

The Mindful Transition to Parenthood Program: Developing and Evaluating a
Psychoeducational-Experiential Intervention for Couples Expecting Their First Child

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Abstract

The transition from partnership to parenthood can be a time of excitement and rapid change for couples. After the birth of a first child, many couples also experience declines in relationship satisfaction leading to increased risk of relationship dissolution, post-partum depression, and negative child outcomes. Considering the frequency of this transition and the connection between parent relationship quality and health, it is surprising that relatively few intervention programs have focused on preparing couples for this life transition. Hence, I have developed a four week relationship enhancement intervention entitled the Mindful Transition to Parenting Program. This program is based on interpersonal neurobiology, which states that mindfulness training can change brain structures that can lead to increased attunement abilities and sustained improvements in relationship quality. The program focuses on improving mindfulness, empathy, emotionality, and relationship satisfaction for couples expecting their first child. In this research study, I determined the outcomes for couples who participate in this program through mixed methods research with a randomized experimental design. Thirty-three couples were randomly assigned by a coin-toss to either a waitlist control group, or the Mindful Transition to Parenting Program treatment group. Results demonstrated that men in the treatment group significantly improved in relationship satisfaction, negative affect, and mindfulness when compared to the control group. Women had no significant treatment effects, though treatment group women had small effect size improvement in three measures of empathy. The emergent qualitative themes for participants in the program included: (1) positive changes for self, (2) improvements in

couple relationship, (3) feeling more prepared for baby, and (4) male involvement. Mixed methods analyses revealed that men in particular benefited from the social support, increased connection with their babies, and more identification with the role of father that the program provided. These are promising results, showing that a brief intervention including mindfulness and skill-based learning can have positive effects on couples in the transition to parenthood. I conclude by discussing clinical implications and future research directions.

Dedication

I dedicate my work to my husband, Josh, who has been encouraging me at every step of this process from my applications for doctoral programs to writing the last words of this dissertation. I appreciate his patience, unending support, and inspiration. He spent many late nights listening to my research ideas and was always there to celebrate the small victories. He cooked meals, mowed the grass, did the laundry, weeded the garden, got the oil changed in the car, and vacuumed floors while I was tied to my computer or on the road. I thank him for seeing my strength when I felt it waiver, for not letting me dwell in set-backs, for chocolate-peanut butter cupcakes, and for making me take breaks to maintain my sanity even when I resisted. I could always count on Josh for fun, motivation, comfort, and undying optimism.

I thank Josh for holding my hand on all the roller coasters, real and metaphorical, these last four years. He has taught me on-going lessons in the nature of love and relationships, without which I would have nothing to teach others. I thank him for his faith in me, for inspiring me to do things I never thought could be done, and for the zillion other reasons that I have not included here.

As a therapist, I have spent much time witnessing and researching the joy and suffering of relationships. Through all of it I have become increasingly aware of how lucky I am to have Josh as a partner. I am grateful to share my life with someone who sees me as an equal, who is compassionate and humble, and who works as hard as I do for our relationship and for our future. Thank you, Josh, for these many years and countless moments of support. The greatest joy in my life is knowing that when I come home, wherever that may be, I will come home to you.

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Chapter 1: Background and Significance

Love is our true destiny. We do not find the meaning of life by ourselves alone—we find it with another. We do not discover the secret of our lives by mere study and calculation in our own isolated meditations. The meaning of our life is a secret that is to be revealed to us in love, by the one we love. (Merton, 1985, p. 27)

As humans, we are inherently social. Our brains are designed to be formed and shaped through relationships; happiness and meaning in our lives is inextricably tied to these relationships (Siegel, 2007). Throughout our lifespan, our brains grow and change based upon the most important connections we have with other people. Nowhere is this more evident than in our closest, most intimate family relationships. Our sense of self, our emotions, our thoughts, and our beliefs are all linked to these systems of interaction, to these people in our lives with whom we spend the most time and share the most of ourselves. Our health and life quality are also tied to intimate relationships, and no relationship is more important for Americans than the adult couple relationship. Psychological well-being, life expectancy, physical health, and life satisfaction are all higher for those in quality partnerships (Amato, 2000; Hawkins, & Booth, 2005; Lucas, Clark, Georgellis, & Diener, 2003; Kiecolt-Glaser, Glaser, Caccioppo, Malarkey, 1998; Umberson, Williams, Powers, Liu, & Needham, 2006). Hence, when the couple relationship is strong, individuals are more likely to have a long, happy, and healthy life.

The first three years of life are considered especially important for healthy brain development, setting in place a structure that can influence everything from adolescent academic success (Bradley & Corwyn, 2002) to adult mental illness (Lansford, 2009). Early brain development is in part due to the quality of relationships with caregivers, which is also dependent upon the couple relationship (Yu, Pettit, & Lansford, 2010). Unfortunately, new

parents are at a great risk for unhappy and dissolving couple relationships during the transition to parenthood, making them less able to provide optimum care for their children. In fact, the health of the parental couple relationship is an essential factor in the overall happiness and well-being of adults and their children (Amato, 2000; Yu, Pettit, & Lansford, 2010).

Post-partum depression is another factor that can negatively impact the parent-child relationship and infant social-emotional health (Feldman, Granat, Pariente, Kanety, Kuint, & Gilboa-Schechtman, 2009). A stable couple relationship can ameliorate these risks (Cowan & Cowan, 2000; Cox, Owen, Lewis, & Henderson, 1989; Cox, Paley, Payne, & Burchinal, 1999). However, extant interventions during pregnancy tend to focus on the mother and the process of pregnancy and delivery, instead of the couple relationship. Fathers' involvement has often been neglected in prenatal programs. This is regrettable because father support of his partner and involvement in parenting predicts many outcomes for the heterosexual couple relationship and the child's development (Shapiro & Gottman, 2005). Professionals in the mental health field have stated a need for prevention programs focused on the relational decline that occurs during the transition to parenthood (Glade, Bean, Vira, 2005; Schulz, Cowan & Cowan, 2006; Shapiro & Gottman, 2005). Therefore, creating a couple-based intervention program for couples as they transition into parenthood could prevent a decline in relationship satisfaction, promote health and well-being for parents and their babies, and serve as a cost-effective prevention measure for a variety of long-term family risk factors.

The Couple Relationship

In general, long-term couple relationships, be they partnerships, marriages, or cohabitations are nearly inevitable in every American's life. The U.S. Census Bureau (2002) predicted that between 80 and 90% of 15-year-olds would marry at least once in their lifetime, a

statistic that does not include long-term cohabitations. The majority of babies born in the United States are born to couples, and most couples experience a significant relationship decline after the birth of their first child (Cowan & Cowan, 2003). Overall physical health and psychological well-being for individuals is closely related to the nature of these couple relationships (Mikulincer & Shaver, 2007; Peterson & Park, 2007). Men and women who are married tend to have better physical health, including less headaches and lower obesity levels, than single people (Schoenborn, 2004). Married couples who do not cohabit tend to have poorer health related behaviors than married couples who live together, including substance use (Fuller, 2010). Further, relationship quality, not just being married, predicts increased health, immune function, self-esteem and overall happiness for individuals (Hawkins, & Booth, 2005; Kiecolt-Glaser, Glaser, Caccioppo, Malarkey, 1998; Umberson, Williams, Powers, Liu, & Needham, 2006). For families, high marital conflict is related to poorer parent-child relationships (Yu, Pettit, & Lansford, 2010).

Although divorce has decreased slightly in the last decade, it is estimated that just less than 50% of first marriages will end in divorce before reaching their fifteenth anniversary (Krieder, & Fields, 2002). The most high risk time for divorce is in the first seven years of marriage, which is often correlated with the transition to parenthood and raising small children (Cherlin, 1981). Those who are divorced or never married have significantly poorer psychological well-being (Shapiro & Keyes, 2008) and more financial hardship (Amato, 2000) than those who are cohabitating with a partner. Divorce increases the risk of psychological distress, depression, and social isolation (Amato, 2000). Years after a divorce, the majority of divorced adults return to previous levels of happiness; however, a substantial minority continues

to have lower levels of life satisfaction, even when controlling for selection effects (Lucas, Clark, Georgellis, & Diener, 2003).

Although most children of divorced parents do not have significant problems, they do have significantly more problems socializing and lower academic performance than children whose parents remain married (Lansford, 2009). Adults whose parents divorced as children have double the risk of serious mental illness when compared to adults whose parents stayed married (Lansford, 2009). It may be that the amount of conflict in the couple relationship is more directly related to child outcomes than the divorce itself (Kelly, 2000). High marital conflict has been linked to conduct disorder, depression, anxiety, poor academic performance, and antisocial behavior in children whether or not their parents later divorce (Amato & Keith, 1991; Cummings & Davies, 1994; Elliot & Richards, 1991; Zill, Morrison, Coiro, 1993). Less is known about the impact on children of relationship dissolution for cohabitating parents, because divorce has been the main focus of research (Amato, 2010). Children of gay and lesbian parents have similar outcomes as children of heterosexual parents in that their well-being is closely related to the quality of their parents' couple relationship (Laird, 2003). Though effect sizes have varied across studies and group differences exist, in general people who are involved in satisfying couple relationships are happier and healthier than their single counterparts (Amato, 2000), as are their children.

Transition to Parenthood

It is well documented that the transition to parenthood is a stressful time for couples and many couples experience a decrease in relationship satisfaction (Cowan & Cowan, 2000; Schulz, et al., 2006; Shapiro, Gottman, & Carrere, 2000), increased conflict in the couple relationship (Belsky & Kelly, 1994), and increased risk of relationship dissolution (Cherlin, 1981; Cowan &

Cowan, 2000). After the birth of a child, the parents are also at risk for depression, increased stress, and declines in psychological well-being, in part because of the additional demands on time and lack of sleep that can accompany having a child (Cowan & Cowan, 2000). Post-partum depression is a serious threat to maternal well-being, as well as a mother's ability to care for her child, which can negatively impact an infant's emotional development (Field, 1998). Finally, because the first three years of life are a critical time in the cognitive, emotional, and psychological development of children, it is even more essential that the couple relationship be strong to provide the optimum environment for child development (Siegel & Hartzell, 2003).

From a family life cycle perspective, McGoldrick and Carter (2003) argue that transitions in families are inherently stressful; however, transitions also offer the opportunity for restructuring the family system into more healthy relational patterns. By viewing the symptoms that may occur at transitions as a normal part of change, instead of from a pathologizing perspective, working with families in transition times can lead to positive growth into a new developmental stage (McGoldrick & Carter, 2003). Therefore, prevention programs that frame the transition to parenthood as an opportunity for productive change can capitalize on the possible openness to learning at this time. A happy couple makes a strong foundation for the healthy development of children, which can have long lasting positive effects on the adults those children will become.

