their communication and ability to resolve conflicts. There is a large amount of research studying attributions in relationships and how these interactions can either maintain relationship distress or enhance relationship wellness.

Attributions made about one's partner predict relationship satisfaction. Positive attributions made about partners predicts greater relationship satisfaction where negative attributions made predicts less relationship satisfaction (Smith, 2011). Partner attributions also partially mediate depressive symptoms on relationship satisfaction. Depressive symptoms predict less relationship satisfaction, but positive attributions made about partners buffer depressive-symptom effects on relationship satisfaction (Smith, 2011). Individuals who attributed their partners' behaviors as facilitative, and less dominating and controlling of the others' emotions during a highly stressful event predict greater

relationship satisfaction in men and women, and greater emotional balance within a relationship (Waldinger & Schulz, 2006).

Emotional balance in a relationship predicts attributional outcomes, and changes the impact of relationship satisfaction on attributional outcomes (Waldinger & Schulz, 2006). When emotional balance is present in a relationship, it may act as a buffer against negative attributions that may be made about one's partner if there was less satisfaction in the relationship. Having emotional balance also increases the likelihood that an individual emits desirable attributional behaviors despite how satisfied the individual is in the relationship. Positive perceptions and proactive behaviors toward partners, especially during highly stressful events, will likely increase relationship satisfaction, communication skills and problem solving skills, and may also support a couple in resolving relationship concerns more efficiently (Gottman, 1999; Waldinger and Schulz, 2006).

Many people can benefit from knowledge about what attributions are and how they can effect general or momentary communication in interpersonal relationships. If an individual's internal understanding of their partner's behavior is usually negative, they might respond to their partner in a hostile or distanced manner more often. Hostile or distancing behaviors can also cause the other partner to respond in negative ways. Continuous negative responses from both partners may contribute to more conflict and severe ruptures within the relationship (Gottman, 1999; Seigel, 2004). Enhancing factors such as emotional balance and emotional intelligence may help couples shift negative attributions to positive attributions, which can enhance relationship communication and

quality (Waldinger and Schulz, 2006). The use of mindfulness techniques has shown to enhance emotional balance and emotional intelligence in individuals and may be used to help improve communication between couples (Wachs & Cordova, 2007).

Mindfulness

Conceptualization

Cultivating mindfulness is an ancient practice sited as far back as 2,500 BC in Buddhist texts. Eastern psychological principals conclude that the way to heal human suffering is to become aware of the way the human mind constructs human consciousness. Consciousness is a state of being in which one is aware of his/her existence, sensations, thoughts and surroundings. Awareness of how the mind makes sense of consciousness without judgment gives one insight as to what is truly occurring in their internal and external environment. All people can build their capacity to have sustained awareness of what is going on in each passing moment with practice; redirecting attention to present stimuli increases one's ability to regulate emotions and cognitions that contribute to psychological suffering (Didonna, 2009). Becoming aware of our mental patterns can uproot unconscious maladaptive habits of the mind and improve quality of life.

Mindfulness is a process in which an individual purposefully attends to and experiences each passing moment with a quality of openness, kindness, acceptance and curiosity (Kabat-Zinn, 2003). Attending to the present moment redirects one's thoughts and feelings about the past or the future to what is occurring in the immediate

environment, allowing the individual to see things as they really are in the here-and-now. When individuals ruminate about thoughts of guilt, shame or anger rooted in past events or thoughts of anxiety in future events, it may disable an individual from solving problems or disputes and fully experiencing life as it is in the present.

Worrisome thoughts about past or future events activate the body's sympathetic nervous system (SNS), which then releases stress hormones to get the body in "fight or flight" mode. Although this response is crucial to a species' survival in crisis situations, daily stresses of the modern world are not literally life threatening. Since the SNS can't distinguish a life threatening stressor from more frequent daily hassle stressors, the body is being flooded with stress hormones more often instead of only when a life-threatening situation is present. The constant release of stress hormones is correlated with various chronic diseases affecting the cardiovascular system, gastrointestinal system, endocrine system and immune system (Oplin and Hesson, 2007). Discovering associations between chronic stress and chronic diseases have lead health practitioners to become more aware of the interconnectedness of the mind and body. Researchers have gained a growing interest in the use of mindfulness techniques as an additional aide in medical and psychological treatment (See Figure 1).

Practicing mindfulness

It takes dedicated practice to train the mind to focus on each moment unfolding before our eyes. Meditation is the formal tool that builds the mental strength necessary to maintain a relaxed and attentive state of consciousness to our inner and outer environments. In order to understand the process of meditation, it is important to

conceptualize how the active mind functions (Olendzki, 2009). Olendzki (2009) explains the Buddhist model of the functioning mind:

According to the Buddhist model of the mind, consciousness takes a single object at a time and organizes various supporting mental functions around it. This can be constructed as a single episode of consciousness, which is essentially an event that takes place rather than something that exists. The knowing of a particular object by means of a particular organ arises in response to a stimulus, persists for a very brief moment and then passes away almost immediately. Another mind moment arises right away in response to another stimulus, and this too immediately ceases (p. 38).

Our perception of reality presents itself in streams of moments that construct our subjective experience like a movie. Meditation is a task in which one concentrates attention on a single stimulus through each frame of “our movie”. It is a bottom-up processing of information that focuses attention on basic sensory stimuli and discards previously constructed narratives, schemas and beliefs we might have about our experience (Didonna, 2009). It is also a process that trains one’s attention to revert back to the intended stimulus that is set in the beginning of practice such as the movement of breath. It is not an easy task, as it is natural for the mind to wander aimlessly amidst millions of thoughts and changing stimuli (Kabat-Zinn, 2009).

With continuous practice of meditation one is able to observe the mind and body’s reaction to stimuli. The ability to observe mental and physiological reactions to stimuli allows a moment for an individual to review the choices available in the way they

can respond to an event. They can also review what the consequences are for each response option. This builds emotional and social intelligence, self-efficacy, self-compassion and overall psychological wellbeing (Gilbert & Tirsch, 2009; Kocovski, Segal & Battista, 2009). The awareness of more choices allows for greater flexibility and access to inner resources in confronting various situations. One can also learn to healthfully dissociate oneself from negative events more easily as one begins to realize the impermanence of each passing moment.

There are numerous meditation methods that build the ability to be mindful more consistently in daily living. A Western conceptualization of meditation might be to “think about” one thing such as an image in the mind or a word. Eastern meditative practices also encourage the focus of attention on one stimulus, but usually draw attention to physical stimuli such as raw sights, smells, tastes and sounds (Olendzki, 2009). Some meditation forms incorporate movements or sounds like yoga, Qigong, Tai Chi or chanting. Other forms involve sitting or standing still with the eyes closed and inwardly observing the body, or with the eyes open while passively observing outer stimuli. Formal meditation can be accomplished by practicing in a quiet and comfortable place alone, in a group setting or in a retreat-like setting. With more practice, one can more easily surrender to a place of peace and relaxation within and recreate this place any time he/she desires. This place within all human beings is where one can discover the core of our true nature beyond the complexities of the mind (Olendzki, 2009).

If formal meditation is practiced then daily tasks can be more easily accomplished in a mindful way. This is considered to be informal meditation (Olendzki, 2009). For

example, washing dishes with attention to the way the water feels to the touch, the weight of each dish, the smell of the dish soap, the texture of the sponge and how the sponge glides on the dish surface etc. is a mindful way to accomplishing a simple task. Many have had the experience of wanting to do anything else but wash dishes. They may go about doing this task in a hostile way, thinking about how much they hate doing dishes, that they are no good at doing dishes and that they would rather be doing something else. This reactive mindset not only floods the body with stress hormones but also poisons the mind with negativity. When mindful, one can choose to respond in a positive way, be open to any experience with curiosity as if it were being done for the first time and immerse oneself in the present experience. Either way the dishes get done, but the quality of the experience changes and reinforces beliefs about the experience (Thich Nhat Hanh, in Nichtern, E., 2007).

It is common for people think about other things while doing simple tasks. For example, many people have had the experience of arriving home while thinking about what they are going to do next or what needs to be done. As they are thinking about the tasks that need to be accomplished, they unconsciously set their keys or phone down somewhere and later on do not remember where they put them. The action of placing the object down was not consciously registered by the mind because it was preoccupied with other thoughts. This frustrating scenario occurs more than once for most and is indicative of how frequently people act unconsciously. Although losing keys poses virtually no harm to the self or others, there are situations that can pose great harm when acting unconsciously like driving while talking on the phone. Unconscious acting is a habitual

pattern worth observing because it gives one greater control of their unconscious response to the surrounding environment (Oplin & Hesson, 2007).

Clinical research

Research on mindfulness and meditation has exponentially increased in the last 30 years (See Figure 1). Neuroimaging research established on the mindful brain has shown unique results in neural activity, as well as cognitive and behavioral aspects of the brain. Studies of attention indicate that mindfulness meditation improves the ability to sustain attention (Jha et al., 2007; in Treadway & Lazar, 2009), reserve attentional resources (Slagter et al, 2007; in Treadway & Lazar, 2009) and detect unexpected stimuli (Valentine & Sweet, 1999; in Treadway and Lazar 2009). Meditation has also been shown to decrease the tendency to habituate to stimuli that are constantly present, indicating “greater sensitivity and awareness” to external stimuli (Kasamatsu & Hirai, 1973; in Treadway and Lazar, 2009).

EEG studies of meditation practitioners who focused on deep relaxation while meditating displayed significantly higher base levels of alpha and theta band waves, which is associated with rest and sleeping. Meditation practitioners who focused on deep concentration showed greater alpha and beta band activity. These studies indicate that various forms of meditation effect neural activity in different ways (Treadway & Lazar, 2009). The anterior cingulate cortex (ACC), responsible for the integration of attention, motivation and motor control has shown to be more active in those who practice meditation (Holzen et al., 2007; in Treadway and Lazar, 2009). The insula, a region

responsible for “gut” feelings and intuition, is also activated during meditation, possibly due to the meditator’s attention to changing inner states (Treadway & Lazar, 2009).

Practicing meditation has also shown to be responsible for long-term changes in the brain’s structure. Lazar et al. (2005) conducted a study that compared the cortical thickness of 20 long-term meditators and 15 control participants who were matched for age, gender, race and years of education. An fMRI showed increased thickness in the prefrontal cortex, anterior insula and sensory cortex for meditators. Hozel et al. (2010) conducted a controlled longitudinal study that measured gray matter concentration in 16 people who participated in a Mindfulness-Based Stress Reduction (MBSR) intervention program. Pre-post intervention measures were taken and compared to 17 wait-listed individuals. The results indicated that there were greater concentrations of gray matter within the left hippocampus and other regions of the brain involved in learning, memory, emotional regulation, self-referential processing and perspective taking in the participants that underwent the MBSR intervention compared to the wait-list group (Hozel et al., 2010; in Treadway and Lazar, 2009).

Perhaps biological changes in the brain attributed to meditation practice also have an effect on the way people socially interact. Parts of the brain associated with interoception (awareness of internal sensations) and sensory processing have shown to thicken due to meditation (Edwards & McMahon, 2006). The ability to be aware of internal sensations may be helpful in diffusing intense emotions during a fight with one’s partner because one would be able to detect increasing arousal quicker. John Gottman works with diffusing arousal in couples by placing diffuse physiological arousal (DPA)

detectors on clients while they talk about issues of concern. When the detector goes off, it indicates that their heart rate is in an aroused state and the client is supposed to stop and self-soothe before continuing discussion about their issue (Gottman, 1999). It appears that meditation helps with building an internal DPA detector, as the region in the brain associated with internal sensory awareness grows with increased meditation practice.

Meditation is also associated with increased concentration of gray matter in the brain, which is associated with greater emotional regulation and perspective taking (Holzel et al., 2011). Emotional regulation and perspective-taking can greatly improve general communication and regulating conflict (Wachs & Cordova, 2007). Physically building these areas in the brain could promote greater emotional intelligence and communication skills that can assist with greater social competence on a more permanent basis since the brain appears to be structurally changing via meditation practice.