Intervention

Considering decades of outcome research about the importance of healthy couple relationships for individual and family well-being, it is sensible to determine effective interventions to improve couple relationships. Even though the birth of a child can negatively impact the couple relationship, effective interventions that focus on supporting couples during

this transition period have limited availability. Prenatal programs tend to focus on women, or if they include couples, to focus on psychoeducation related to childbirth and not the couple relationships itself. The Becoming a Family program (Cowan & Cowan, 2000) in a support group format, and the Bringing Baby Home workshop (Shapiro & Gottman, 2005) that is skill based are two notable exceptions. Cowan and colleagues developed a 24-week program for couples that started in participants' third trimester and continued until their baby was three months old (Schulz, Cowan, & Cowan, 2006). The Bringing Baby Home workshop structured in an intensive weekend format for non-high risk couples, has positive long term outcomes for relationship functioning (Shapiro & Gottman, 2005). Both programs focus on changes in the couple relationship through education and discussion with other couples. Developing more prevention programs for normative couples may be especially beneficial because couples with the highest relationship satisfaction prior to the birth of their child are the only people who show an increase in relationship satisfaction following the birth of their baby (Schulz, et al., 2006). Thus, enhancing average couples may not just prevent the normative decline in relationship quality, but actual improve the relationship during this transitional time.

Therefore, I have created a psychoeducational-experiential workshop for couples entitled The Mindful Transition to Parenting Program (MTPP). To develop this program, I relied on the areas of research and theory that have been shown to benefit couples, family functioning, and child development. The theoretical framework I have chosen, interpersonal neurobiology, includes relationships, the mind, and the brain to create a systemic view of promoting well-being. A key element in this intervention is mindfulness training, which is both theoretically consistent (Siegel, 2007) and supported by research to improve aspects of relationship function such as: relationship satisfaction (Barnes, Brown, Krusemark, Campbell, & Rogge, 2007; Burpee

& Langer, 2005; Carson, Carson, Gill, & Baucom, 2004), adult attachment style (Shaver, Lavy, Saron, & Mikulincer, 2007; Walsh, Balint, Smolira, Fredericksen, & Madsen, 2009), empathy (Block-Lerner, Adair, Plumb, Rhatigan, & Orsillo, 2007; Wachs & Cordova, 2007), and skillful responses to intense emotions (Dumas, 2005; Wach & Cordova, 2007). These studies provide a justification for further investigation into the possible benefits of mindfulness training for couples. Further, mindfulness has been beneficial in improving other factors that could be beneficial to perinatal couples (Cowan & Cowan, 2000), such as: sleep quality (Caldwell, Harrison, Adams, Quin, & Greeson, 2010), anxiety (Miller, Fletcher, Kabat-Zinn, & 1995), decreasing depression relapse (Ma & Teasdale, 2004), improving stress management (Kabat Zinn, 1982), and promoting pain tolerance (Kabat Zinn, 1982).

This intervention will focus on improving empathy, emotionality, mindfulness and relationship satisfaction, all of which have demonstrated importance for the health of the couple relationship, and effective parenting (Shapiro & Gottman, 2005; Siegel & Hartzell, 2003). If this program is found to improve these aspects of relationships, these findings could be helpful for distressed and non-distressed couples in promoting happier relationships and greater life satisfaction (Block-Lerner et al., 2006; Mikulincer, & Shaver, 2007), and preventing risk factors for newborns (Cowan & Cowan, 2000). Workshop formats with groups of couples can reach a larger population with fewer resources than therapy. Such a program could be easily and cost-effectively distributed, and having the potential for a large-scale effect on the nature of couple relationships as they transition into parenthood.

Goals and Definitions

This program will focus on aspects of the couple relationship that research has found to be essential in improving and maintaining relational health in general, and specifically for expectant parents. The four overarching goals for this intervention are for participants to:

1. Increase mindfulness;
2. Improve empathy;
3. Enhance positive emotions, decrease negative emotions;
4. Utilize these new abilities to improve relationship functioning and satisfaction.

These goals, though listed as distinct, are overlapping and inseparable as aspects of the intervention will involve a combination of methods all reinforcing each other. These goals will be met through the combination of mindful awareness practices, experiential activities, psychoeducation, and homework activities designed to practice these skills (see Appendix A for complete curriculum).

To build the foundation of the key concepts in this research, what follows is a brief explanation of my theoretical framework—interpersonal neurobiology—and definitions of my outcome variables: mindfulness, empathy, emotionality, and relationship satisfaction. I expand upon these concepts in the next chapter.

Interpersonal Neurobiology

All of the goals for my intervention are consistent with the theoretical framework of interpersonal neurobiology. Interpersonal neurobiology is an integrative theory combining systemic, social, neurological, developmental, and psychological theories that was first developed by Daniel Siegel (1999). By combining research with subjective means of knowing, Siegel seeks to explain the social aspects of the mind and brain and how we as humans can create

relationships that promote well-being (Siegel, 1999). According to Siegel, the brain develops in relationships with others. If those relationships are characterized by the healthy synergy of attunement, then the neural pathways in the brain develop into a complex web of integration across regions and spheres leading to increased capacities for empathy, self-awareness, coping with stress, and processing information effectively (Siegel, 2006). *Mindsight* is a central concept in interpersonal neurobiology. It is the ability to see one's own mind and the mind of others (Siegel, 2010). Mindsight promotes various self-regulatory mechanisms because one can observe the workings of the mind, instead of becoming overwhelmed by them. It is also connected with various prosocial skills, such as empathy. Mindsight is a skill that can develop and be strengthened through mindfulness practice (Siegel, 2006; Siegel, 2010).

Mindfulness

I define mindfulness as “paying attention in a particular way: on purpose, in the present moment, and nonjudgmentally” (Kabat-Zinn, 1994, p. 4). It is a way of training oneself to be present and observe the mind with kindness, which promotes awareness and acceptance. For this study, mindfulness will be conceptualized within the theoretical framework of interpersonal neurobiology, thus it is understood as an intervention technique designed to promote integration, coherence, emotional regulation, and empathy. Siegel (2006) argues that increasing mindfulness can improve relationships because increased attunement with oneself can then be translated into increased abilities with others (i.e. improved empathy and mindsight capacity). In fact, mindfulness is predictive of relationship satisfaction and positive behavior in couple relationships (Barnes et al., 2007; Wachs, & Cordova, 2007). Research has also shown that mindfulness can influence empathic feelings, thoughts, and behaviors (Barnes et al., 2007; Wachs, & Cordova, 2007). For instance, mindfulness has been shown to be helpful in training

medical doctors and therapists to increase compassion, presence, self-care, and effectiveness with clients (Grepmaier, Mitterlehner, Loew, Bachler, Rother & Nickel, 2007; Shapiro, Brown, & Biegel, 2007; Shapiro, Schwartz & Bonner, 1998). In this study, mindfulness will be taught through various meditation and mindfulness exercises including: mindfulness meditation, mindful eating, a body scan meditation, and a guided loving-kindness meditation. Mindfulness was measured as a trait, not state, by the Five Facet Mindfulness Questionnaire (FFMQ; Baer, Smith, Hopkins, Krietemeyer, & Toney, 2006) which includes these five subscales: nonreactivity, observing, acting with awareness, describing, and nonjudging.

Empathy

Empathy has a variety of definitions, but most definitions include both cognitive (i.e., perspective taking) and emotional (i.e., empathic concern) components. This is the case with definitions of empathy by Siegel (2006) and Davis (1983a). Attunement is being aligned with a person, a “feeling felt” by him or her (Siegel, 2007), whereas empathy is the ability to see another’s perspective, to feel what he or she feels and understand where he or she is coming from (Siegel, 2009). As Siegel (2010) states, empathy is what allows us “to sense the internal mental stance of another person, not just to attune to their state of mind” (p. 28). When personal distress is high it is difficult for someone to feel empathy for another because the person is more self-focused, therefore emotional regulation is a component of empathy (Davis, 1983a).

Considering self-reported empathy has been shown to be predictive of altruistic and prosocial behavior (Davis, 1983b), finding successful ways to train individuals in empathy is an important way to improve interpersonal responding (Block-Lerner et al., 2007). Empathy has also been found to significantly predict relationship satisfaction (Long & Andrews, 1990). Mindfulness can be thought of as practicing intrapersonal attunement, which develops

interpersonal attunement and the capacity for empathy (Siegel, 2007). Throughout the intervention, I will lead exercises that promote mindfulness to indirectly impact empathy, as well as psychoeducation and experiential activities to increase couples' empathy more directly.

General empathy was measured by the Interpersonal Reactivity Index (IRI; Davis, 1980), and empathy specific to the couple relationship will be measured by the Dyadic Perspective Taking Scale (DPTS; Long, 1990).

Emotionality

Outcomes for pregnancy and couple relationships are tied to experiences of positive and negative emotions (Duncan & Bardacke, 2010) and they are connected to prefrontal cortex integration, an outcome of mindfulness practice (Siegel, 2007). Specifically, mindfulness has been connected to increased positive affect, improved coping with stressful events, decreased negative affect (including depression and anxiety) and decreased impulsivity (Brown, et al., 2007). Emotionality can interfere with effectively relating to other others because in order to experience empathy one needs to not become overwhelmed by ones own reactions to a situation (Siegel, 2007). This is particularly important in times of transition when stress is heightened, and during labor. The Mindful Transition to Parenthood Program will include psychoeducation and practice to encourage couples to regulate themselves and their conflict effectively, and mindfulness practices that will promote positive affect and decrease negative affect.

Emotionality was measured by the positive and negative affect subscales of the Positive and Negative Affect Schedule (PANAS; Watson, Clark, & Tellegen, 1988) and the Depression Anxiety Stress Scale – 21 (DASS-21; Lovibond & Lovibond 1995).

Relationship Satisfaction

Relationship satisfaction is an individual's subjective quality rating and happiness within a couple relationship. This is distinct from relationship adjustment, which measures the interactions of couples such as communication style and conflict (Funk & Rogge, 2010). Relationship satisfaction is therefore thought to be more related to intrapersonal processes, whereas adjustment is more of an interpersonal process (Funk & Rogge, 2010). Self-reported relationship satisfaction is predictive of relationship dissolution and is tied to psychological well-being (Amato, 2000). Mindfulness, empathy, and positive affect are all connected to relationship satisfaction and as these elements improve, it is expected that couples' relationship quality will also increase. Relationship satisfaction was measured by the Couples Satisfaction Index (CSI; Funk & Rogge, 2007), which has been developed through item response theory to be more theoretically and statistically sound than previously used measures like the Marital Adjustment Test (MAT; Locke & Wallace, 1959; Funk & Rogge, 2010.)

The Current Study

The primary purpose of this study is to develop and then determine if a psychoeducational-experiential intervention for couples in the transition to parenthood (the Mindful Transition to Parenthood Program) is effective in enhancing mindfulness, empathy, emotionality, and relationship satisfaction. The secondary purpose of this study is to determine what the experiences are of men and women in the program.

I hypothesize that participation in this four week program will lead to significantly higher post-test scores of mindfulness, empathy, positive affect and relationship satisfaction when compared to a control group after controlling for pre-test scores. If this is found to be true, it would be further evidence that effective intervention for expectant parents may be a valuable

prevention tool in the field of marriage and family therapy. By using interpersonal neurobiology, and utilizing mindfulness, psychoeducation, and experiential activities, I have developed a promising, theoretically-based curriculum to promote healthy couple functioning at this often stressful developmental transition. Many current interventions for pregnancy only include women or psychoeducation about the pregnancy and birth process, and thus do not directly address the couple relationship which is at the heart of health and well-being for individuals and the family (Amato, 2000). Additionally, researchers have called for more interventions based on sound theory and research for this population (Cowan & Cowan, 2003). Hence, this study would contribute to the literature by the development and testing of a new intervention for couples at an important developmental life stage, and furthering the understanding about what aspects of this intervention are beneficial to the couples themselves.

In the chapters that follow, I discuss couple interventions for the transition to parenthood, interpersonal neurobiology, mindfulness, emotionality, and empathy. I also explore the connections, both theoretical and empirical, between these concepts and how they are important for couple functioning. I argue for the need of an intervention focusing on mindfulness training to support the couple relationship in the transition to parenthood. I explain my research study, including methods, procedures, measures, hypotheses, and statistical analyses. Two articles comprise chapters four and five including introductions, results, and discussions. Chapter four focuses on the intervention development and qualitative findings and chapter five focused on quantitative and mixed methods results. Parts of these articles are condensed versions of earlier chapters; the repetition is necessary to have complete articles. Additional details, measures, and the curriculum are found in the appendices.

Chapter 2: Literature Review

Expectant Parent Couple Interventions

There are few interventions for expectant parents that are focused on the couple relationship. Most prenatal interventions do not cover the specifics of this developmental stage at a family level, instead they choose to focus on the mother as she prepares for the birth of her child. Ignoring the relational dynamics of the couple may be diminishing the impact that intervention programs can have, especially considering how the couple relationship influences the mother's and father's abilities to parent (Cowan & Cowan, 2000). Programs that incorporate mindfulness have been used to enhance couple relationships (Carson, et al., 2004), and to support women in childbirth (Duncan & Bardacke, 2010). I am not aware of any relationship enhancement programs for expectant couples that includes mindfulness training. Considering the positive outcomes for individuals, more couple and family programs are needed that teach mindfulness from a systemic perspective (Gambrel & Keeling, 2010).

A recent meta-analysis of 21 couple-focused intervention research studies for expectant and new parents found that outcomes for this population were lower than for couples programs in general, though still showing significant and meaningful improvement (Pinquart & Teubert, 2010). Although current interventions are helpful, there is a possibility for growth in the effectiveness of interventions with this population.

One such intervention is a 24-week program for couples that started in participants' third trimester and continued until their babies were three months old (Schulz, Cowan, & Cowan, 2006). In this study, the final sample size included 66 couples who had been randomly assigned to a treatment or one of two control groups, one that completed pre-test measures and the other did not. This intervention followed a loosely structured format of a 2.5 hour weekly group

meeting with 4 couples in each group, led by married co-facilitators. Outcomes demonstrated that at the end of a three year follow-up 14% of the comparison control couples had divorced, while there were no separations or divorces in the treatment group. At the five year follow-up, hierarchical linear modeling was used to demonstrate that the treatment group was significantly higher in marital satisfaction than the comparison control, with the control group average marital satisfaction declining to below clinical distress levels. However, divorce rates at this follow-up time period were comparable between groups. This study demonstrates the need of prevention research for non-distressed couples to counteract the normative decline in relationship satisfaction in the early years of parenting. However, this 24-week program is both time intensive and not effective in preventing divorce long-term; a need for more efficient and effective intervention remains.

Another prevention program is the Bringing Baby Home Workshop (Shapiro & Gottman, 2005), a weekend workshop for couples developed by following a psycho-communicative-educational format. The workshop included activities aimed at decreasing hostility, improving coping with conflict, enhancing coping with postpartum depression, increasing involvement of fathers, understanding changing gender roles, and increasing knowledge of child development. All of these aspects of relationships were found by the authors to significantly predict maintenance of marital quality following the birth of a child. Shapiro and Gottman also found that couples who had high awareness and understanding of their partner and the relationship had the best relationship quality outcomes. The authors refer to this as an ability to make a “love map” (p. 6), and it is similar to the interpersonal neurobiology concept of mindsight.

Shapiro and Gottman (2005) conducted an experimental design by assigning 18 couples to the workshop treatment group and 20 to a waitlist control group, and measuring the couples

three months and one year following the intervention. Results from observational and self-report measures demonstrate a decline in marital quality for men and women in the control group, with stability for both in the treatment group. Similarly, post-partum depression and marital hostility was significantly lower for men and women in the treatment group than the control group at one year follow up. Hence, a weekend workshop combining activities, education, and couple communication tasks for non-high risk couples was effective in preventing relational decline after the birth of a child. Considering Pinquart and Teubert's (2010) findings that longer interventions led to larger effect sizes and the empirically demonstrated relational benefits of mindfulness (Gambrel & Keeling, 2010), it is possible that a four week program with mindfulness practices would be even more effective than Shapiro and Gottman's workshop.

Interpersonal Neurobiology

Given the limited availability of programs for prevention of relationship decline in the transition to parenthood, more theoretically sound and empirically tested prevention strategies need to be tested. One theory that is especially appropriate for this population is that of interpersonal neurobiology. This theory has been applied to enhancing individual, couple, and parent-child well-being, it is grounded in sound neuroscience research, foundational ideas of the theory have been found to be essential for maintaining relational health (i.e. attachment security, mindfulness, empathy, positive affect), it supports longevity of change through capitalizing on neuroplasticity, and clinical applications of the theory have been effective for normative, stressed populations (Siegel, 2010). This theoretical framework is appropriate for this intervention because it illustrates the relational dynamics between intra- and interpersonal processes and explains the mechanisms of change of mindfulness.

The theory of interpersonal neurobiology was developed by Daniel Siegel (1999). It is an interdisciplinary theory combining attachment theory, psychology, mindfulness, neuroscience, and over a dozen other fields of inquiry. The foundation of interpersonal neurobiology is based upon the perspective that human beings are social creatures, and our minds and brains function as such. Siegel (1999) posits our brains develop in infancy and early childhood in large part due to the nurturing and attunement skills of our primary caregivers. If our caregivers are able to mirror us, then we learn to make sense out of the world and of our own internal experiences (i.e. our emotions, thoughts, mental processes) and our brains grow into a complex circuitry of interconnection. Hence, attunement leads to integration and integration promotes the growth of such skills as empathy, self-regulation, and mindfulness (Siegel, 2007). If we do not receive this attunement in early childhood, there is still a possibility to develop an integrated brain because of neuroplasticity, the brain's ability to change and grow throughout the life span (Siegel, 2007). This may occur through the intrapersonal attunement practice of mindfulness, or through interpersonal attunement in adult relationships such with a therapist or partner. Siegel (1999) draws upon attachment theory as a foundation of these ideas, and is supported by neuroscience research on brain development. There are three main aspects of interpersonal neurobiology that I will draw upon in my intervention research, they are: the triangle of well-being, mindfulness, and integration.

The Triangle of Well-Being

Figure 1 is a depiction of the triangle of well-being. Siegel (2006) argues that the three elements of relationship, mind, and brain when working together to support empathy, coherence, and integration lead to health. Siegel (2006) defines the mind as: "a process that regulates the flow of energy and information" (p. 248). The brain is the biological basis of the regulation of

information of the mind, and relationships are how we interact with others in our environment.

In the figure, the double-headed arrows between each of these three key elements demonstrate their interconnection and mutual dependence. Hence, intervention in any of these three areas can impact the other two. Further, each one of these aspects – relationships, mind, and brain – can be seen as systems in and of themselves or in relation to other people. For instance, teaching a mother how to attune to her child in an empathic way can change the mind and brain of the mother, as well as that of the developing child, just as teaching a mother to attune to herself through mindfulness practices could have a similar effect on the brain of her husband.

Additionally, by focusing an intervention on all three aspects of the triangle at once, the results are more effective and long lasting (Siegel, 2006). Therefore, the Mindful Transition to Parenting Program will include activities, homework assignments, and psychoeducation that address all three areas of well-being, with a focus on promoting intra- and interpersonal empathic relationships. Overarching goals of the program are designed to target each of these three areas:

1. Increase mindfulness (integrated brain, empathic relationships, coherent mind);
2. Improve empathy (empathic relationships);
3. Promote positive emotionality (coherent mind, integrated brain);
4. Utilize these new abilities to improve relationship satisfaction (empathic relationships).

In addition, weekly objectives and activities will also promote growth in all areas of the triangle of well-being.

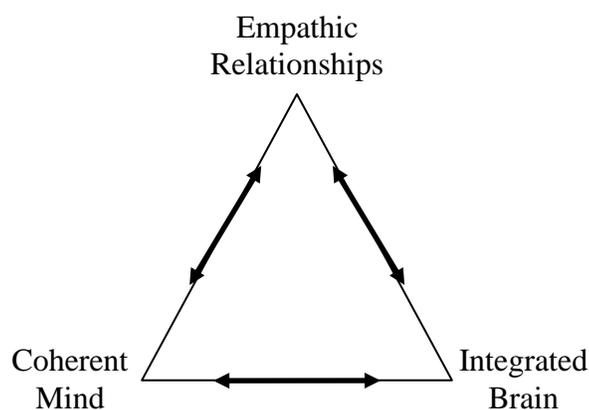


Figure 1. The triangle of well-being. Adapted from “An Interpersonal Neurobiology Approach to Psychotherapy,” by D. Siegel, 2006, *Psychiatric Annals*, 36(4), p. 250. Reprinted with permission from SLACK Incorporated.

Integration

In order to be healthy, both physically and psychologically, the mind, brain and relationships need to be operating as an integrated system. Siegel and Hartzell (2003) define integration as “a process whereby separate parts are linked together into a functional whole” (p. 72). In terms of relationships, integration in a family allows for individuality while still functioning as a cohesive system—balancing joining and differentiation. An integrated brain is one that has an interlocking web of neural connections linking distinct parts of the brain to one another (Siegel, 2006). Siegel (2006) uses the acronym FACES to describe the essential elements of integration, which stands for: flexible, adaptive, coherent, energized, and stable (p. 249). Integration is the middle way between rigidity and chaos, between too much structure and not enough. Integration means a person can choose a new way of acting in a situation instead of being driven by impulsive reactivity and habitual patterns. Healthy change is possible at all levels of the triangle of well-being when integration is present.