John Kabat-Zinn first introduced Mindfulness-Based Interventions (MBI) to Western medical practices in 1979. Kabat-Zinn developed Mindfulness-Based Stress Reduction (MBSR) as supplemental aide to populations suffering from various painful medical conditions such as chronic back pain, psoriasis, cancer, arthritis and fibromyalgia. MBSR is an 8-week program that requires patients to practice daily meditation and write daily journal entries about their healing progress, emotions, physical abilities and cognitions. It is designed to shift negative thoughts and fears around an illness and decrease stress levels in individuals seeking medical treatment (Kabat-Zinn, 2003). Today MBI's have expanded to treat other health conditions aside from pain and interpersonal issues. Some of the more recognized interventions include Mindfulness-

Based Cognitive Therapy (MBCT), Acceptance and Commitment Therapy (ACT) and Dialectical Behavior Therapy (DBT). Newer MBI's include Mindfulness-Based Relationship Enhancement (MBRE), Mindfulness-Based Sex Therapy (MBST) and Mindfulness-Based Art Therapy (MBAT) (Didonna, 2009).

MBSR intervention has shown to significantly decrease mood disturbance and perceived stress, and quality of life and immune functioning in prostate and breast cancer patients when compared to a waitlist group (Specia, Carlson, Goodey, & Angen, 2000; Carlson, Specia, Faris, & Patel, 2007). MBSR has also shown to significantly improve mental and physical health related quality of life and global severity of psychological symptoms in patients experiencing chronic pain. Greater time spent practicing mindfulness meditation at home was correlated with greater reduction in overall psychological distress, somatization symptoms, role limitations due to emotional problems and increases in general health and social functioning (Rosenzweig, Greeson, Reibel, Green, Jasser, & Beasley, 2010).

The studies reviewed above show a significant improvement in medical and psychological symptoms in treatment conditions over time compared to control group conditions. These results could be attributed to the mere fact that the treatment groups did something active about their symptoms while the control groups did not. These findings may imply that practicing mindfulness techniques can play a role in changing the physiological events related to stress. Practicing mindfulness techniques might also give patients a way to change their perspective on the stress they are experiencing around their

medical concerns which can improve recovery outcomes (Shapiro, Shapiro, & Schwartz, 2000).

Mindfulness-Based Cognitive Therapy (MBCT) is a clinical intervention which focuses on the awareness of cognitive aspects of one's experience rather than reducing stress. Segal, Williams and Teasdale (2002) originally developed MBCT to treat depression and is also currently used to treat populations with a variety of psychological disorders (Barnhofer & Crane, 2009). Both MBCT and MBSR are similar in procedure as they are both 8-week programs that require practice at home and both interventions teach subjects to be aware of their present experience through formal and informal meditation exercises (Barnhofer & Crane, 2009). Similar to CBT techniques, MBCT focuses on the cognitive patterns that cause clients psychological distress and teaches clients to perceive thoughts as events rather than facts. The difference is that MBCT has clients practice being in the immediate experience of passing mental events via non-judgmental and conscious awareness rather than actively changing or analyzing thought patterns (Barnhofer & Crane, 2009).

MBCT has shown to significantly decrease depression symptoms and anxiety in bipolar and unipolar patients when compared to a control group (Williams et al., 2008). Significant improvements in mood, amount of daily hassles, severity of daily hassles and mindfulness skills were apparent in psychiatric outpatients with mood or anxiety disorders after a MBCT intervention (Green & Beiling, 2012). Studies that used MBCT for relapse prevention on depressed patients found a significant decrease in relapse rates of depressive episodes, which suggests that MBCT is an effective treatment for relapse

prevention episodes for patients experiencing recurring depression and suicidal depression (Teasdale et al., 2000; Ma & Teasdale, 2004; in Barnhofer & Crane, 2009).

Acceptance and Commitment Therapy (ACT) is a therapeutic method that uses figurative language and experiential techniques to help clients decrease experiential avoidance and be more accepting of all types of human experience. It is common for people to actively focus on avoiding an experience or event that is unpleasant, and in the process of avoiding they tend to manifest what they are trying to avoid even more (Verra, Drossel & Hayes, 2009). For example, the more someone tries to avoid feelings of anxiety, the more they might experience anxiety in the long run. ACT theory suggests that human suffering and discomfort is a result of the way language is interpreted. Metaphors are used in therapy to lessen the impact of language and thoughts on the context of an experience, amplify the importance of individual experience by creating a flexible and collaborative relationship with the therapist, to increase mindfulness by doing exercises which increase acceptance, diffusion, and focus on the present moment (Verra, Drossel & Hayes, 2009).

ACT therapy does not seek to alter or terminate thoughts, emotions or memories like CBT, but focuses on changing the degree to which thoughts, emotions and memories evoke certain behaviors through acceptance and being with the present experience. ACT techniques target the process of psychological flexibility, which encompasses acceptance of pain, general psychological acceptance, mindfulness and values-based action (Varra, Drossel & Hayes, 2009). Clinical trials that applied ACT techniques to treat participants with chronic pain conditions show an increase in psychological flexibility. Studies also

showed a reduction in depression, pain-related anxiety, physical and psychosocial disability, medical visits, and pain intensity in comparison to the start of treatment (McCracken & Gutierrez, 2011).

Dialectical Behavior Therapy is a principal-based psychosocial treatment developed for individuals diagnosed with Borderline Personality Disorder (BPD); a disorder characterized by a “pervasive pattern of instability of interpersonal relationships, self-image and affects, and impulsivity beginning in early adulthood...”(APA, 2000). The treatment is widely used because of its strong empirical support; inclusion of biological, social-environmental, spiritual and behavioral aspects in a way that is congruent with many cultural backgrounds; integration of acceptance and change strategies; and addresses the therapists need for support while treating a challenging population (Rizvi, Steffel, & Carson-Wong, 2012).

DBT is guided by 3 theories: the biological-social theory, behavioral theory and dialectical theory. The bio-social theory suggests that emotional dysregulation due to biological factors interacting with an invalidating environment maintain maladaptive behaviors and emotional lability in individuals with BPD. DBT is guided by behavioral theory in that all behaviors have a cause, and that problem behaviors are caused by deficiencies in skills, and in emotional and cognitive processing. Interventions that build behavioral, emotional and cognitive skills can decrease problematic behaviors and increase adaptive behaviors when negative internal and external stimuli are perceived. Dialectical theory posits that two opposing forces can be present at one time within an individual or environment. The main dialectic used in DBT is between changing

behaviors and accepting reality and the self as they are. Dialectics used in therapy can elicit change in client's thinking and move clients past an area of resistance (Rizvi, Steffel, & Carson-Wong, 2012).

Randomized controlled trials (RCT) for 12 month DBT treatment on BPD populations shows reductions in frequency and severity of self-injurious behaviors, inpatient hospitalization, treatment drop-out, and reduction in anger, depression, suicidal ideation and hopelessness compared to typical treatment protocol (Koons et al., 2001; Linehan et al., 1999; Linehan, Armstrong, Suarez, Allmon, & Heard, 1991; van den Bosch, Koeter, Stijnen, Verheul, & van den Brink, 2005; Verheul et al., 2007; in Rizvi, Steffel, & Carson-Wong, 2012). RCT for 6-month administrations of DBT have also shown to be efficacious in BPD populations in reducing self-harming behaviors, hopelessness, depression and frequency of hospitalizations (Rizvi, Steffel, & Carson-Wong, 2012). Other populations that DBT has been adapted to treat include individuals with substance abuse disorders, individuals with eating disorders, adolescents, the elderly, individuals with ADHD, and individuals in correctional and forensic settings. RCT's on DBT for these populations have shown to be effective in treating major symptoms, and significant increases in adherence to treatment and reductions in drop-out rates for all populations described above (Rizvi, Steffel, & Carson-Wong, 2012).

The application of MBI's has shown to be effective in randomized, experimental studies across a variety of populations over a short time period. Correlational studies also suggest that cultivation of mindfulness is associated with many aspects of improved health. Since mindfulness interventions seem to be effective in high-stress clinical

populations (i.e. cancer patients, Borderline Personality Disorder), it may be the case that these techniques can be easily used in populations experiencing less stressful life events. Growing research on the effectiveness of mindfulness via interventions and workshops seems promising in promoting many more aspects of mental, physical, and social health. A large amount of literature on mindfulness interventions pertains to its usefulness in patients with medical concerns. More current research is observing how mindfulness interventions can be utilized in populations experiencing psychological and relationship concerns. Mindfulness intervention administered by marriage and family therapists, licensed professional counselors and psychologists can potentially improve partner's understanding and acceptance of one another, as well as reduce perceived negative thoughts and communication patterns between partners.

It is pertinent that professionals in clinical settings, especially those who implement mindfulness-based interventions, also practice mindfulness on their own (Woods, 2009). Although training is required to implement MBI's, delivering the techniques to clients is best when it comes from the clinician's authentic way of being to gently and compassionately bring the client back to the present moment, or help guide clients toward body/mind awareness (Woods, 2009). Mindful practice is an experiential process where one works toward acceptance of the nature of the mind, body, sensations and emotions with curiosity, openness and non-judgment. Therefore, delivering only the intellectual piece of mindfulness intervention is delivering only part of the full practice. One must have practice in being able to observe the mind and body sensations in a mindful way before processing those experiences (Woods, 2009).

Some qualities thought to make an effective clinician are possession of self-insight, presence, flexibility, warmth, acceptance and compassion (Norcross, 2011). Being aware of counter-transference and triggers while in session with clients is also pertinent for effective therapy outcomes (Yalom, 2002; Norcross, 2011). Mindful awareness is an effective vehicle to cultivate the qualities of an effective clinician, and enhance one's ability to recognize and observe internal reactions to clients so effective treatment can flourish.

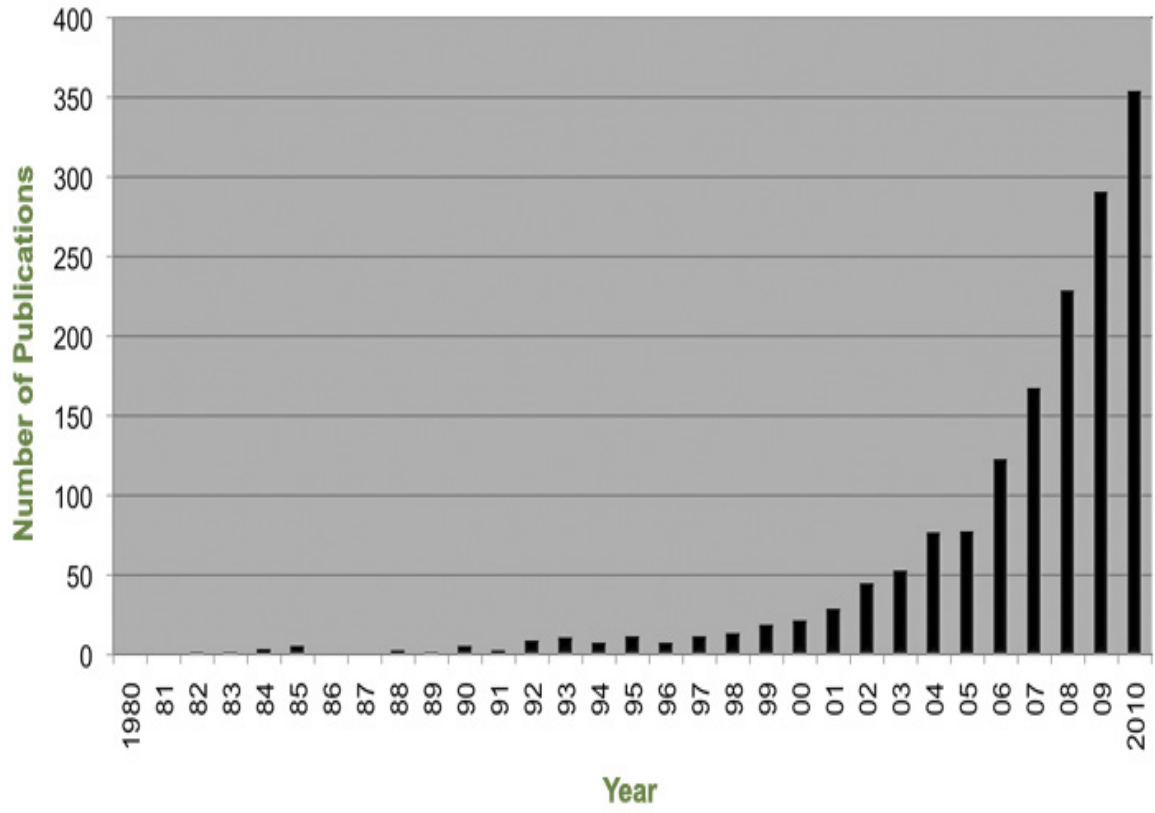


Figure 1

Growth of published mindfulness research between 1980 – 2010.

STATEMENT OF THE PROBLEM

It is no surprise that conflict resolving abilities in persons involved in romantic relationships contribute immensely to relationship satisfaction, stability and quality (Roberts, 2000; Savverda & Chapman, 2010). During the course of a marriage only 31% of conflicts are resolved, contributing to increased levels of marital discord, depression, anxiety, avoidance and resentment in the relationship (Caughlin, Huston, & Houts, 2000; Oplin & Hesson, 2010; Uebelacker, Courtnage, & Whisman, 2003; Whisman, 2001). Unresolved conflicts in marriages can partially be attributed to poor communication, hostile reactivity and negative behaviors such as withdrawing from a conflict or making demands while addressing an issue (Roberts, 2000). Determining the factors that contribute to unresolved conflicts or poorly resolved conflicts in marriage may help distressed couples gain insight as to how to address conflicts more effectively.

Attachment Styles

One way to investigate why conflicts remain unresolved in relationships is by observing individual behavior patterns when conflicts arise. Research suggests that adult attachment style can predict particular patterns of behavior during conflict with a partner. Bowlby (1969) described attachment styles as an internal working model that creates representations of the relationship between the self and others (as cited in Shi, 2003). A

secure working model facilitates trust in others and belief that the environment is a safe place. Insecure working models dictate mistrust and uncertainty of the environment around them, causing distress in the individual. Individuals with a secure attachment style are more likely to emit positive behaviors that increase the likelihood of resolving a conflict in a way that satisfies both persons involved. Anxious or avoidant individuals are more likely to emit behaviors that increase conflict turmoil. For example, anxiously attached individuals might display hostile responsiveness, while avoidant individuals might distance themselves from their partner or from addressing the issue (Cocoran & Mallinckrodt, 2000; Shi, 2003). One could argue that an individual may have negative associations about resolving a conflict if their partner emits behaviors that are likely to make the conflict worse. Negative internal associations created about resolving a conflict may make an individual less willing to engage in solving problems. For example, if one's partner always criticizes them when conflict arises, it is less likely that the individual being criticized will want to engage in resolving a conflict again.

Attachment styles are reinforced through various interactions with others, especially interactions that are perceived as stressful or threatening (Shi, 2003). One could argue that when an issue arises between couples, it is likely that their problem-solving behaviors will be dominated by characteristics of their attachment style. Each individual's unique attachment style may play a role in conflict resolution outcome.

Conflict Resolution Behaviors

Five common behavioral patterns in conflict resolution have been observed and measured in multiple studies. Each behavior pattern is a combination of the high or low degree to which an individual wishes to satisfy the concern for themselves and the concern for others regarding the conflict. A high concern to meet the needs of the self and the other is associated with emitting integrative (collaborative) behaviors. Opposite of that, a low concern to meet the needs of the self or others is associated with avoidant behaviors during conflict. A low concern to meet others' needs and a high concern to meet the needs of the self is associated with dominating (competitive) behaviors. Opposite of that, obliging (accommodating) behaviors are associated with a high concern to meet the needs of others' and a low concern to meet the needs of the self. Lastly, when an individual falls in the middle of wanting to meet their needs and the needs of the other, they are likely to compromise (Rahim, 1983). The Thomas-Killman Mode Instrument (TKI) and Rahim's Organizational Conflict Inventory (ROCI-II) both successfully measure conflict resolution in these observed patterns (Ben-Yoav & Banai, 1992).

It can be argued that different adult attachment styles will be more prone to emit certain behavior patterns when in high stress situations. Anxious-ambivalent individuals may be more likely to emit obliging or dominating behavioral patterns when addressing a conflict. Anxious-ambivalent individuals are likely to communicate with their partner but it could be in ways that are overbearing or incongruent. Avoidant individuals are likely to emit avoidance behaviors and lack communication. Securely attached individuals are

likely to emit integrative and compromising behaviors when resolving a conflict because they have greater perspective-taking abilities and less aggressive or avoidant behavior patterns when resolving a conflict (Cocoran & Mallinckrodt, 2000; Shi, 2003). The use of integrative behaviors while resolving conflicts is associated with increased marital satisfaction, interpersonal enjoyment and feelings of growth in a relationship (Berg, Schindler, Smith, Skinner & Beveridge, 2011).

Mindfulness

Welwood (2008) describes a shift in the meaning of marriage from that of function to feeling. Traditional marriage was greatly influenced by community (i.e., religion) and bearing children to serve as an economic asset to the family trade and to carry on the family name. Today in mainstream culture, the main reason for couples to marry is because they are deeply in love and want to share a life together. Modern marriages also have the least amount of community support and extrinsic motivation for keeping a marriage together. As flighty romantic feelings dwindle throughout the course of a marriage, there is little to support the couple and in these marriages often the result is divorce; the motivating feeling of love for the other person is no longer present (Welwood, 2008).

Welwood (2008) suggests that since marriage is now focused on the intimate interpersonal relationship between two people, it is a great opportunity for the meaning of marriage to shift toward a “conscious relationship” and a vehicle toward spiritual growth

and understanding of true human nature. When people are in a relationship they are able to see their unconscious patterns more clearly (Welwood, 2008). Partners are likely to trigger sensitive and maybe repressed areas within their significant other and challenge their learned patterns of behavior in situations occurring in the present (Siegel & Hartzell, 2004; Welwood, 2008). It also gives one the opportunity to see beyond illusory beliefs in schemas that past experiences, society and the self has constructed. For example, if an individual's unconscious pattern has been to distance themselves from people they perceive are getting too close to them, it can be brought to the attention of that individual by their partner, which can facilitate introspection and growth in that area (Welwood, 2008).

When unconscious behaviors come into consciousness, direct contact with dissociated parts of the self is possible. As dissociated parts of the self are accepted and integrated into the whole person, it enables one to develop the most universally valued human traits: generosity, courage, humor, tenderness, strength and patience (Welwood, 2008). The more accessible these qualities are, the more one can fully embrace whatever life presents, whether it is tragic or joyous. When all parts of the self are displayed to a significant other, we are challenged to be present with insecurities that may arise in their company (Welwood, 2008). The healing part of this process is for a significant other to accept one despite all of the insecurities that are now at the surface level. One becomes more conscious of a true human experience when one includes all emotional states in their experience with acceptance and openness (Kabat-Zinn, 2009). When one can accept what they are experiencing, space for negative experiences can be tolerated, which makes

stressful events easier to handle. The ability to trek through the ups and downs of life with a partner leads to a new level of intimacy in the relationship with another and with oneself (Welwood, 2008).

A surge of clinical research is exploring mindfulness as a way to enhancing intimate relationships. Mindfulness has been shown to predict greater emotional repertoire skills, specifically in perspective-taking abilities, empathic concern and ability to diminish anger (Wachs & Cordova, 2007). Evidence also suggests that the use of mindfulness techniques in clinical settings enhances emotional balance and emotional intelligence in individuals, which may be used to help improve general communication between couples (Wachs & Cordova, 2007). Mindfulness interventions have also shown significant improvements in relationship satisfaction, autonomy, acceptance of the other, relatedness, closeness, and relationship distress in Randomized Controlled Trials (RCT) (Carlson, 2006).

Greater sexual communication has also been shown to enhance relationship satisfaction and sexual satisfaction (Montesi, Fauber, Gordon, & Heimberg, 2010). Sexual communication tends to be overlooked or neglected between couples due to fear of humiliation or rejection by the other partner, as well as cultural and gender stigmas related to sex (Metts & Spitzberg, 1996; Montesi, Fauber, Gordon, & Heimberg, 2010). Mindfulness meditation has been shown to regulate the sympathetic nervous system, which is responsible for the onset of fear, and has also predicted greater emotional tolerance during uncomfortable situations (Oplin & Hesson, 2007; Seigel, 2007; Kabat-

Zinn, 2009). Mindfulness techniques in therapy may be an effective tool in facilitating sexual communication between couples that find sexual issues difficult to talk about.

Although these studies show favorable findings of trait mindfulness in general communication between couples, little to no research has been done on trait mindfulness and conflict resolution behavioral patterns. Past research on mindfulness in relationships has measured mindfulness in the cognitive context of present-moment awareness. Other mindfulness traits worth researching that are possibly inherent in some individuals are acceptance and non-judgment (Wachs & Cordova, 2007). These traits could arguably play a role in conflict resolution outcomes because the ability to be accepting and non-judging when hearing a partner's perspective may decrease the likelihood of negative reactivity and criticism. Limitations described in other research done on mindfulness in romantic relationships has pointed out that there is a need to look at acceptance and non-judgmental attributes in individual subjects (Wachs & Cordova, 2007). If there is a notable positive relationship between mindfulness attributes and problem solving behaviors, clinicians may be able to teach clients new ways to improve conflict resolution skills as well as individual functioning.

Finally it seems important to address the relationship between mindfulness and adult attachment style. Since research on attachment styles is well established, determining needs for mindfulness for different attachment styles can provide more insight for clinicians when helping clients with interpersonal issues. For example, increasing mindfulness traits in individuals with more anxious or avoidant attachment

styles may act as a buffer against reactive, defensive or critical behaviors while engaged in an argument.

Hypotheses

Hypothesis 1a: Mindfulness will be significantly greater in individuals displaying integrative or compromising conflict resolution behaviors than those displaying avoidant, dominating and obliging behaviors.

Rationale 1a: Individuals who are able to accept their partner's perspective in a non-reactive and non-critical manner are likely to display empathy and understanding toward their partner's needs. Once both sides are heard and understood, the couple has the option to collaborate or compromise when developing a solution. Greater mindfulness traits are positively related to empathetic understanding (Wachs & Cordova, 2007). Being able to integrate or compromise on an issue requires the couple to have a certain amount of empathetic understanding (Rahim, 1983). Therefore, it can be hypothesized that those displaying greater amounts of mindfulness can be associated with greater integrative and compromising behaviors.

Hypothesis 1b: There will be no significant difference in mindfulness traits between individuals displaying avoidant or dominating resolution behaviors.

Rationale 1b: Persons with avoidance conflict-resolution behavior patterns tend not to acknowledge the issue at hand and disengage from resolving the conflict (Shi, 2003). This pattern counters the acceptance aspect of mindfulness in that the problem is pushed away from the individual's attention. Dominating styles often consider their own perspective in a conflict and do not place high concern for their partner's perspective (Rahim, 1983). This demonstrates non-accepting and often times critical attitudes toward the partner's needs. Since avoidance and dominating conflict resolving styles lack key traits that are essential to mindfulness in some way, there should not be significant differences in the amount of mindfulness between the two styles.

Hypothesis 2: Individuals displaying integrative and compromising conflict resolution behaviors will have significantly greater relationship satisfaction than individuals displaying other conflict resolution behaviors.

Rationale 2: Higher relationship satisfaction is associated with the ability to resolve conflicts in a productive way (Roberts, 2000). Conflict resolution behaviors most associated with positive resolution outcome are integrative and compromising behaviors (Cocoran & Mallinckrodt, 2000). They both take into account the needs of all people involved in the conflict. If both people's needs are fulfilled more often when solving a problem, it can be argued that relationship satisfaction would be greater. Positive resolution outcome can also foster an opportunity to grow stronger from a conflict rather

than having an issue left unresolved (Berg, Schindler, Smith, Skinner, & Beveridge, 2011).