Siegel (2007) defines neural integration as “the linkage of anatomically or functionally differentiated neural regions into an interconnection of widely distributed areas of the brain and body proper. These interconnections take the form of synaptic linkages structurally, and create a form of coordination and balance” (p. 41). It is this balance and coordination that leads to optimal functioning. For example, integration creates neural pathways between the limbic parts of the brain that are responsible for both impulsive emotional reactivity and attunement, and the prefrontal cortex which controls executive functioning such as higher order thinking and decision making (Fishbane, 2007). When these two areas are operating together, one is able to connect with others without being triggered by anger, running away, or shutting down (i.e. the survival responses of fight, flight, or freeze; Fishbane, 2007). This is how integration improves our ability to be present with others – one can be vulnerable without being defensive, feel empathy without anxiety, and connect deeply without fear of being overwhelmed. Gottman and Levenson (1992) have shown that when couples argue it can activate diffuse psychological arousal—what they call “flooding” (Gottman & Gottman, 2007). When this survival mechanism is triggered in the midst of a couple relationship, people experience heightened cortisol levels and heart rate and tend to act in impulsive, nonadaptive ways that can harm their relationships (Gottman & Gottman, 2007). Timeouts are an important technique to calm this hyper-alert state. As people develop increasing levels of integration, it promotes abilities for empathy, emotional regulation and self-soothing in the midst of stressful triggers by bringing together distinct parts of the brain into a well-functioning whole. Thus, people will have the ability to either calm themselves when triggered, or to make choices to react differently even in the midst of stress (Siegel, 2007).

Further, integration is created through interpersonal attunement because of the mirror neuron system (Siegel, 2006). Mirror neurons are what fire in the brain when we watch someone

complete a predictable task; the neurons follow the same patterns in the brain as when we perform the task ourselves (Siegel, 2007). Because mirror neurons fire only when observing goal-oriented behavior, they suggest an ability in the brain to construct mental representations of the intentions of others. Hence, mirror neurons are thought to be the neurological building blocks of empathy (Gallese, 2003) and they support the argument that human beings are biologically constructed to function within social systems (Siegel, 2006). Interpersonal attunement activates the mirror neuron system and the brains of those involved begin to match each other (Siegel, 2006). This connection between two brains leads to greater coherence of the minds of those involved, and thus improves internal integration and self-regulation. Hence, by developing interpersonal attunement in couples, integration is a likely result.

This process of integration can also occur through the intrapersonal attunement of mindfulness training, what Siegel (2006) calls the “Mirror Neuron – Mindfulness Hypothesis” (p. 255). He argues that mindfulness training develops the connections between various parts of the brain, much in the same way as an infant grows in response to an attuned parent. Basically, mindfulness is a way of developing a healthy relationship with ourselves, and as a result of that relationship, brain integration is enhanced (Siegel, 2006).

Brain integration itself will not be tested in this research study, investigation requires expensive and complex neurological equipment. However, evidence of integration will be visible through increased positive affect and decrease negative affect, and flexibility in interactions between partners, which will be measured through relationship satisfaction and further understood through qualitative interviews.

Mindsight

Mindsight is the ability of people to see their own minds and the mind of others. It also includes meta-awareness – an individual with mindsight can not only see others’ minds, but is also aware of this awareness. Mindsight allows for distance from being overwhelmed by or swept up in our own minds, and empathy because we can put ourselves in the shoes of another person. Siegel (2010) explains that mindsight is the difference between saying “I am sad” – being consumed by and identifying with a mind state, and “I feel sad” accepting and knowing the feeling, but not letting it be the totality of our experience. Mindsight is a combination of “insight – seeing our own mind – with empathy – seeing the mind of another person” (Siegel, 2009, p. 138). Mindsight can be developed through mindfulness practice because as people observe their own minds, they become increasingly knowledgeable about the workings of the mind. Although there is no specific way to measure mindsight, the ability is closely tied to cognitive aspects of empathy and mindful awareness, which I will be measuring in this research.

Attachment Theory and Interpersonal Neurobiology

According to interpersonal neurobiology, our brains develop through our relationships with one’s primary caregivers as babies and continue to change structure based upon adult relationships (Siegel, 1999). These primary relationships form the foundation of the structures of our brains in infancy, and this structure becomes applied to relationships throughout the lifespan. These ideas are drawn from attachment theory, which began with Bowlby (1962/1982, 1988) investigating relationships between primary caregivers—mainly mothers—and children. He discussed the “secure base,” where children sought feelings of security and safety from caregivers and used them as a base from which to explore the world (p. 12). Bowlby believed that whether children have their emotional support needs met or not from parents shapes social

and behavioral development. This process occurs by creating internal working models of self and other that are then utilized in future relationships. From Bowlby's (1988) perspective, attachment style is stable over time mainly because the filter of the internal working model is present for all new relationships, but he did recognize that major life events and relationships could lead to change over time.

Interpersonal neurobiology theorists assert that through specific activities we are able to develop the structures of our brain that create a sense of security, and upon which empathy is built (Siegel, 2007). One such activity is mindfulness meditation. Through developing mindfulness, individuals activate and build the areas of the brain that are responsible for empathy, understanding, and positive affect, which are similar to the aspects of secure attachment. From this perspective, secure attachment is what allows integration to be possible (Siegel, 2007). Through mirroring by their parents, babies learn to be with and understand their own internal states and to self-soothe. This ability is essential for creating a structured neurological system in the brain which promotes such qualities as emotional regulation and empathy. On the other hand, insecure attachments can lead to chaotic or rigid responses to internal states because the adaptive connections in the brain have not been developed. Mindfulness promotes the same structures in the brain as secure attachment because it is a form of intrapersonal attunement. Through building these structures in regards to oneself, one is able to then utilize these skills and neural pathways in relationship to others – thus building interpersonal attunement and empathy.

Research Supporting Interpersonal Neurobiology

Research has demonstrated how secure attachment is related to important aspects of couple relationships, which is also the premise of interpersonal neurobiology. The attachment

system works in such a way that individuals are most able to offer caregiving to others when their own needs are met (Bowlby 1982; Ainsworth et al., 1978; Mikulincer & Shaver, 2007).

Mikulincer and Shaver explain:

Only when a degree of safety is attained and a sense of security is restored can most people perceive others to be not only sources of security and support, but also human beings who need and deserve comfort and support themselves (p. 147).

Hence, those who are insecurely attached are more often activated into defense and security seeking, and less often able to feel empathy and act supportively towards others. In a couple relationship, this dynamic is essential for quality and longevity of the relationship (Block-Lerner et al., 2007; Mikulincer & Shaver, 2007; Wachs & Cordova, 2007).

According to attachment theory, those who are insecurely attached have difficulty being empathetic of partners because they are either too focused on their own distress (e.g., those high in anxiety) or not attuned enough to a partner's distress (e.g., those high in avoidance; Collins & Ford, 2010; Simpson et al., 2007) or both. Hence, those low in both anxiety and avoidance (e.g., those with secure attachment) are able to be empathetic without becoming emotionally deregulated and can therefore offer care which would be helpful to another as opposed to being motivated to decrease their own distress (Simpson et al., 2007). Kane et al. (2007) tested these theoretical ideas through a structural equation model related to the partner effects of attachment style on relationship satisfaction. They found that one partner's anxiety and avoidance was related to the other partner's relationship satisfaction, and that this relationship was partially mediated by perceptions of caregiving ($N = 305$ couples; full model RMSEA = .062). Hence, if one's partner is highly avoidant, one will be likely to perceive him or her as having low caregiving abilities and therefore he or she will have low relationship satisfaction. Attachment

style also affects individuals' perceptions of their partners' support. Collins and Feeney (2004) discovered through experimentally manipulating messages to be of high or low support that people high in anxiety and avoidance tend to rate partners' messages as being significantly less supportive than individuals high in security, and in turn perform worse on tasks designed to induce stress (i.e., public speaking).

Joireman, Needham, and Cummings (2002) also empirically tested this theoretical understanding of the relationship between empathy and attachment style. In two studies totaling 395 college students, the Interpersonal Reactivity Index (IRI) was used to measure empathy and the Adult Attachment Survey (AAS) in one study and the Experience in Close Relationships-Revised (ECR-R) questionnaire in a second study was given to measure attachment style. In both studies, multiple regression was used to find predictors of aspects of empathy. Authors found in the first study, and confirmed in the second, that low anxiety and avoidance was a significant predictor of higher emotional concern ($p < .01$) and perspective taking ($p < .05$), and anxious attachment predicted higher personal distress ($p < .01$). Hence, those who are securely attached report more feelings of concern for others and the ability to take on another perspective. However, the population that was surveyed in each study was mainly single (60% and 65.5%, respectively). This could have implications for generalizability, making it questionable whether or not the same correlations and predictions between empathy and attachment would be found if the sample was of those in couple relationships. Keeping in mind these limitations, this study found that those with higher personal distress also had lower empathy. Therefore, it is likely that interventions that decrease personal distress, such as mindfulness, could increase empathy.

Mindfulness

From an interpersonal neurobiology perspective, mindfulness is seen as an essential skill to develop all aspects of the triangle of well-being (Siegel, 2006). Siegel (2007) argues that mindfulness training is a form of intrapersonal attunement that develops the prefrontal cortex. Through this development, mindfulness promotes the areas of the brain devoted to executive functioning, emotional regulation, empathy, mindsight and ultimately integration of the brain as a whole. This in turn improves mind and relationship functioning. Neuroscience research has supported Siegel's theory in demonstrating increased cortical thickness in the prefrontal cortex (Lazar, et al., 2005) and increased attentional control (Shapiro, Raymond, & Arnell, 1997) in people who engage in mindfulness practices.

Mindfulness is deceptively simple (Brown et al. 2007; Teasdale, Segal, & Williams, 2003); it is a basic concept that is hard to define and even harder to practice. The challenges in defining mindfulness have thoroughly been discussed (Baer, 2003; Brown et al., 2007). For clarity, the definition of mindfulness that I will use in this paper is the frequently cited (e.g. Baer, 2003) definition by Kabat-Zinn (1994) that mindfulness is "paying attention in a particular way: on purpose, in the present moment, and nonjudgmentally" (p. 4). This definition is consistent with Siegel's discussion of mindfulness, and in fact Siegel and Kabat-Zinn have studied with many of the same Western meditation teachers (Siegel, 2007). *Awareness* is the ability to pay attention in the moment, to observe what is happening in the body and mind in the present (Baer, 2003; Brown et al., 2007). Merely having awareness is not itself mindfulness; mindfulness also has the quality of *nonjudgment* which includes softness, curiosity and an acceptance of experience as it is (Baer, 2003; Brown et al., 2007). In general, mindfulness is both a state that

one can enter, and a more general personality trait (Brown et al., 2007). For the current research project, trait mindfulness was investigated.

Mindfulness training can be a formal meditation practice or the informal practice of learning to pay attention during daily activities (Brown et al., 2007). Various forms of mindfulness training are used in the Mindful Transition to Parenthood Program. Mindfulness and concentration skills that support mindfulness were taught through three forms of meditation (mindfulness, body scan, and loving-kindness; see Appendix A for details), and mindful awareness practices in everyday life (i.e. mindful eating, mindful communication). The essential components of mindfulness – awareness and acceptance – were practiced through a variety of experiential exercises and homework assignments designed to target these specific characteristics. Although these practices are not traditional ways of promoting mindfulness, they compliment the more formal mindfulness training of meditation. This combination of meditation, homework assignments, experiential activities, and mindfulness in daily life is consistent with ways mindfulness training has been adapted into therapy and intervention programs in the west including Siegel’s clinical approach (Siegel, 2010), Mindfulness-Based Relationship Enhancement (Carson et al., 2004), Mindfulness-Based Art Therapy (Monti, et al., 2006), Dialectical Behavioral Therapy (Linehan, 1987), Acceptance and Commitment Therapy (Hayes, Strosahl, & Wilson, 1999), and Mindfulness-Based Childbirth and Parenting (Duncan & Bardacke, 2010).

Mindfulness has two main components: awareness and nonjudgment. These two aspects are essential in breaking habitual patterns because when one is mindful, he or she is training in paying attention to thoughts, emotions, and sensations, instead of automatically reacting to them. The more one practices mindfulness, the more he or she can realize the impermanent

nature of things, and the easier they are to accept. When people can accept the present experience, emotional reactivity is lessened and then they have a choice in how to respond to the situation. Paradoxically, the more one can attend to that which is painful, without judgment or trying to make it different, the less painful it becomes (Brown et al., 2007). This process of awareness, acceptance, and choice has powerful implications for interpersonal relationships. For example, a person may break a pattern of fighting with his or her spouse by slowing down, noticing a body sensation of a racing heart that is labeled as anger and instead of reacting from that emotion, he or she can make a conscious choice to not escalate the argument.

Mindfulness, as defined by Kabat-Zinn (2003) and personally studied by Siegel (2007), has origins in the Buddhist tradition. However, contemplation is present in all the major wisdom traditions, and nonjudgmental awareness is found in many religions and philosophies. For example, Linehan, the founder of the mindfulness-based therapy Dialectical Behavioral Therapy (DBT), has a background in Christian contemplative prayer; she drew on her experiences living in both a Zen monastery and a Catholic monastery to develop her theory (Van Nuys, 2007). Rosch (2007) argues that the current definition of mindfulness used in the field is not the same as a traditional Buddhist definition; hence, it is unclear if the use of mindfulness in psychotherapy should be framed from a Buddhist perspective. In regards to the current project, as is the common approach to mindfulness training (Brown et al., 2007), no overt teachings of Buddhist philosophy or spirituality will be included. However, future studies should investigate how to best apply the teachings of awareness and acceptance so that it is both accessible to diverse populations and does not disregard thousands of years of wisdom.

There is extensive research on the benefits of mindfulness among various settings and populations. Mindfulness has been linked to increases in general life satisfaction (Baer, 2003;

Brown, et al, 2007), positive affect (Barnes et al., 2007), and increased self-esteem (Heppner & Kernis, 2007). Mindfulness has also been shown to effectively treat anxiety, borderline personality disorder, depression, and addiction (Baer, 2003; Brown, et al, 2007). Neuroscience has been investigating mindfulness as well, showing that intensive meditation can lead to neuroplasticity, a restructuring of the brain that can improve attention and working memory (Slagter et al., 2007). After only eight weeks of meditation experience beginning meditators have increased immune function, lower negative affect, increased ability to process trauma, and heightened activity in areas of the brain associated with positive affect (Davidson et al., 2003; Farb, Anderson, Mayberg, Bean, McKeon, & Segal, 2010; Jha, Stanley, Kiyonaga, Wong, & Gelfand, 2010). Additionally, participants who completed a ten minute induction of mindfulness in a laboratory setting were found to have significantly higher positive affect and lower negative affect than a control, following positive and distressing movie clips (Erisman & Roemer, 2010). Though there is need for further randomized clinical trials (Baer, 2003; Brown, et al, 2007), early research is promising.

Research on mindfulness grew exponentially after Mindfulness-Based Stress Reduction (MBSR) was examined in medical settings and shown to substantially help those with chronic pain (Baer, 2003; Brown et al., 2007; Kabat-Zinn, 1990). Due to extensive research with positive outcomes, MBSR is widely offered around the world (Baer, 2003; Brown et al., 2007). The program is an eight- to ten-week course for individuals in a group setting that includes the teaching and practice of body scanning, mindfulness meditation, hatha yoga, and loving-kindness meditation. A daily meditation practice of 45 minutes is encouraged as part of the program, which participants complete through listening to a compact disc at home. One full day of mindfulness practice is also included during the last week of the course. The program is secular

in nature and does not discuss spirituality as an overt component of the training, though is based on Buddhist principles (Brown, et al., 2007; Kabat-Zinn, 1990; Kabat-Zinn, 2003). The program has since been expanded beyond individuals with chronic pain, with positive results (Kabat-Zinn, 2003; Shapiro, Schwartz, & Bonner, 1998). For example, Shapiro, Brown, and Biegel (2007) considered how MBSR could be useful for therapists-in-training. Using a nonrandomized, cohort-controlled design ($N=54$), they demonstrated that students who were enrolled in an academic course where MBSR was a part of the curriculum as compared to students who were not enrolled in the class, had significantly lower stress, negative affect, rumination, and anxiety, and were higher in positive affect, self-compassion and mindfulness.

Mindfulness in Relationships

Less extensive research has been emerging regarding implications of mindfulness for relationships. Supporting the theoretical foundation of interpersonal neurobiology, mindfulness has been positively related to relationship satisfaction, skilled responses to relationship stress, empathy, and acceptance of partner (Barnes et al., 2007; Shaver et al., 2007; Wachs, & Cordova, 2007; Walsh et al., 2009). Mindfulness is also positively correlated with secure attachment and negatively correlated with both anxious and avoidant attachment (Shaver et al., 2007; Walsh et al. 2009), thus connecting mindfulness to the vast attachment literature. The mindfulness process of awareness and acceptance leads to less reactivity in interpersonal relationships, resulting in more positive relational dynamics (Wachs & Cordova, 2007). Mindfulness has also been shown to increase compassion and empathy and could be useful in empathy training for individuals, couples and families (Block-Lerner, et al, 2007). Preliminary qualitative research has also shown that mindfulness can increase sexual fulfillment for women recovering from gynecologic cancer (Brotto & Heiman, 2007).

There is little research on the impact of mindfulness training for expectant parents. One program, the Mindfulness-Based Childbirth and Parenting (MBCP) program was adapted for pregnant women from the traditional MBSR curriculum (Hughes, Williams, Bardacke, Duncan, Dimidjian & Goodman, 2009). This program decreased the stress and pain of the birthing process for women, minimizing the need for medication (Hughes, et al., 2009). A modified Mindfulness-Based Cognitive Therapy program is currently being studied to prevent post-partum depression (Hughes et al., 2009). These programs may improve parent-child bonding and child development since mothers learn coping skills that can be applied to daily life as a parent, instead of traditional childbirth courses that focus solely on the delivery process. However, these programs are focused on pregnant women, not the couple as a whole. Since father involvement can significantly predict post-partum depression and many relational outcomes (Cowan & Cowan, 2000; Shapiro & Gottman, 2005), not actively including fathers in childbirth preparation courses could undermine individual gains by mothers.

An increasing number of researchers are investigating the role of mindfulness in couple relationships. For example, Carson, Carson, Gill and Baucom (2007) tested a program they developed, Mindfulness-Based Relationship Enhancement (MBRE), through randomly assigning nondistressed couples to a treatment or waitlist control group. Mindfulness-Based Relationship Enhancement was modeled after MBSR as an eight-week course with modifications for couples including: mindful touch exercises, partner yoga poses, and loving-kindness meditation. Carson, et al. (2007) reported that as a result of participating in the MBRE program, the treatment group ($n = 22$ couples) had significantly higher relational satisfaction ($p < .001$), relatedness ($p < .001$), closeness ($p < .05$), and acceptance of partner ($p < .05$), and lower relational ($p < .05$) and psychological ($p < .001$) distress than the waitlist control group ($n = 22$ couples). Of the

participants who completed the MBRE program, those with more daily practice of mindfulness showed increased relationship happiness ($p < .001$) and an increased ability to cope with stress ($p < .001$). These findings show the relational benefits of concurrent mindfulness training for both members of a couple. Although these couples began generally happy with their relationships, there were significant improvements in relationship satisfaction, which challenges the argument of a ceiling effect for relationship quality.

Wachs and Cordova (2007) investigated the relationship between mindfulness and relationship satisfaction. They hypothesized that mindfulness would increase one's skillfulness in relating to others even when feeling difficult emotions. Utilizing a sample of 33 couples, the authors confirmed their hypothesis. They found significant positive correlations between mindfulness (as measured by the Mindful Attention and Awareness Scale; Brown, & Ryan, 2003) and marital satisfaction ($p < .05$), perspective taking ($p < .01$), empathic concern ($p < .05$), lack of personal distress ($p < .05$), impulsivity ($p < .05$) and anger control ($p < .01$). A significant relationship between mindfulness and one's ability to identify emotions and communicate them to others was also found. These results suggest that mindfulness training could increase communication and relationship skills in couples.

Across two studies, Barnes et al. (2007) showed that higher mindfulness was correlated with increased relational satisfaction, increased self-control and accommodation, more adaptive response skills when faced with relational stress, more positive perceptions of the partner, and more effective communication. In study two, data was collected by videotaping sixty couples while they discussed an aspect of conflict in their relationship. Self-report measures of anxiety, stress, anger, and mindfulness were given to the couples and observational coding of videotapes was completed using the System of Coding Interactions in Dyads (SCID; Barbee, &

Cunningham, 1995). In this second study, mindfulness was found to be related to increased relational satisfaction ($p < .0001$), and decreased verbal aggression ($p < .001$), anxiety ($p < .05$), anger-hostility ($p < .01$), and negativity and conflict ($p < .05$). Further, authors found that the level of mindfulness only affected the individual's emotional state, communication, and perception of the conflict, not the partner's perceptions. This is worthy of emphasis since it is possible that larger effects could be seen if both members of a couple had high mindfulness, thus strengthening the argument for mindfulness-based couple interventions.

Walsh, Balint, Smolira, Fredericksen, and Madsen (2008) sought to investigate the relationship between attachment style and mindfulness level. In study one ($N = 127$) attachment anxiety ($r = -.32, p < .001$) and attachment avoidance ($r = -.25, p < .01$) were measured by the ECR-R and found to be significantly negatively correlated with an overall MAAS mindfulness score. Trait anxiety was also found to be significantly negatively correlated with mindfulness ($r = -.33, p < .001$). Utilizing regression, only attachment anxiety ($\beta = -.24, p < .01$), and trait anxiety ($\beta = -.21, p < .05$) were found to be significant negative predictors of mindfulness score. Though attachment avoidance and mindfulness were negatively correlated, attachment avoidance was not found to predict mindfulness level. This could be because of the mindfulness measure used.