Hypothesis 3: Securely attached individuals will have significantly greater mindfulness traits than anxiously attached or avoidant attached individuals.

Rationale 3: Mindfulness traits act as a buffer against negative reactivity and negative behavior when engaged in conflict, which is more prominent in anxious and avoidant attached individuals (Shi, 2003). Characteristics of securely attached individuals are associated with a greater ability to reflect on another person's perspective, connect with others more effectively and ability to accept and acknowledge their own and other's emotional states more effectively (Mikulka, 2011). Secure attachment characteristics parallel acceptance and non-judgment traits because of the ability to accept another person's perspective and emotional states. To be accepting of and reflect other's emotional states requires that one does not criticize (not judge) what the other is experiencing.

METHOD

Participants and Procedures

Participants eligible for this study were at least 18 years of age, in a heterosexual or homosexual monogamous relationship of at least 12 months and co-habiting with their partner. One hundred and forty one participants were recruited from subject pools at Humboldt State University and College of the Redwoods, through e-mail and social network systems (i.e. Facebook).

Participants were informed that after completing the questionnaire they had the opportunity to enter a sweepstakes for a chance to win a \$100.00 gift card for Amazon.com. Two participants were selected via electronic random draw of identification number and the prize will be given to participants via SurveyMonkey®. The questionnaires of the current study were administered via SurveyMonkey®, an online survey website. SurveyMonkey® was chosen to administer the questionnaires in order to have a greater chance of gaining more participants for the study and to ensure participants' anonymity in completing the surveys, and receiving a cash prize.

Participants interested in the study clicked on a hyperlink that directed them to an informed consent document. If they consented and wished to continue on with the study, they then completed a short demographic questionnaire for the purpose of screening eligible participants and collecting other variables of interest (i.e., children residing in the home vs. no children residing in the home vs. no children at all). The Freiberg

Mindfulness Inventory (FMI), the Rahim Organizational Conflict Inventory-II (ROCI-II), the Multidimensional Relationship Questionnaire (MRQ) and the Revised Experiences in Close Relationships Inventory (ECR-R) followed the demographic questionnaire. The surveys took approximately 30 minutes to complete and participants had as much time as they needed to complete the surveys.

Of the 141 participants who were recruited, 79 met the requirements for the study of being at least 18 years old, in a committed, monogamous relationship for over a year and living with their partner. Sixty-five (82.3%) participants identified as female and 14 (18%) identified as male. When asked which age range participants identified with, 58 (73.4%) participants were between 22-35 years old, 7 (8.9%) were between 51-55 years old, and 14 (17.7%) participants identified with another age-range category. When asked to report what ethnicity participants identified with, 60 (75.9%) participants identified as “White/Caucasian”, 10 (12.7%) identified as “Hispanic” and 9 (11.4%) identified as another category of ethnicity/race (See Table 1).

Twenty-six (32.9%) participants reported being in their current relationship for 10+ years, 14 (17.7%) participants reported being in their current relationship for 5-9 years, 29 (36.7%) participants reported being in their current relationship for 2-4 years, and 10 (12.7%) participants reported being in their current relationship for 12 to 18 months. When asked about presence of children in the relationship, 55 (69.6%) participants reported having no children, 19 (21.4%) reported having children living in the home currently, and 5 (6.3%) reported having children that no longer live in the home (See Table 1).

Participants reported how many previous relationships they were in which lasted over a year. One (1.3%) participant reported being in 5 or more previous relationships, 17 (21.5%) reported 3-4 previous relationships, 37 (46.8%) participants reported having 1-2 previous relationships, and 24 (30.4%) reported 0 previous relationships which lasted over a year. Participants were asked how many previous individual or couple's counseling sessions they have attended. Thirteen participants (16.5%) attended 13 or more previous sessions, 4 (5.1%) attended 9-12 previous sessions, 7 (8.9%) attended 5-8 previous sessions, 22 (27.8%) attended 1-4 previous sessions, and 32 (40.5%) participants attended no previous counseling sessions (See Table 1).

When asked how frequently participants practice a form of meditation, 5 (6.3%) participants practice daily, 8 (10.2%) participants practice 1-3 times a week, 5 (6.3%) participants practice 1-2 times a month, 29 (36.7%) participants practice less than 10 times a year, and 32 (40.5%) participants had never practiced any form of meditation (See Table 1).

Table 1

Frequency Distributions of Participant Demographic Information

	Frequency (N)	Percentage
<i>Gender</i>		
Male	14	17.7
Female	65	82.3
<i>Ethnicity</i>		
Caucasian/White	60	75.9
Hispanic/Latino	10	12.7
Asian/Pacific Islander	3	3.8
African American/Black	1	1.3
Native American/American Indian	2	2.5
Other/Prefer not to state	3	3.8
<i>Age</i>		
18-21	2	2.5
22-24	20	25.3
25-28	20	25.3
29-31	12	15.2
32-35	6	7.6
36-40	2	2.5
41-45	3	3.8
46-50	1	1.3
51-55	7	8.9
56-60	3	3.8
61-65	1	1.3
66 +	2	2.5
<i>Length of Current Relationship</i>		
12-18 months	10	12.7
2-4 years	29	36.7
5-9 years	14	17.7
10 + years	26	32.9
<i>Previous individual/couples counseling</i>		
0	32	40.5
1-4	22	27.8
5-8	7	8.9
9-12	4	5.1
13+	13	16.5
<i>Previous relationships lasting over 12 months</i>		
0	24	30.4
1-2	37	46.8

	Frequency(N)	Percentage
3-4	17	21.5
5 +	1	1.3
Have children living in the home		
Yes	19	21.4
No longer living in the home	5	6.3
No children at all	55	69.6
Frequency of meditation practice		
Daily	5	6.3
3x/week	4	5.1
1x/week	4	5.1
2x/month	2	2.5
1x/month	3	3.8
< 10x/year	29	36.7
Never	32	40.5

Measures

The FMI is a 30 item, 4-point Likert-type scale that measures mindfulness. Unlike other scales that have been developed, this scale measures aspects of mindfulness like non-judgment, acceptance, insightful understanding and openness to experience (Walach, Buchheld, Buttenmuller, Kleinknecht, & Schmidt, 2006). Participants rated each item as either “1=rarely”, “2=occasionally”, “3=fairly often” and “4=almost always”. Examples of items on the FMI include “I see my mistakes and difficulties without judging them” and “I experience moments of inner peace and ease, even when things get hectic and stressful”.

The FMI demonstrates high internal consistency ($\alpha = .93$) and construct validity when compared with similar constructs such as private self-awareness ($r = .33, p < .05$) and self-knowledge ($r = .57, p < .05$). Constructs that are theoretically opposite of mindfulness were also correlated to distinguish the validity of the FMI. Such constructs include dissociative symptoms as measured by the Dissociative Experience Scale (DES) ($r = -.30, p < .05$) and other physiological and psychological symptoms as measured by the Symptoms Check List (SCL) ($r = -.33, p < .05$). To determine the applicability of the FMI, pre-post measures were acquired from a sample of 115 experienced meditators gathered from a Vipassina meditation retreat. The retreat had participants meditating for 8 hours a day for 10 days. Results demonstrated significant increases in mindfulness from pre-measures ($M = 77.12, SD = 12.45$) to post-measures ($M = 89.4, SD = 11.33$) ($p < .001$). A second sample of 117 participants varying in meditation experience were

administered the FMI. Half of the subjects were of the general public and the other half were recruited from meditation retreats, on average meditating 3 times daily for at least 85 months. Results indicated that those who meditated more frequently rated higher on mindfulness than those who meditated less or not at all ($p = .013$).

The Rahim Organizational Conflict Inventory – II (ROCI-II) is a 35 item, 5-point Likert-type scale measuring 5 types of conflict resolution behaviors during interpersonal conflicts. The 5 behavioral styles measured in the ROCI-II are integrating, obliging, dominating, avoiding and compromising. The ROCI-II can be used in multiple settings where interpersonal conflicts can occur. Many of the items contain a blank space where the participant fills in whom the interpersonal conflict is with. For the purpose of this study, the blank space was filled in with “partner”. Participants rated each item from “1” to “5”. Greater values reported indicate more frequent use of the behavior described. Items on the ROCI-II include “I try to integrate my ideas with those of my partner to come up with a decision jointly” and “I usually hold onto my solution of a problem”.

The ROCI-II subscales display exceptional Cronbach’s alpha reliability ($\alpha = .72$ to $\alpha = .77$) and test-retest reliability ($\alpha = .6$ to $\alpha = .83$). Construct validity was determined by running inter-correlations on the 5 conflict resolution behavioral styles to see if the constructs were significantly correlated. Results revealed that there were no significant inter-correlations between the 5 conflict resolution behavioral styles, ranging from $r = .03$ to $r = .33$ (Rahim, 1983). Several analyses were used to determine if the ROCI-II model fit the data that was obtained. One-thousand, two-hundred and nineteen executives were

given the ROCI-II. The data collected from the study indicated a good fit to the proposed model ($\chi^2/df = 4.12$; goodness-of-fit index = .916; adjusted goodness-of-fit index = .900).

The Multidimensional Relationship Questionnaire is a 60-item, 5-point Likert style questionnaire that measures 12 aspects of relationship variables including relationship satisfaction, relationship monitoring, external relationship control, fear of relationship, relationship depression, relationship assertiveness, relationship anxiety, relationship motivation, relationship consciousness, relationship esteem, internal control of relationship and relationship preoccupation. Examples of items on the MRQ are “I'm very motivated to be involved in an intimate relationship”, “I am somewhat passive about expressing my desires in intimate relationships”, and “Luck plays a big part in influencing the nature of my intimate relationships”. There are 5 items for each subscale in the MRQ. Participants rated each item on a scale of “1= not at all characteristic of me” to “5 = very characteristic of me”.

The MRQ subscales range in reliability with Cronbach's Alpha Reliability ($\alpha = .73$ to $\alpha = .91$), reliability of two halves ($\alpha = .72$ to $\alpha = .90$) and test-retest reliability ($\alpha = .63$ to $\alpha = .86$). Construct validity of the MRQ was measured by correlating this questionnaire with the Relationship Assessment Scale (RAS). Results revealed that all subscales of the MRQ significantly correlated with similar constructs in the RAS ($r = -.39$ to $.67$, $p < .05$) (Buyuksahin, 2005).

To determine the applicability of the MRQ, Buyuksahin (2005) recruited 480 university students involved or previously involved in an intimate relationship and administered the MRQ and the RAS to determine MRQ validity. Aside from determining

construct reliability and validity, researchers tested whether self-reported relationship characteristics differed by gender. Three-hundred and eight participants were female and 172 were males with a mean age of 21.48 for female participants and 22.59 for male participants. The mean number of close relationships was 2.08 for females and 2.99 for males with mean relationship duration of 18.12 months for females and 18.16 months for males. Using an independent t-test, results revealed that there was a significant difference between genders in the “external control of the relationship” construct ($t=2.89, p<0.05$). No other differences between subscales were correlated with gender.

The Experiences in Close Relationships Inventory-Revised (ECR-R) is a 32 item, 7-point Likert style questionnaire that measures adult attachment (Fraley, Waller, & Brennan, 2000). Participants rated each item from a scale of “1 = strongly disagree” to “7 = strongly agree”. A rating of “4 = mixed/neutral” response to an item. Two subscales that make up the ECR-R measure anxious attachment and avoidant attachment. Scoring high on one or the other indicates a specific insecure attachment (i.e., anxious attachment, avoidant attachment). Scoring low on both of these subscales indicates a securely attached adult. Items on the anxious attachment subscale include “My desire to be very close sometimes scares people away” and “I worry that I won't measure up to other people”. Items on the avoidant attachment subscale include “I am nervous when partners get too close to me” and “I prefer not to show a partner how I feel deep down”. There are also items on the ECR-R that require the researcher to reverse the scoring. “I rarely worry about my partner leaving me” is a reverse item on the anxious attachment subscale and “I talk things over with my partner” is a reverse item on the avoidant attachment subscale.