Thus far, the majority of practice and research on mindfulness focuses on individual training in a group context (Baer, 2003; Brown, et al, 2007) and there is less literature outlining the integration of mindfulness with couples and relationships. Also, there have been many studies showing correlations between relationship satisfaction and mindfulness, but few experimental designs to demonstrate cause and effect. Furthermore, many studies used the Mindful Attention and Awareness Scale (MAAS) to measure mindfulness levels. This measure has been critiqued for being a measure of awareness, not mindfulness, because it does not

include acceptance as part of the scale (Wachs & Cordova, 2007). Concurrent validity of the MAAS has also been questioned, because of its lack of ability to distinguish between meditating and non-meditating groups (Baer, Smith, Lykins, Button, Krietemeyer, Sauer et al., 2008). The development of a new scale, the FFMQ, through rigorous factor analysis, validity and reliability testing, means the construct of mindfulness can be more effectively measured (Baer, 2006; Baer et al., 2008). Hence, future research on mindfulness can benefit from this development and will yield more valid results. Considering the data on the effectiveness of mindfulness-based interventions to treat individuals and correlations with aspects of relationships (Brown et al., 2007), experimental research on mindfulness training for couples is needed.

Empathy

Empathy as a construct has been under-researched due to the difficulty with defining and measuring it (Britton, & Fuendeling, 2005). Davis (1980, 1983a) defines empathy as cognitive and emotional responses to an observed other, and this definition has been used in numerous studies in the past two decades (e.g. Wachs & Cordova, 2007). According to Davis (1983a) there are four aspects of empathy: *perspective taking*, which is a cognitive ability to understand another person's viewpoint, *empathic concern*, which is an emotional, concerned response to another, *personal distress*, which is self-focused and having reactive feelings of anxiety and distress in regards to another person in need, and *fantasy*, which is one's ability to relate, emotionally and cognitively, with fictional characters in stories and movies. For the purpose of this paper, the first three aspects of empathy will be studied as they are most relevant to couple relationships (Davis, 1983b). Perspective taking and empathic concern have been found to be positively correlated with social skills, and self-esteem (Davis, 1983a). Conversely, personal distress has been found to be negatively correlated with social skills and self-esteem (Davis,

1983a). Hence, empathy is a useful construct to study because of its implications with relationship health and couples' functioning.

Davis (1983b) investigated whether different aspects of self-reported empathy were related to altruistic behavior. In this study, participants ($N = 158$ college students) completed the Interpersonal Reactivity Index (IRI; Davis, 1980) of perspective taking, empathic concern, and emotional distress subscales. Then, participants were given instructions before listening to a tape to either take on the perspective of the person on the tape or to merely listen to its content. The tape that participants listened to was an emotional appeal from a woman in a difficult situation; at the end of the experiment, participants could offer to volunteer their time to help her. Follow up measures included one of mood, with 22 questions on a 7-point scale related to empathic concern (e.g. touched, compassionate, etc.) and one of personal distress (e.g. uneasy, distressed). Results indicated that those participants who were asked to identify with the person on tape reported more empathic emotions in post-test ($F(1,152) = 7.25, p <.01$) and those with higher empathic emotions offered more help ($F(1,172) = 6.95, p <.01$). Furthermore, through hierarchical linear regression, it was found the empathic concern scores were significant predictors of empathic emotion towards the woman on the tape ($F(1,150) = 10.94; p <.001$). Therefore, empathic concern is an aspect of empathy that predict how one feels towards a person in need, and thus his or her altruistic behavior following these feelings. Since empathy affects altruistic behavior towards an unknown other in need, it is worth investigating if it also impacts behavior towards a romantic partner.

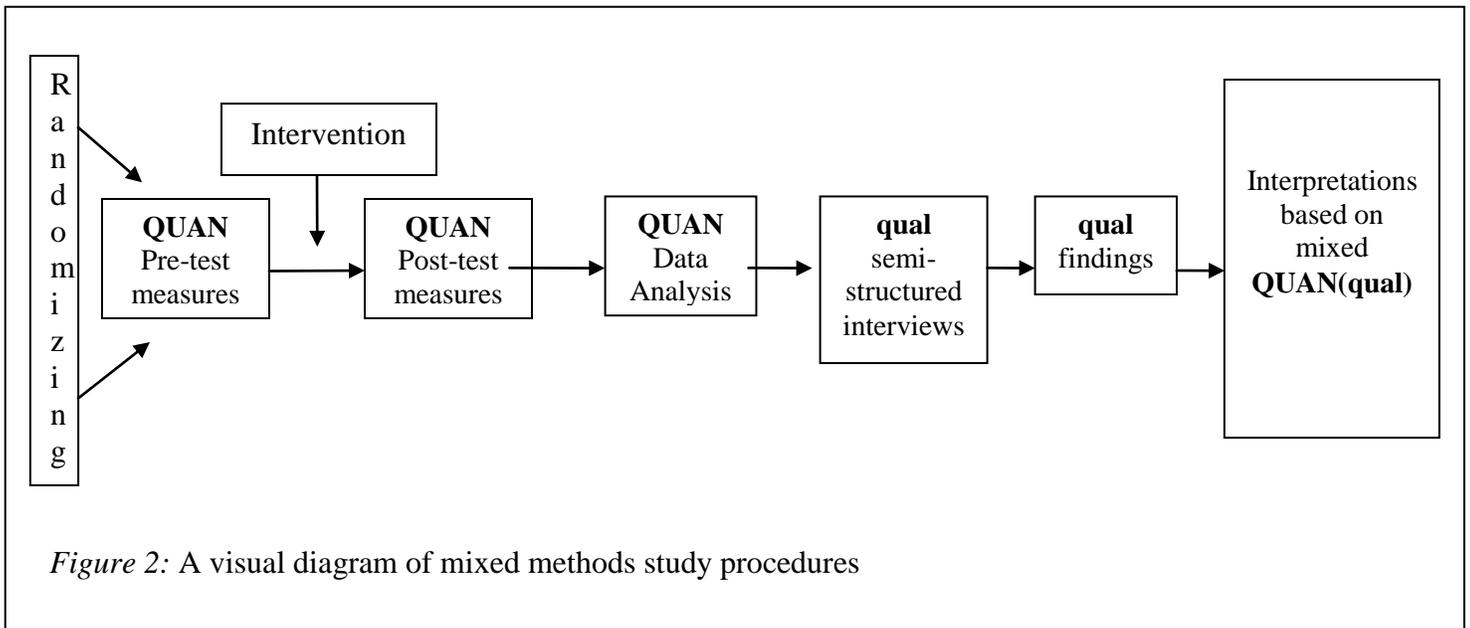
Long and Andrews (1990) researched whether one aspect of empathy, perspective taking, would be predictive of marital adjustment for partner, and if perceptions of partner's perspective taking abilities would predict marital adjustment. This study ($N = 159$ married couples) found

partner's perspective taking was predictive of both husbands' ($B=9.16, F=20.57, p <.0001$) and wives' dyadic adjustment ($B=-6.18, F=10.57, p = .0001$). Measures used for this study were the IRI, DAS, and two newly developed instruments, the Other Dyadic Perspective-Taking Scale (ODPT; $\alpha =.94$) which allowed individuals to rate their partner's perspective taking ability and the Self Dyadic Perspective-Taking Scale (SDPT; $\alpha =.89$) which measured perspective taking in current relationship. This study demonstrated how a partner's perspective taking skills affected relationship satisfaction, thus strengthening the argument for the need of empathy training for a couple unit, instead of individuals.

Chapter 3: The Current Study

Mindfulness could be a way to decrease emotional reactivity, improve attunement, and to increase acceptance and empathy, all of which are correlated with high relationship satisfaction (Feeney, 2002; Joireman et al., 2002; Lowyck et al., 2008). Mindfulness is a process that helps to increase tolerance to sensations and emotions, thereby lessening reactivity and the activation of defense against external threats. When one is less defensive, there is a natural opening to others, which increases connection and empathy, reinforcing that defense is unnecessary. When awareness and acceptance are brought into the present moment, the influence of negative past relationship experiences is interrupted, and new ways of relating are possible.

In the current study, I investigated how a couples-based intervention during the transition to parenthood impacts relationship satisfaction, empathy, mindfulness, and emotionality. This study is an experimental design, with randomized treatment and control conditions. Couples in the treatment condition completed a four-week program, the Mindful Transition to Parenting Program, based on interpersonal neurobiology. Following the program, I compared post-test scores on a variety of relationally significant measures between treatment and control groups after controlling for pre-test scores. I conducted and coded qualitative interviews of couples to determine their experiences of the intervention. Couples in the control condition were waitlisted a minimum of four weeks and then had the opportunity to complete the program. Mixed methods analyses investigated the relationship between couples' experiences during the program and changes in relationship satisfaction. See Figure 2 for a diagram of the study procedures.



Methods

Mixed Methods

The primary purpose of this study is to develop and test the effectiveness of the Mindful Transition to Parenting Program in promoting mindfulness, empathy, positive emotionality, and relationship satisfaction. The secondary purpose of this study is to understand the participants' experiences of the intervention and how these experiences relate to gender. The secondary purpose will also increase my understanding of how to improve the intervention for future use.

This study followed a mixed methods design. Specifically, the design is an embedded experimental quantitative with qualitative design, with quantitative methods emphasized; written in notation as: QUAN(qual) (see Creswell, & Plano-Clark, 2006). Utilizing a combination of qualitative and quantitative procedures has a long history in research and has become a recognized methodology in the past fifteen years due to its ability to answer complex and varied questions (Creswell, & Plano-Clark, 2006). Mixed methods research has many benefits for systemic research, but is currently underutilized in the field of marriage and family therapy (Gambrel & Butler, 2010). This study will use both quantitative and qualitative methods in order

to have a richer understanding of the impact of the intervention on the couple relationship. I draw on pragmatism to transcend the false dichotomy between these two methods of inquiry and to argue that they may be used compatibly to answer my research questions (Johnson & Onwuegbuzie, 2004).

Mixed methods will be used for this study in order to answer three different questions.

Quantitative question: Is the Mindful Transition to Parenthood Program an effective means of improving participants' mindfulness, empathy, emotionality, and relationship satisfaction?

Qualitative question: What are the experiences of participants in the Mindful Transition to Parenthood Program?

Mixed question: What are the divergent experiences of men and women in the Mindful Transition to Parenthood Program?

There are seven hypotheses for this study:

1. Participants—examined by sex—in the treatment group will have significantly higher self-reported relationship satisfaction than the control group following the four week intervention, when controlling for pretest scores;
2. Participants in the treatment group will have significantly higher self-reported mindfulness than control group;
3. Participants in the treatment group will have significantly higher self-reported general empathy (higher empathic concern and perspective-taking, lower personal distress) than control group;
4. Participants in the treatment group will have significantly higher self-reported empathy in their relationship than control group;

5. Participants in the treatment group will report significantly higher partner empathy than control group;
6. Participants in the treatment group will have significantly higher self-reported emotionality (lower negative affect and higher positive affect) than control group;
7. Participants in the treatment group will have significantly lower negative emotional states (i.e., stress, anxiety, and depression) than control group.