The ECR-R shows high internal consistency ($\alpha = .93$) (Sibley, Fischer, & Liu, 2005) and test-retest reliability in the anxious attachment subscale ($\alpha = .94$) and avoidant attachment subscale ($\alpha = .95$) (Fraley, Waller, & Brennan, 2000). Anxious and avoidant subscales showed little correlation indicating that the two constructs are distinct ($r = .17$). The anxious subscale demonstrates high construct validity when compared to similar constructs like emotional reactivity ($r = .33, p < .001$) and excessive reassurance seeking ($r = .47, p < .001$). The avoidant subscale demonstrated high construct validity when compared to similar constructs such as emotional cutoff ($r = .31, p < .001$) and loneliness ($r = .44, p < .001$) (Wei, Russel, Mallinckrodt, & Vogel, 2007).

Data Analysis

To test hypotheses 1 and 2, participants were grouped into 5 categories depending on which conflict resolution behavior they identified with the most based on the ROCI-II. A One-Way ANOVA was used to determine mean differences in mindfulness and marital satisfaction between each conflict resolution behavior group ($\alpha_{.05}$). To test hypothesis 3, participants were grouped into 3 categories depending on which attachment style they identified with most based on the ECR-R. A One-Way ANOVA was used to determine significant mean differences in mindfulness between attachment style groups ($\alpha_{.05}$).

Risks and Benefits

There were minimal risks to participants who volunteer to take part in the current study. One potential risk may have been the breach of anonymity when participating in the online raffle. To ensure the protection of participants' anonymity, surveys were administered via SurveyMonkey®, which has a reward feature that protects participants' confidential information while administering a reward offer. Another possible risk might be some emotional distress at the examination of participants' relationships. To address the emotional needs of participants, a list of online resources that offer emotional support will be provided on the informed consent page for participants to utilize at any time during or after the survey is completed. Although there were no direct significant benefits to the participants, finding a relationship among these variables may open an opportunity for researchers to conduct experimental studies and acquire more information on applying mindfulness techniques or interventions that help clients improve conflict resolution behaviors.

RESULTS

Primary Analyses

Descriptive data for mindfulness, relationship satisfaction, attachment style and conflict resolution behaviors (CRB) were calculated. On the Freiburg Mindfulness Inventory (FMI), raw scores ranged from 48 – 109 ($M = 80.77$, $SD = 12.35$) (See Table 2). Normative mean and standard deviations for the FMI ($M = 77.12$, $SD = 12.45$) were similar to the mean and standard deviation of the current sample (Walach, Buchheld, Butenmuller, Kleinknecht, & Schmidt, 2006). For the current sample there was significant kurtosis in the distribution of mindfulness scores ($p < .05$). Homogeneity of variance was examined in mindfulness scores between CRB groups and revealed that there was non-significant variance in mindfulness between groups ($p = .864$). This indicates that the F statistic was robust enough to determine conflict resolution group differences in mindfulness accurately.

Participants' scores on the ECR-R determined whether they identified with secure, ambivalent or avoidant attachment styles. Fifty-one (64.6%) individuals identified with a secure attachment, 19 (24.1%) participants identified with an ambivalent attachment style and 9 (11.4%) individuals identified with an avoidant attachment style. These reports of attachment style are similar to the normative distribution of self-reports on attachment style (Hazan and Shaver, 1987; in Fraley, 2010). The current sample was normally

distributed in attachment style, as there was no significant skewness ($p = .271$) or kurtosis ($p = .06$) (See Table 2).

A test of homogeneity of variance in mindfulness scores was also determined between attachment style groups and revealed that there was significant variability between groups ($p < .01$). Attachment style group n 's also varied significantly. Since assumptions of group normality and equal group size were violated, a Kruskal-Wallis non-parametric test was used to appropriately determine attachment style group differences in mindfulness since non-parametric tests make minimal assumptions the about distribution of data.

On the MRQ, raw scores on the relationship satisfaction subscale ranged from 5 – 25 ($M = 18.7$, $SD = 5.5$). For the current sample there was significant kurtosis in the distribution ($p < .05$) (See Table 2). A test of homogeneity of variances in relationship satisfaction between CRB revealed non-significant variability between groups ($p = .15$). Therefore the F statistic was robust enough to capture differences in relationship satisfaction between groups accurately.

Participants' scores on the ROCI-II determined their conflict resolution behavior style. Forty-five (57%) participants identified with an integrative style, 14 (17.7%) identified with an obliging style, 8 (10.1%) identified with an avoidant style, 6 (7.6%) identified with a dominate style and 6 (7.6%) identified with a compromising style. The current sample was normally distributed in conflict resolution style as there was no significant skewness ($p = .86$) or kurtosis ($p = -.86$) (See Table 2).

Inferential Analyses

Hypothesis 1

A one-way ANOVA was used to determine whether traits that are characteristic of mindfulness were greater in individuals displaying integrative and compromising conflict resolution behaviors (CRB) compared to individuals displaying dominating, obliging or avoidant behaviors. Using a One-Way ANOVA, results indicated that there was a significant difference in characteristic mindfulness traits and CRB, $F(4,74) = 2.90, p < .05, \eta^2 = .14$ (See Table 3). Since the number of participants in each group differed but variance between groups were homogenous, a Fisher LSD post-hoc analysis was used to determine which CRB groups significantly differed in mindfulness traits. Results indicated that traits characteristic of mindfulness were significantly greater in individuals displaying integrative CRB ($M = 82.6, SD = 11.9$) than individuals displaying avoidant ($M = 72, SD = 21.38$) and dominating CRB ($M = 71.83, SD = 12.27$). Mindfulness traits were also significantly greater in individuals displaying compromising CRB ($M = 88.5, SD = 13.13$) than those displaying avoidant or dominating CRB (See Table 4, Figure 2). There were no other significant differences between groups.

Table 3

ANOVA results between conflict resolution behaviors and mindfulness.

Tests of Between-Subjects Effects

Dependent Variable:FMI total

Source	Type III Sum of Squares	df	Mean Square	F	Sig.	Partial Eta Squared	Noncent. Parameter	Observed Power ^b
Corrected Model	1614.397 ^a	4	403.599	2.903	.027	.136	11.610	.758
Intercept	283039.349	1	283039.349	2035.561	.000	.965	2035.561	1.000
Conflit_resolution_style	1614.397	4	403.599	2.903	.027	.136	11.610	.758
Error	10289.502	74	139.047					
Total	527311.000	79						
Corrected Total	11903.899	78						

a. R Squared = .136 (Adjusted R Squared = .089)

b. Computed using alpha = .05

Table 4

Fisher LSD post-hoc analysis for mindfulness between conflict resolution behavior groups.

Multiple Comparisons

FMI_total

LSD

(I) Conflit resolution style	(J) Conflit resolution style	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
1 = Integrative	2 = avoidant	10.64444 [*]	4.52447	.021	1.6292	19.6597
	3 = dominate	10.81111 [*]	5.12489	.038	.5995	21.0227
	4 = obliging	2.35873	3.60859	.515	-4.8315	9.5490
	5 = compromise	-5.85556	5.12489	.257	-16.0671	4.3560
2 = avoidant	1 = Integrative	-10.64444 [*]	4.52447	.021	-19.6597	-1.6292
	3 = dominate	.16667	6.36832	.979	-12.5225	12.8558
	4 = obliging	-8.28571	5.22617	.117	-18.6991	2.1277
	5 = compromise	-16.50000 [*]	6.36832	.012	-29.1891	-3.8109
3 = dominate	1 = Integrative	-10.81111 [*]	5.12489	.038	-21.0227	-.5995
	2 = avoidant	-.16667	6.36832	.979	-12.8558	12.5225
	4 = obliging	-8.45238	5.75383	.146	-19.9171	3.0124
	5 = compromise	-16.66667 [*]	6.80802	.017	-30.2319	-3.1014
4 = obliging	1 = Integrative	-2.35873	3.60859	.515	-9.5490	4.8315
	2 = avoidant	8.28571	5.22617	.117	-2.1277	18.6991
	3 = dominate	8.45238	5.75383	.146	-3.0124	19.9171
	5 = compromise	-8.21429	5.75383	.158	-19.6790	3.2505
5 = compromise	1 = Integrative	5.85556	5.12489	.257	-4.3560	16.0671
	2 = avoidant	16.50000 [*]	6.36832	.012	3.8109	29.1891
	3 = dominate	16.66667 [*]	6.80802	.017	3.1014	30.2319
	4 = obliging	8.21429	5.75383	.158	-3.2505	19.6790

*. The mean difference is significant at the 0.05 level.

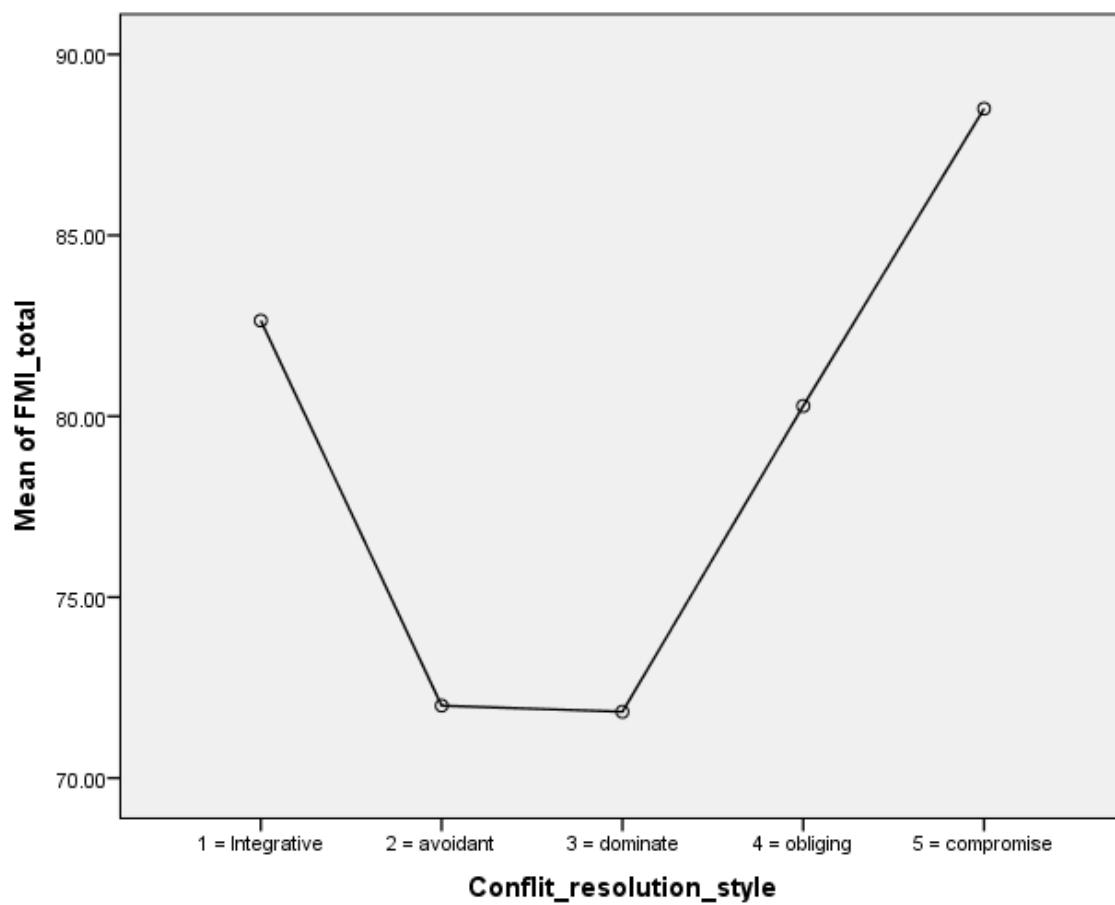


Figure 2

Mean differences in mindfulness between conflict resolution style groups.

Hypothesis 2

A one-way ANOVA was used to determine whether relationship satisfaction was significantly greater in individuals displaying integrative and compromising CRB compared to individuals displaying dominating, obliging or avoidant CRB. Using a One-Way ANOVA, results indicated that there was a significant difference in relationship satisfaction between CRB groups, $F(4, 74) = 8.06, p < .001, \eta^2 = .30$ (See Table 5). Using a Fisher LSD post-hoc analysis, relationship satisfaction was significantly greater in individuals displaying integrative ($M = 20.14, SD = 4.86$) and obliging CRB ($M = 20.6, SD = 3.00$) than those displaying avoidant CRB ($M = 10.63, SD = 5.55$). Those displaying dominating CRB ($M = 16.67, SD = 4.80$) also reported significantly greater relationship satisfaction than those displaying avoidant CRB (See Table 6, Figure 3). There were no other significant differences between groups.

Table 5

ANOVA results for relationship satisfaction between conflict resolution behavior groups.

Tests of Between-Subjects Effects

Dependent Variable: Relationship_satisfaction

Source	Type III Sum of Squares	df	Mean Square	F	Sig.	Partial Eta Squared	Noncent. Parameter	Observed Power ^b
Corrected Model	715.713 ^a	4	178.928	8.059	.000	.303	32.236	.997
Intercept	12998.809	1	12998.809	585.477	.000	.888	585.477	1.000
Conflit_resolution_style	715.713	4	178.928	8.059	.000	.303	32.236	.997
Error	1642.954	74	22.202					
Total	30082.252	79						
Corrected Total	2358.667	78						

a. R Squared = .303 (Adjusted R Squared = .266)

b. Computed using alpha = .05

Table 6

Fisher LSD post-hoc analysis for relationship satisfaction between conflict resolution behavior groups.

Multiple Comparisons

Relationship_satisfaction

LSD

(I) Conflit resolution style	(J) Conflit resolution style	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
1 = Integrative	2 = avoidant	9.5186*	1.80794	.000	5.9162	13.1210
	3 = dominate	3.4769	2.04786	.094	-.6036	7.5573
	4 = obliging	-.4607	1.44196	.750	-3.3339	2.4124
	5 = compromise	3.4769	2.04786	.094	-.6036	7.5573
2 = avoidant	1 = Integrative	-9.5186*	1.80794	.000	-13.1210	-5.9162
	3 = dominate	-6.0417*	2.54472	.020	-11.1121	-.9712
	4 = obliging	-9.9793*	2.08833	.000	-14.1404	-5.8182
	5 = compromise	-6.0417*	2.54472	.020	-11.1121	-.9712
3 = dominate	1 = Integrative	-3.4769	2.04786	.094	-7.5573	.6036
	2 = avoidant	6.0417*	2.54472	.020	.9712	11.1121
	4 = obliging	-3.9376	2.29918	.091	-8.5188	.6436
	5 = compromise	.0000	2.72042	1.000	-5.4206	5.4206
4 = obliging	1 = Integrative	.4607	1.44196	.750	-2.4124	3.3339
	2 = avoidant	9.9793*	2.08833	.000	5.8182	14.1404
	3 = dominate	3.9376	2.29918	.091	-.6436	8.5188
	5 = compromise	3.9376	2.29918	.091	-.6436	8.5188
5 = compromise	1 = Integrative	-3.4769	2.04786	.094	-7.5573	.6036
	2 = avoidant	6.0417*	2.54472	.020	.9712	11.1121
	3 = dominate	.0000	2.72042	1.000	-5.4206	5.4206
	4 = obliging	-3.9376	2.29918	.091	-8.5188	.6436

Based on observed means. The error term is Mean Square(Error) = 22.202.

*. The mean difference is significant at the .05 level.

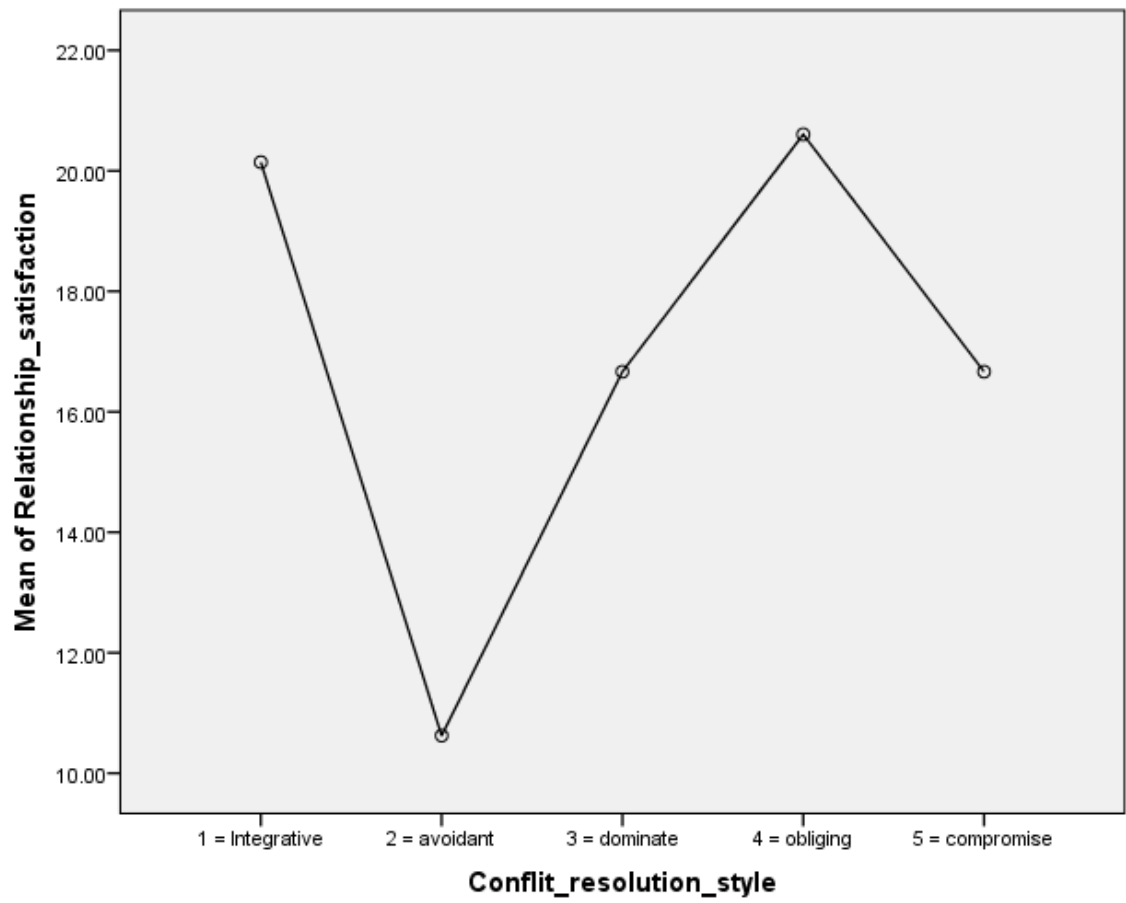


Figure 3

Mean differences in relationship satisfaction between conflict resolution style groups.

Hypothesis 3

A one-way ANOVA was used to determine whether traits characteristic of mindfulness were significantly greater in securely attached individuals than individuals with anxious or avoidant attachment styles. Since the assumption that homogeneity of variances was violated in the current sample, a Welch Robust Test of Equality of Means was used to accommodate for unequal variances. After administering the Welch test, results indicated that there was a significant difference in mindfulness between attachment style groups, $F(2,18.27) = 3.88, p < .05$ (See Table 7). A Games-Howell post-hoc analysis is used to determine which groups differ when there are unequal variances between groups. Results from the Games-Howell post-hoc revealed that there were no statistically significant differences between attachment style groups and mindfulness at $\alpha = .05$ level, but there was clinical significance between individuals with secure attachments ($M = 83.73, SD = 10.75$) and individuals with anxious attachment ($M = 77.42, SD = 10.22$), $p = .07$ (See Table 8).

Table 7

Welch Robust Test of Equality of Means in mindfulness between attachment styles.

Robust Tests of Equality of Means

FMI total

	Statistic ^a	df1	df2	Sig.
Welch	3.878	2	18.270	.039

a. Asymptotically F distributed.

Table 8

Games-Howell post-hoc analysis in mindfulness between attachment style groups.

Multiple Comparisons

FMI_total

Games-Howell

(I) Attachment style	(J) Attachment style	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
1 = Secure	2 = anxious ambivalent	6.30444	2.78550	.075	-.5227	13.1316
	3 = avoidant	12.61438	6.35963	.172	-5.1517	30.3805
2 = anxious ambivalent	1 = Secure	-6.30444	2.78550	.075	-13.1316	.5227
	3 = avoidant	6.30994	6.60849	.620	-11.6996	24.3195
3 = avoidant	1 = Secure	-12.61438	6.35963	.172	-30.3805	5.1517
	2 = anxious ambivalent	-6.30994	6.60849	.620	-24.3195	11.6996

DISCUSSION

Discussion of Results

The first hypothesis of this study proposed that traits characteristic of mindfulness would appear more often in individuals displaying collaborative ways of resolving conflicts than in those displaying avoidant, obliging or dominating ways of resolving conflict. The data supported the first hypothesis. Individuals who displayed integrative and compromising behaviors scored higher in mindfulness characteristics than those who displayed avoidant and dominating CRB. Those who display integrative and compromising behaviors are less likely to be reactive while confronting an issue because these behaviors require engaging with the other person by using executive cognitive skills like emotional intelligence, problem solving, organizing, and abstracting (Siegel, 2004). Less reactivity to stressful events such as conflict is one of the main characteristics of mindfulness, so it would make sense that those displaying less reactive conflict resolution styles would have greater mindfulness traits. Integrative and compromising CRB are also characteristic of staying present during the discomfort of a conflict (another indicator of less reactivity to stressful stimuli) because in these CRB styles seek to work through gridlocked areas (Rahim, 1983). Being present in discomfort is a main characteristic of mindfulness (Kabat-Zinn, 2009).

Avoidant and dominating behaviors are more characteristic of reacting to a conflict in a way that has low regard for the other involved (Rahim, 1983). Dominating CRB are

characteristic of holding one's single perspective with little to no compromise for accommodating to the other's perspective (Rahim, 1983). Avoiding behaviors are characteristic of ignoring/avoiding the needs of the other and the needs of the self by not addressing the issue (Rahim, 1983). These behaviors are not congruent with traits characteristic of mindfulness (Siegel, 2007). Data in the current study also supported hypothesis 1b in that there were no significant differences between avoidant and dominating behaviors in mindfulness traits (See Table 7).

Obliging conflict resolution behaviors scored in between collaborative behaviors and dominating/avoidant behaviors on mindfulness. This may be due to the obliging person's ability to empathize with their partner's perspective, which encompasses openness and active listening (Rahim, 1983; Wachs & Cordova, 2007). Obliging to resolve conflicts may also be due to cultural preferences of conflict resolution, where some individuals may oblige to avoid expressing feelings around a conflict, while others may see obliging as a sacrifice to make their partner happy (Cai & Fink, 2002).

Most people display various behaviors to resolve a conflict, and behaviors may differ depending on how important the issue is to each person (Rahim, 1983). Someone who may generally oblige to their partner's desires could display dominating behaviors if the issue at hand is important enough to the typically obliging individual. Conflict resolution behaviors may also vary in individuals depending on the behaviors emitted by partners. Although no research in databases have been established on partner-dependent changes in CRB, one can imagine that it would be more difficult to integrate ideas if one's partner typically uses a dominating style of resolving conflicts.