Data Analysis Plan

Analysis of covariance (ANCOVA) was used to compare change scores for treatment and control groups, while controlling for pre-test scores. Men and women were analyzed separately to minimize the influence of collinearity. This method of dividing participants into groups by sex and analyzing them at the individual level is one appropriate way of using ANCOVA with dyadic data when the two groups are made up of distinguishable members (DeCoster, 2002). Couple level analysis was not needed to answer research questions in this study, and is also less appropriate considering all measures are individual in nature. My research questions focus on main effects in terms of determining the difference in outcomes between my treatment and control groups, interaction effects based on sex were not examined as this form of analysis would be inconsistent with research questions. Qualitative methods were used to understand more about couple interactions and the experiences of couples in the intervention. The program SPSS was used for quantitative data analysis.

Qualitative data was collected through semi-structured interviews at the conclusion of quantitative data collection in order to more fully understand couples' experiences of the intervention and how these experiences relate to changes in relationship satisfaction. Appendix B is the qualitative interview protocol. To analyze the qualitative data, responses to interview

questions were recorded then transcribed and coded by sentence; codes were placed into overarching themes that emerged from the findings (Corbin & Strauss, 2008). I first open coded transcripts, and then I axial coded these into larger categories to determine the themes of couples' experiences of the intervention. A process of peer debriefing was used with all codes, themes, and subthemes (Lincoln & Guba, 1985). For the mixed method aspect of my analysis, I compared the qualitative findings for men and women to understand how their experiences relate with the quantitative outcomes.

Sample

I recruited couples from the southeastern United States including Virginia, North Carolina, South Carolina, and Tennessee. The sample consisted of mainly community adults and graduate students at local universities, with $N = 66$. This sample was large enough to determine statistical differences between groups, yet small enough to be feasible (see Figure 3).

Difference in Y-intercepts:

Standard deviation within groups:

r^2 within groups:

Alpha (significance level of test):

Power (probability of significant result if alternative hypothesis is true):

Two-tailed test One-tailed test

Sample size needed in each group: 15

*Figure 3: Power analysis calculation form for ANCOVA. Adapted from “<http://udel.edu/~mcdonald/statancova.html>” by J. H. McDonald, 2009, *Handbook of Biological Statistics*, Copyright 2009 by John H. McDonald. Used with permission of author.*

Figure 3 shows that I needed to have a minimum sample size of 15 in each group—treatment and control—with a medium effect size. Because I ran analyses on men and women separately, I needed at least 15 women and 15 men in each group, hence 15 couples per group. I determined that .5 is a medium effect size for this study with a standard deviation of one from a meta-analysis of past couple interventions for expectant parents (Pinquart & Teubert, 2010) and a study on the effects of a couple-based intervention in the transition to parenthood demonstrated a medium effect size (Schulz, et al., 2006). A one-tailed test is appropriate for this research because it is preliminary and I am expecting maintenance or improvement in measures, not decline (E. Vance, personal communication, February 11, 2011).

In order to participate in this research, couples must have been currently romantically involved (i.e. mother-daughter pairs are not eligible, neither are co-parents who are no longer in a couple relationship). Couples were only eligible to participate who are pregnant with their first child, which has been the sample for almost all couple-focused interventions for expectant parents (Pinquart & Teubert, 2010). The intervention program began between the start of the second trimester to the start of the third trimester, specifically 12 to 34 weeks. This timeframe allowed time for couples to complete the intervention before giving birth, and lessened the risk that a miscarriage will happen after the start of the program. I recruited participants through local businesses and organizations, and advertising. Specifically, I made contacts with local hospitals, birthing centers, new parent support groups, prenatal classes, doulas, prenatal yoga classes, midwives, and churches. I also advertised on-line through Facebook, Craigslist, e-mail notifications, Google Adwords, and various on-line newspaper and calendar formats.

Exclusionary criteria for the study included having a diagnosed personality disorder, being clinically depressed, having a history of trauma, and current substance abuse (see

Appendix C for details). I chose these criteria because these characteristics can lead people to be more resistant to mindfulness training than the general population (Baer, 2003) and they increase one's risk of mindfulness causing harm (e.g. someone who was sexually abused may be retraumatized when asked to be mindful of body sensations in the present moment). Also, participants with a current daily meditation practice and those in couples therapy were not eligible to participate as this could conflate results between the treatment and control groups. I screened individuals through self-report and, when needed, through individual interview.

Procedure

Prior to beginning the study, I discussed all necessary information for informed consent and informed consent documents were completed by participants; participants were screened, as discussed above, before these meetings. I met with participants individually to sign consent documents to minimize risk of coercion by a partner to participate. In order to be able to participate, couples had to be willing to participate in the program or to be put on a waitlist and complete measures in both groups. I randomized couples to a group based on a coin-toss. Randomization was the best option for this study as it accounted for known and unknown variable differences, which paired-matching does not (Freedman, Pisani, & Purves, 1998). Since the groups were taken from the same population, I can more readily show cause and effect with a randomized design, whereas a nonrandomized study could only show that groups are different, but not that the intervention was the cause of these differences. Although it is preferable to have a control group that also receives a treatment, a treatment-control group has limitations in terms of resources and issues with selecting a comparable control group intervention because there is no standard couple-based intervention for this population. A randomized design with a comparable control is able to demonstrate differences between groups based on the intervention

and is commonly used for initial intervention study outcomes (e.g. Carson, et al., 2004; Schulz, et al., 2006; Shapiro & Gottman, 2005). I can build upon these results with larger samples and more complex controls in future studies.

One of the variables that randomization can account for is the potential of couples participating in outside prenatal programs, and due to ethical considerations this was not prevented for the treatment or control groups. Almost all traditional prenatal classes offered by midwives and in hospitals are not couple-focused and are not expected to concentrate on improving the couple relationship. I have not found any research evidence that participation in such programs improves relational outcomes. Past evaluation research of couple-focused programs for the transition to parenthood have not controlled for participation in additional classes or programs (e.g., Schulz, et al., 2006; Shapiro & Gottman, 2005) and neither has research on the Mindfulness-Based Childbirth and Parenting program (Duncan & Bardacke, 2010). However, I collected information about participants engaging in outside prenatal programming and was able to control for this variable; it was found to not significantly impact results.

Following randomization, I collected demographic information regarding age, sex, length of relationship, relationship status, education, occupation, religion, socioeconomic status, sexual orientation, experience with mindfulness training, pregnancy information, and ethnicity (see Appendix C for details). I used this information to determine the diversity of the sample and the generalizability of results. Throughout the four-week intervention, I collected daily information via a paper calendar to determine how many minutes per day of meditation practice participants are completing; this was used to assess compliance and dosage. For pre-test measures prior to beginning their first class in the treatment group and at the time for the control group, individuals

completed the Five-Factor Mindfulness Questionnaire (FFMQ), the Couple Satisfaction Index (CSI), the Interpersonal Reactivity Index (IRI), Self and Other Dyadic Perspective Taking Scales (SDPTS; ODPTS), the Depression, Anxiety, and Stress Scale – 21 (DASS-21), and the short form of the Positive and Negative Affect Schedule (PANAS-Short Form). All measures were given on the on-line survey program Qualtrics, which has been approved for use by the Virginia Tech institutional review board. This program is more robust than VT Survey, allows for ease of data import, has strict controls on maintaining confidentiality, has a variety of survey question options, and is generally more user-friendly than other on-line systems. Participants were given the option of having this survey available to them on paper if they had limited internet access; couples did not make such a request.

After completing these measures, couples in the treatment group completed four weeks of the Mindful Transition to Parenthood Program. The Mindful Transition to Parenthood Program had a different theme each week, following the basic format of an introductory discussion, a guided mindfulness activity, a psychoeducational component, an experiential activity, and then a closing activity when homework was given. Each week the group met for two hours and at home participants engaged in fifteen minutes of mindfulness practice per day, and had homework of an individual activity and a couple-focused activity designed to practice skills related to the theme for the week. Week one focused on mindfulness of self, week two on awareness of partner, week three on mindfulness of the relationship, and week four focused on mindfulness of the growing family. All participants received a compact disk with four mindfulness activities guided by the author to use for home practice, fifteen minutes per day. The body scan and mindful meditation exercises were based on scripts used in MBSR (Kabat-Zinn, 1990) and the loving-kindness practice was based on traditional phrases. Key activities in the program included

mapping the present moment as an awareness tool, body scan, mindfulness meditation, loving-kindness meditation, mindful communication, mindfulness in daily life, effective conflict management techniques, effective repair, and psychoeducation about the transition to parenting including gender roles and involving fathers in the parenting process. Also, dyadic and small group activities promoted group support, which has been shown to be helpful for people in stressful transitions (e.g. Monti, et al., 2006; Shulz, et al. 2006). Hence, group support is an important component of my intervention, not a variable that needs to be controlled. For specific details, the curriculum is available in Appendix A.

Following the four week intervention, couples completed the measures of relationship satisfaction, mindfulness, empathy, and emotionality. I also interviewed couples in the treatment group to determine their experiences of the intervention, areas that could be improved in the program for future use, and gathered additional information about couple functioning. The control group received their questionnaires at this same time. In future research, I will investigate how the program affected birthing experiences, couple functioning, and parenting practices of participants post-birth.

Instruments

Mindfulness

The Five Facet Mindfulness Questionnaire (FFMQ; Baer, Smith, Hopkins, Krietemeyer, & Toney, 2006) was used to measure five aspects of mindfulness, and one combined mindfulness score. The FFMQ was created through a factor analysis of five mindfulness self-report measures, with a college sample of 613. The final questionnaire contained 39 items on a five-point scale ranging from 1=*never or very rarely true*, to 5=*very often or always true* with five subscales. The subscales are *nonreactivity* “In difficult situations, I can pause without

immediately reacting,” *observing* “I pay attention to sensations, such as the wind in my hair or sun on my face,” *acting with awareness* “I rush through activities without being really attentive to them” (reverse scored), *describing* “I’m good at finding the words to describe my feelings” and *nonjudging* “I tell myself that I shouldn’t be feeling the way I’m feeling” (reverse scored). Through higher order factor analysis it was found that four of the five subscales (all but observing) could be combined to reach an overarching mindfulness score, with those who are more mindful having higher scores. Observing was not found to fit the model, possibly because in a general, non-meditating sample the ability to observe is not necessarily related with the ability to be nonjudgmental, which distinguishes it as mindfulness skill instead of neuroticism or rumination. For example, neuroticism was found to be significantly negatively correlated with nonjudging, describing, acting with awareness and nonreactivity (all at $p < .001$), but to have no significant relationship with observing (Baer et al., 2006). Overall, the FFMQ was found to be reliable (internal consistency alpha levels for each subscale were above .75) and valid through factor analysis, correlations with other measures and analysis of scores from the general college sample and a meditating sample ($N = 119$; Baer et al., 2008).