The second hypothesis of this study was that relationship satisfaction would be greater in individuals displaying integrative and compromising CRB than individuals displaying dominant, avoidant or obliging CRB. The data did support the second hypothesis. The ability to regulate conflict in a way that both partners are heard and understood promotes relationship satisfaction and happiness. Gottman (1999) uses the “dreams within conflict” exercise and “solvable problems” exercise to teach couples how to have productive dialogue about conflicts, requiring partners to express themselves and accept their partner’s stance without judgment. Integrative and compromising CRB are defined as having high concern for the self and the other (integrative more so than compromising) (Rahim, 1983). It would make sense that these individuals hold their partner’s desired outcome as equal a priority as their own desired outcome, and would therefore want to hear and understand what their partner’s desires are, which promotes relationship satisfaction (Gottman, 1999; Wachs & Cordova, 2007). Integrative CRB reported greater relationship satisfaction than compromising CRB. Individuals who compromise often feel they lose or give-up something to gain something else (Rahim, 1983). Gaining only part of what one desires in a conflict may lessen relationship satisfaction in a relationship.

An unexpected significant finding in this study was that those who displayed dominating and obliging CRB reported greater relationship satisfaction than those displaying avoidant CRB. Individuals displaying avoidant CRB have low concern for the self and the other and tend to avoid addressing a conflict (Rahim, 1983). Conflicts can leave emotional wounds for individuals, but can be healed through processing a fight and

soothing hurt emotions (Seigel, 2004). If conflicts are unresolved it can lead a couple to resent each other and eventually put an end to a relationship (Caughlin, Huston, & Houts, 2000; Gottman, 1999; Oplin & Hesson, 2010; Uebelacker, Courtnage, & Whisman, 2003; Whisman, 2001). Those who avoid conflict are less likely to be open about discussing an issue, which may increase relationship dissatisfaction. Individuals with dominating CRB may report greater relationship satisfaction than individuals with avoidant CRB because these individuals at least address the issue, although it may not be in the most desirable way (Waldinger & Schulz, 2006).

The last hypothesis of this study was that mindfulness would be greater in securely attached individuals than individuals with anxious or avoidant attachment. The data did support this hypothesis. Individuals who are securely attached reported greater mindfulness than insecurely attached individuals. As stated before, securely attached individuals are more likely to display emotional intelligence in having the ability to understand the other's perspective, and to acknowledge, express and accept their own and the other's emotions. Acceptance, openness and non-judgment in the present moment are fundamental mindfulness traits that are significantly correlated with the ability to perspective-take, empathize and express emotions (Wachs & Cordova, 2007).

Again, it should be noted that there are opportunities for individuals to orient to an "earned" secure attachment if they have experienced maladaptive parenting or stressful childhood events. Therefore, individuals are not doomed to a life of insecure relationship attachments if they were dealt difficult situations early in life. Earned-attachment may flourish through therapeutic relationships that meet the emotional needs of an individual.

Psychotherapy is a means in which individuals can orient to secure attachment styles because the therapeutic relationship embodies unconditional positive regard, emotional validation, opportunities for cathartic release, and healing past emotional wounds (Riggs, 2001; Yalom, 2002).

In conclusion, developing conflict resolution skills that enhance relationship satisfaction may be beneficial for couples in therapy. The results of this study imply that couples have the most satisfying relationships when both people can figure out a way to each get what they want without having to sacrifice something. An illustration of conflict resolution is the story about 2 sisters needing the last orange on Earth for different purposes; one sister needing the orange to make marmalade, and the other sister needing the orange to make juice. If the 2 sisters have integrative CRB's, they can figure out that they can both get what they want; one person only needs the rind of an orange to make marmalade and the other only needs the pulp to make juice. If they have compromising CRB they may decide to cut the orange in half, which sacrifices the amount of product they can make. If both individuals displayed either obliging, dominating or avoiding CRB, no product would be made because the individuals would either insist that they other have the whole orange, would fight for the whole orange, or lastly, they would avoid talking about their needs for the orange (Follett, 1940).

Developing mindfulness qualities of acceptance without judgment and openness may enhance an individual's ability to creatively find a solution that satisfies all parties involved in a conflict. Acceptance of the other person's needs and position without judgment may lessen emotional reactivity during highly stressful events (Wachs &

Cordova, 2007). Less emotionally reactive communication patterns can create a safe space where couples can dialogue about a conflict in a relationship-building way (Gottman, 1999). The quality of openness in dialogue can facilitate exploration of several ideas for solutions to a problem that satisfied both partners.

As mental health professionals, it is helpful to be aware that changes can be made within individuals regardless of what their learned patterns of behavior are. Interventions can be utilized to facilitate individual awareness of maladaptive behavior patterns and how to address them in constructive ways, which can then translate to positive changes in communication between individuals. The implications of this study also suggest that there is a multitude of avenues to illicit changes regardless of the “baggage” carried by people coming in for therapy.

Discussion of Limitations

There were some methodological limitations in the current study. First, the questionnaires could have been much shorter and still retain psychometrically sound reliability and validity. The relationship satisfaction subscale of the MRQ could have been used instead of the entire 60-item questionnaire. Also, the 28-item ROCI-II could have been used in place of the 35-item questionnaire, which would have also decreased the time necessary to complete the survey. The length of these questionnaires could have resulted in test fatigue, which may have influenced participants’ responses. Lastly, the desired sample size was 200 participants and only 79 were used in the current study. A greater sample size would have been more representative of the population and would have

provided more reliable results. Because of this reason, the results of this study should not be seen as conclusive evidence of the relationships between these variables, but as a foundation for future research on how these variables are related. Since the sample size was smaller than expected, there may have been an inflated alpha, which may have resulted in committing a type 1 error. However, statistical analyses that took unequal sample sizes between groups into account were used to compensate for this issue.

Since many of the tests were self-reported, people could have had the tendency to respond in a socially desirable way. For example, many individuals reported having an integrative conflict resolution style. Although that may be how this sample was truly distributed, individuals could have perceived their CRB differently than their partners would describe them. For example, someone who may have responded in ways that were characteristic of integrative or compromising in this study may actually be described as dominating by their partner. Obtaining a correlation coefficient between self-and-partner reports of CRB may offer a more valid report of which CRB style an individual really is. More reports of integrative and compromising CRB may also be attributed to the large turnout of women in this sample, since women have the tendency to be more integrative or compromising while addressing a conflict while men tend to be more avoidant (Shi, 2003). If future researchers seek to determine gender differences in CRB as it relates to mindfulness, selective sampling might be the best method of recruiting participants for the most homogeneous gender distribution.

There are also some limitations to this type of experimental research in that the association between variables is expressed but does not imply causation. This type of

research predicts one variable from another, but does not take into account other factors or alternative conclusions which explains how two variables impact one another. For example, it cannot be determined from the current research findings that relationship satisfaction produces differing conflict resolution behaviors, or if conflict resolution behaviors cause relationship satisfaction. It may also be that mediating or moderating variables cause or change the impact how two variables influence each other.

Correlational research may be the preliminary step before investing time and resources into developing randomized controlled trials that can make causal conclusions among variables.

Suggestions for Future Research

Researchers that wish to replicate the current study might want to include assessment for responding in a socially desirable way as to determine whether individuals are responding to the main questionnaires accurately. Selective sampling might also be done to gather participants who score significantly higher on mindfulness such as frequent meditators with years of practice. One could then compare conflict resolution behaviors of those who have never practiced meditation. An experimental/control design could be used to compare pre-post measures of conflict resolution behaviors between 8-week mindfulness intervention group and wait-list group. Significant results in an experimental type of study would support the idea of integrating mindfulness in clinical intervention for developing more emotionally intelligent ways of resolving conflict. It might also be interesting to see if mindfulness mediates the influence of attachment style on conflict

resolution behaviors. Significant results in a mediation type of study would suggest that developing mindfulness skills could be helpful in resolving conflict in a more emotionally intelligent way, regardless of particular attachment style tendency to response to stressful stimuli.

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APPENDIX A : INFORMED CONSENT

INFORMED CONSENT TO ACT AS A RESEARCH SUBJECT

I hereby agree to have Vanessa C. Somohano carry out the following procedures for experimental purposes:

Participants will click on a hyperlink that will first direct them to an informed consent document. If they consent and wish to continue on with the study, participants will complete 5 other questionnaires. Completion of all surveys will take approximately 30 minutes and participants will have as much time needed to complete the surveys. Once surveys are completed participants will be directed to a resource page where they can utilize psychological self-help information if needed.

The purpose of this study is to explore adult attachment style, mindfulness characteristics, relationship satisfaction and conflict resolution behaviors.

There are minimal risks to participants who volunteer to take part in the current study.

One potential risk maybe feelings of mild anxiety or insecurities around the way the participant interacts with their significant other, although the risk of this is highly unlikely. A list of resources are provided below for participants to read through if this should occur. Issues of confidentiality will be managed by using a survey website with enhanced security protection. SurveyMonkey® is a survey site that ensures participants' anonymity as it requires participants to sign in with a user name created by the

participant. More information regarding SurveyMonkey® Privacy Policy can be attained in the SurveyMonkey® website at the very bottom of the webpage. User identification is not required to review the Privacy Policy.

Although there will be no direct significant benefits to the participants, finding a relationship among these variables may open an opportunity for researchers to acquire more information on clinical mindfulness interventions.

If you have questions regarding your rights as a participant, any concerns regarding this project, or any dissatisfaction with any part of this study, you may report them—confidentially, if you wish—to the Dean for Research & Sponsored Programs, Dr. Rhea Williamson at Rhea.Williamson@humboldt.edu or (707) 826-5169.

I understand that he/she will answer any questions I may have concerning the investigation or the procedures at any time. I also understand that my participation in any study is entirely voluntary and that I may decline to enter this study or may withdraw from it at any time without jeopardy. I understand that the investigator may terminate my participation in the study at any time.

I understand that if I complete the surveys in this study, I be entered in a sweepstakes where 2 participants will be selected to win a \$100.00 gift card to Amazon.com. I am aware that I will receive an identification number via SurveyMonkey® to enter the sweepstakes to ensure my anonymity in this study. I am aware that if I win the sweepstakes I will receive an email confirmation with further details about receiving the prize.

List of online resources:

helpguide.org

getselfhelp.co.uk

goodtherapy.org

gottman.com

By checking the appropriate box below, please either consent or decline participation in this research study:

Yes, I do consent to participate in the current research study

No, I do not consent to participate

APPENDIX B : DEMOGRAPHIC QUESTIONNAIRE

Demographic Questionnaire

Please carefully select ONE response that most accurately applies to you:

1. Gender:

Male

Female

Transgender

2. Age:

Under 18

18-21

22-24

25-28

29-31

32-35

36-40

41-45

46-50

50-55

56-60

61-65

66+

3. Please select the ethnicity you most identify with:

Caucasian

European

Latino

African/African American

Middle Eastern

Asian

Pacific Islander

4. I am currently in a committed, monogamous relationship.

Yes

No

5. I have been in my current relationship for:

0-6 months

7-11 months

12-18 months

2-4 years

5-9 years

10+ years

6. I am currently living with my significant other.

Yes

No

7. My significant other and I have:

No children

Children residing in our home

Children but are no longer residing in our home

8. Number of previous relationships I was in for 12+ months:

0

1-2

3-4

5+

9. Previous participation in individual or couple's counseling as a client:

1-3 sessions

4-10 sessions

11+ sessions

I have never participated in individual or couple's counseling

10. I practice meditation:

Daily

3 times a week

Once a week

Twice a month

Once a month

Less than 10 times a year

I have never practiced meditation

11. Please indicate on the blank space below if there are any other spiritual practices you participate in:

12. Please indicate on the blank space below how often you participate in the spiritual practices listed above in question #11. :

Thank you for completing the demographic questionnaire!

APPENDIX C: FREIBURG MINDFULNESS INVENTORY

The purpose of this inventory is to characterize your experience of mindfulness. Please use the last 90 days as the time-frame to consider each item. Select one answer (Rarely, Occasionally, Fairly often, or Almost always) for every statement that best describes your experience. Please answer as honestly and spontaneously as possible. There are neither 'right' nor 'wrong' answers, nor 'good' or 'bad' responses. What is important to us is your own personal experience.

Thank you very much for all your effort!

1. I am open to the experience of the present moment.
2. I know that I am not identical to my thoughts.
3. I sense my body, whether eating, cooking, cleaning or talking.
4. When I notice an absence of mind, I gently return to the experience of the here and now.
5. I am able to appreciate myself.
6. I notice how my emotions express themselves through my body.
7. I remain present with sensations and feelings even when they are unpleasant or painful.
8. I pay attention to what is behind my actions.
9. I easily get lost in my thoughts and feelings.
10. I notice that I don't need to react to whatever pops in my mind.
11. I watch my thoughts without identifying with them.
12. I observe how my thoughts come and go.
13. I let my thoughts run away with me.

14. I am aware of how brief and fleeting my experience is.
15. I consider things from different perspectives.
16. I see how I create my own suffering.
17. I see my mistakes and difficulties without judging them.
18. I perceive my feelings and emotions without having to react to them.
19. I accept myself as I am.
20. I examine unpleasant, as well as pleasant, sensations and emotions.
21. I feel connected to my experience in the here-and-now.
22. I accept unpleasant experiences.
23. I observe how experiences arise and fade away.
24. I am friendly to myself when things go wrong.
25. I watch my feelings without getting lost in them.
26. In difficult situations, I can pause without immediately reacting.
27. I avoid unpleasant feelings.
28. I experience moments of inner peace and ease, even when things get hectic and stressful.
29. I am impatient with myself and with others.
30. I am able to smile when I notice how I sometimes make life difficult.

APPENDIX D: RAHIM ORGANIZATIONAL CONFLICT INVENTORY-II

Please indicate how frequent you display this behavior from 1 to 5. 1= never or rarely; 2 = occasionally; 3 = sometimes; 4 = often; 5 = very often. Please answer as thoughtfully and honestly as possible. There is no right or wrong answer.

1. I try to investigate an issue with my partner to find a solution acceptable to us.
2. I generally try to satisfy the needs of my partner.
3. I attempt to avoid being “put on the spot” and try to keep my conflict with my partner to myself.
4. I try to integrate my ideas with those of my partner to come up with a decision jointly.
5. I give some to get some.
6. I try to work with my partner to find solutions to a problem that satisfy our expectations.
7. I usually avoid open discussion of my differences with my partner.
8. I usually hold onto my solution to a problem.
9. I try to find a middle course to resolve an impasse.
10. I use my influence to get my ideas accepted.
11. I use my authority to make a decision in my favor.
12. I usually accommodate the wishes of my partner.
13. I give in to the wishes of my partner.
14. I win some and I lose some.
15. I exchange accurate information with my partner to solve a problem together.
16. I sometimes help my partner to make a decision in his/her favor.
17. I usually allow concessions to my partner.
18. I argue for my case with my partner to show the merits of my position.
19. I try to play down our differences to reach a compromise.
20. I usually propose a middle ground for breaking deadlocks.
21. I negotiate with my partner so that a compromise can be reached.
22. I try to stay away from disagreement with my partner.
23. I avoid an encounter with my partner.
24. I use my expertise to make a decision in my favor.

25. I often go along with the suggestions of my partner.
26. I use “give and take” so that a compromise can be made.
27. I am generally firm in pursuing my side of the issue.
28. I try to bring all of our concerns out in the open so that the issues can be resolved in the best way possible.
29. I collaborate with my partner to come up with decisions acceptable to us.
30. I try to satisfy the expectations of my partner.
31. I sometimes use my power to win a competitive situation.
32. I try to keep my disagreement with my partner to myself in order to avoid hard feelings.
33. I try to avoid unpleasant exchanges with my partner.
34. I generally avoid an argument with my partner.
35. I try to work with my partner for a proper understanding of a problem.

**APPENDIX E: EXPERIENCES IN CLOSE RELATIONSHIPS-REVISED
(ECR-R) QUESTIONNAIRE**

The Experiences in Close Relationships-Revised (ECR-R) Questionnaire

Fraley, Waller, and Brennan (2000)

Scoring Information: The first 18 items listed below comprise the attachment-related anxiety scale. Items 19 – 36 comprise the attachment-related avoidance scale. In real research, the order in which these items are presented should be randomized. Each item is rated on a 7-point scale where 1 = strongly disagree and 7 = strongly agree. To obtain a score for attachment-related anxiety, please average a person’s responses to items 1 – 18. However, because items 9 and 11 are “reverse keyed” (i.e., high numbers represent low anxiety rather than high anxiety), you’ll need to reverse the answers to those questions before averaging the responses. (If someone answers with a “6” to item 9, you’ll need to re-key it as a 2 before averaging.) To obtain a score for attachment-related avoidance, please average a person’s responses to items 19 – 36. Items 20, 22, 26, 27, 28, 29, 30, 31, 33, 34, 35, and 36 will need to be reverse keyed before you compute this average.

Generic Instructions: The statements below concern how you feel in emotionally intimate relationships. We are interested in how you generally experience relationships, not just in what is happening in a current relationship. Respond to each statement by [\[web: clicking a circle\]](#) [\[paper: circling a number\]](#) to indicate how much you agree or disagree with the statement

Special notes: You may wish to randomize the order of the items when presenting them to research participants. The ordering below is simply a convenient one for illustrating which items belong to which scale. Also, some people have modified the items to refer to “others” rather than “romantic partners.” This seems sensible to us, and in our own research we commonly alter the wording to refer to different individuals. For example, sometimes we reword the items to refer to “others” or “this person” and alter the instructions to say something like “The statements below concern how you generally feel in your relationship with your mother” or “The statements below concern how you generally feel in your relationship with your romantic partner (i.e., a girlfriend, boyfriend, or spouse).”

1. I'm afraid that I will lose my partner's love.

2. I often worry that my partner will not want to stay with me.
3. I often worry that my partner doesn't really love me.
4. I worry that romantic partners won't care about me as much as I care about them.
5. I often wish that my partner's feelings for me were as strong as my feelings for him or her.
6. I worry a lot about my relationships.
7. When my partner is out of sight, I worry that he or she might become interested in someone else.
8. When I show my feelings for romantic partners, I'm afraid they will not feel the same about me.
9. I rarely worry about my partner leaving me.
10. My romantic partner makes me doubt myself.
11. I do not often worry about being abandoned.
12. I find that my partner(s) don't want to get as close as I would like.
13. Sometimes romantic partners change their feelings about me for no apparent reason.
14. My desire to be very close sometimes scares people away.
15. I'm afraid that once a romantic partner gets to know me, he or she won't like who I really am.
16. It makes me mad that I don't get the affection and support I need from my partner.
17. I worry that I won't measure up to other people.
18. My partner only seems to notice me when I'm angry.
19. I prefer not to show a partner how I feel deep down.
20. I feel comfortable sharing my private thoughts and feelings with my partner.
21. I find it difficult to allow myself to depend on romantic partners.

22. I am very comfortable being close to romantic partners.
23. I don't feel comfortable opening up to romantic partners.
24. I prefer not to be too close to romantic partners.
25. I get uncomfortable when a romantic partner wants to be very close.
26. I find it relatively easy to get close to my partner.
27. It's not difficult for me to get close to my partner.
28. I usually discuss my problems and concerns with my partner.
29. It helps to turn to my romantic partner in times of need.
30. I tell my partner just about everything.
31. I talk things over with my partner.
32. I am nervous when partners get too close to me.
33. I feel comfortable depending on romantic partners.
34. I find it easy to depend on romantic partners.
35. It's easy for me to be affectionate with my partner.
36. My partner really understands me and my needs.

APPENDIX F: MULTIDIMENSIONAL RELATIONSHIP QUESTIONNAIRE

(MRQ)

SURVEY INSTRUCTIONS: Listed below are several statements that concern the topic of intimate relationships. For the purpose of this questionnaire, an intimate relationship should be thought of as a close relationship with a single partner in which there is some sexual attraction. Please read each of the following statements carefully and decide to what extent it is characteristic of you. Some of the items refer to a specific intimate relationship. Whenever possible, answer the questions with your current partner in mind. If you are not currently dating anyone, answer the questions with your most recent partner in mind. If you have never had an intimate relationship, answer in terms of what you think your responses would most likely be. Then, for each statement fill in the response on the answer sheet that indicates how much it applies to you by using the following scale:

- 1 = Not at all characteristic of me.
- 2 = Slightly characteristic of me.
- 3 = Somewhat characteristic of me.
- 4 = Moderately characteristic of me.
- 5 = Very characteristic of me.

NOTE:

Remember to respond to all items, even if you are not completely sure.
Your answers will be kept in the strictest confidence.
Also, please be honest in responding to these statements.

1. I am confident about myself as an intimate partner.
2. I think about intimate relationships all the time.
3. My intimate relationships are something that I am largely responsible for.
4. I reflect about my intimate relationships a lot.
5. I'm very motivated to be involved in an intimate relationship.
6. Intimate relationships make me feel nervous and anxious.
7. I'm very assertive in my intimate relationships.
8. I feel depressed about my intimate relationship.
9. My intimate relationships are determined mostly by chance happenings.
10. I'm concerned about what other people think of my intimate relationships.
11. I am somewhat afraid of becoming intimately involved with a partner.
12. I am very satisfied with the way my intimate needs are currently being met.
13. I think of myself as a pretty good intimate partner.
14. I think about intimate relationships more than anything else.

15. My intimate relationships are determined in large part by my own behavior.
16. I usually spend time thinking about my intimate relationships.
17. I'm strongly motivated to devote time and effort to an intimate relationship.
18. I am somewhat awkward and tense in intimate relationships.
19. I'm very direct about voicing preferences in my intimate relationships.
20. I feel unhappy about my intimate relationship.
21. Most things that affect my intimate relationships happen to me by accident.
22. I'm concerned about the way my intimate relationships are presented to others.
23. I sometimes have a fear of intimate relationships.
24. I am very satisfied with my intimate relationship.
25. I am better at intimate relationships than most other people.
26. I tend to be preoccupied with intimate relationships.
27. I exert a great deal of control over my intimate relationships.
28. I'm always trying to understand by intimate relationships.
29. I have a strong desire to be involved in an intimate relationship.
30. I feel nervous when I interact with a partner in an intimate relationship.
31. I am somewhat passive about expressing my desires in intimate relationships.
32. I feel discouraged about my intimate relationship.
33. Luck plays a big part in influencing the nature of my intimate relationships.
34. I usually worry about the impression my intimate relationships have on others.
35. On occasion, I am fearful of intimate involvement with a partner.
36. My intimate relationship meets my original expectations.
37. I would rate myself pretty favorably as an intimate partner.
38. I'm constantly thinking about being in an intimate relationship.
39. The main thing which affects my intimate relationships is what I myself do.
40. I'm very alert to changes in my intimate relationships.
41. It's really important to me that I involve myself in an intimate relationship.
42. I am more anxious about intimate relationships than most people are.
43. I do not hesitate to ask for what I want in an intimate relationship.
44. I feel disappointed about my intimate relationship.
45. My intimate relationships are largely a matter of fortune (good or bad).
46. I'm usually alert to other's reactions to my intimate relationships.
47. I don't have very much fear about being involved in an intimate relationship.
48. My intimate relationship is very good compared to most.
49. I would be very confident in an intimate relationship.
50. I think about intimate relationships the majority of the time.
51. My intimate relationships are something that I myself am in charge of.
52. I'm very aware of the nature in my intimate relationships.
53. I strive to keep myself involved in an intimate relationship.
54. I feel inhibited and shy in an intimate relationship.
55. When it comes to intimate relationships, I usually ask for what I want.
56. I feel sad when I think about my intimate relationship.
57. The nature of my intimate relationships is really a matter of fate or destiny.

58. I usually notice the way that others react to my intimate relationships.
59. I'm not very afraid of becoming involved in an intimate relationship.
60. I am very satisfied with the intimate aspects of my life.
61. I responded to the above items based on:
- (A) My current relationship.
 - (B) A past close relationship.
 - (C) An imagined close relationship.