Relationship Satisfaction

The Couple Satisfaction Index (CSI; Funk & Rogge, 2007) was used to measure relationship satisfaction. The measure was developed to be theoretically consistent, hence it measures only relationship satisfaction (individual happiness) and not relationship adjustment (interactions between partners), which has been conflated in previous measures such as the Dyadic Adjustment Scale (DAS; Spanier, 1976) and the Marital Adjustment Scale (MAT, Locke-Wallace, 1959; Funk & Rogge, 2010). The CSI was developed through item response theory with questions taken from eight well-established measures of relationship satisfaction and

75 additional questions, given to a sample of 5,315 people on-line. The study resulted in a 32 item Likert scale self-report measure that culminates in one holistic score of relationship satisfaction. The majority of questions are on a zero to five scale. The scale includes a global item that reads: “Please indicate the degree of happiness, all things considered, of your relationship,” from 0= *extremely happy* to 6=*perfect*. Other items on the index address specific aspects of the relationship including: “Do you enjoy your partner’s company?” and “I feel I can confide in my partner about virtually anything.” Funk and Rogge argue that their measure has increased power and precision from the popular Dyadic Adjustment Scale (DAS; Spanier, 1976). The CSI has decreased measurement error and an improved ability to detect small differences in relationship satisfaction across a full range of scores, thus allowing researchers to compare groups and individuals overtime more effectively. A recent article with two studies using the CSI with a combined sample of 222 college-age participants found high internal consistency with $\alpha = .98$ and $\alpha = .97$ in study one and study two, respectively (Lee, Rogge, & Reis, 2010).

Empathy

The Interpersonal Reactivity Index (IRI; Davis, 1980) was used as a self-report measure of general empathy. Three subscales of this measure were used—perspective taking (PT), empathic concern (EC) and personal distress (PD)—totaling 21 items. This measure is on a 5-point scale from 1 = *does not describe me well* to 5 = *describes me well*. Sample items include: “Before criticizing somebody, I try to imagine how I would feel if I were in their place” (PT), “I am often quite touched by things that I see happen” (EC), and “I sometimes feel helpless when I am in the middle of a very emotional situation” (PD; Davis, 1980). Higher scores indicate higher levels of PT, EC and PD. Inter-item reliability for the original study (Davis, 1980) with over 1,000 college students indicated alpha levels of between .70 and .78 for all subscales. Test-rest

reliability was lower at .615 for PT, .71 for EC, and .71 for PD; these are average scores, as the original paper presented separate scores for males and females. Inter-subscale correlations were low, indicating that each was a unique construct.

The Self-Dyadic Perspective-Taking Scale (SDPTS) and the Other-Dyadic Perspective-Taking Scale (ODPTS; Long, 1990) were used as a self-report measure of empathy towards partner, as well as perceived empathy of partner towards self. The SDPTS and ODPTS are perspective-taking measures, hence they are measuring the cognitive component of empathy, not the affective component. Because general levels of empathy (as measured by the IRI) may not necessarily translate into empathy towards a specific partner (Long, 1990) both the IRI and DPTS are necessary for this study.

The SDPTS consists of thirteen questions on a Likert scale from 0=*does not describe me well* to 4=*does describe me well* (Long, 1990). Sample items include: “I very often seem to know how my partner feels” and “When I’m upset with my partner, I usually try to put myself in his/her shoes for awhile.” These two items demonstrate the two subscales of the measure—cognizance, a general awareness of a partner, and strategies, attempts to understand a partner’s perspective. The ODPTS is similar though focused on a partner. It is a 20-item measure that follows the same Likert scaling as the SDPTS and the same two subscales. Sample items include: “My partner is not good at understanding my problems” and “My partner tries to look at my perspective before making a decision.”

The original psychometrics for the SDPTS and ODPTS were based on two studies with college samples, both above $N=100$ and a third study with married individuals ($N = 342$; Long, 1990). Reliability for women on the SDPTS was an alpha coefficient of .85 for both subscales, and $\alpha=.85$ for men on the cognizance subscale and .80 for men on the strategies subscale.

Item-total score correlations by gender and subscale varied from .47 to .84. On the ODPTS women had an alpha coefficient of .91 for cognizance and .90 for strategies, while men it was .97 and .93, respectively. Item-total score correlations by gender and subscale ranged from .53 to .82. Men and women's overall perspective-taking scores were significantly correlated in the expected direction with the IRI scores for perspective-taking (women $r = .43, p < .001$ and men $r = .53, p < .001$), but correlations were low enough to support the idea that related, but distinct, constructs were being measured.

Emotionality

The Depression Anxiety Stress Scale – 21 (DASS-21; Lovibond & Lovibond, 1995) was used to measure three dimensions of negative affect. The DASS-21 consists of seven questions related to each of the three areas: depression, anxiety, and stress. These questions are answered about the past week on a 0-*did not apply to me at all* to 3-*applied to me very much, or most of the time* Likert scale. Sample items include for depression: “I felt down-hearted and blue”, for anxiety: “I felt scared without any good reason,” and for stress: “I found it hard to wind down.” The original scale was 42 questions and was tested on a large, normative sample ($N=717$; Lovibond & Lovibond, 1995). Results indicated sound psychometrics with alphas of .91 for depression, .81 for anxiety, and .89 for stress and higher than average convergent validity for self-report measures with the Beck Depression Scale and the Beck Anxiety Scale. The shortened version of this measure, the DASS-21, was developed by Henry and Crawford (2005). With a large adult nonclinical sample ($N = 1,794$) they determined through confirmatory factor analysis that both a combined score and three separate subscores were valid, with this model having the best fit (RCFI=.94). Reliability was similar in the shortened version to the original scale with alphas of .88, .82, and .90 for depression, anxiety, and stress, respectively. Further, there was an

alpha of .93 for the combined score. Convergent and divergent validity were demonstrated through a positive correlation with the negative affect items of the PANAS ($r = .69$), a negative correlation with the positive affect items of the same scale ($r = -.40$), and positive correlations with two other commonly used measures of depression and anxiety.

The Positive and Negative Affect Schedule (PANAS; Watson, Clark, & Tellegen, 1988) is a widely accepted measure of two dimensions of affect. This measure consists of two 10-item mood scales with respondents answering to what extent they have felt a certain emotion from 1=*very slightly or not at all* to 5=*extremely* over a variety of time periods. Positive affect words include *excited*, *alert*, and *inspired*. The original psychometrics with various time periods in the questioning (from “right now” to “in the past year”) were tested on a majority undergraduate college student sample that also included employees of the college ($N = 4217$, Watson, et al. 1988). Internal consistency reliabilities were high for both scales among all time periods, with alphas ranging from .86 to .90 for the positive affect subscale and from .84 to .87 for the negative affect scale. Factorial validity and external validity were strong, and test-retest reliability was also good, with significant stability overtime. The short form of the PANAS, with 10 items total, was found to have similar reliability and validity to the complete version with an adult sample of 2,651 subjects (Mackinnon, Jorm, Christensen, Korten, Jacomb, & Rodgers, 1999).

Crawford and Henry (2004) tested the PANAS on a more contemporary, non-clinical sample and found that the psychometric properties continued to be sound. A sample of 1,003 people from the general population in the United Kingdom completed the measure. Confirmatory factor analysis demonstrated that the model was a better fit with the positive affect and negative affect sub-scales as separate and correlated factors. This supports the creators’ argument that negative and positive affect are not the same construct, and that it is psychometrically sound to

administer the scales separately. The reliabilities were similar to the original study in both the positive affect scale (.89) and negative affect scale (.85). The positive and negative subscales were both significantly correlated ($p < .01$) with depression, anxiety, and stress measure in the expected directions.

Adherence

Participants completed a paper diary to record the completion of daily mindfulness practices. This was distributed and collected at each group meeting. Participants were asked which mindfulness practice they completed each day and for how many minutes. There was also space on the sheet for participants to make comments regarding their mindfulness practices, and to comment upon the program in general.

Conclusion

Overall, by developing an intervention for a high risk transitional time that is situated in solid theory and empirical research I feel my program is worthy of examination, a program that may improve the well-being of numerous families. Further, the strengths of my procedures including a randomized design and mixed methods analysis, granted me rich data with which to evaluate the Mindful Transition to Parenthood Program. This evaluation data will allow me to continue to improve my intervention and better support couple relationships in the transition to parenthood.

Chapter 4: Article I**Qualitative Findings of a Relationship Enhancement Program for
Couples in the Transition to Parenthood****Abstract**

The transition to parenthood is a high risk time for the couple relationship and there are few effective intervention programs for this life cycle stage. I have developed a couple-focused program entitled the Mindful Transition to Parenthood Program to support couples who are expecting their first child. This four week program is based on the theory of interpersonal neurobiology and uses mindfulness practices and interpersonal activities to develop skills of internal and interpersonal attunement. This article is the first phase of a larger mixed methods study and in it I present findings from semi-structured interviews with thirteen couples that have completed this program. Four overarching qualitative themes emerged: (1) positive changes for self, (2) improvements in couple relationship, (3) feeling more prepared for transition to parenthood, and (4) male involvement. Participants felt the program helped them to be more present in their daily lives and better able to regulate emotions, deepen communication and connections with their partners, increase perspective-taking abilities, and be more confident and excited about becoming parents. Male participants felt their voices were heard in the program and that they became more identified more as fathers. I conclude by discussing the clinical implications and future research directions related to this study.

Key words: transition to parenthood, relationship enhancement, interpersonal neurobiology, mindfulness, relational mindfulness

The majority of babies born in the United States are born to couples, and most couples experience a significant decline in relationship satisfaction after the birth of their first child (Cowan & Cowan, 2003). Though there are many premarital programs to educate and support couples through the transition to marriage, there are less couple-focused programs to do the same in the transition to parenthood (Glade, Bean, Vira, 2005; Schulz, Cowan & Cowan, 2006; Shapiro & Gottman, 2005). To meet this need, I have developed the Mindful Transition to Parenthood Program to strengthen and maintain the couple relationship through the birth of a first child. This program is based on the theoretical framework of interpersonal neurobiology (Siegel, 1999) and seeks to promote attunement, both intrapersonal and interpersonal, as a way of promoting acceptance, empathy, positive emotionality, and presence. Mindfulness training is a core aspect of this program to develop intrapersonal attunement. Mindfulness has been useful for prenatal populations to lower pain during childbirth and reduce the risk of post-partum depression (Hughes et al., 2009). Mindfulness can also promote empathy and greater relationship satisfaction for couples (Barnes et al., 2007; Carson, et al., 2007; Wachs, & Cordova, 2007). In this article, I discuss the theoretical foundation and development of a relationship enhancement program for first time parents, the Mindful Transition to Parenthood Program. I also present qualitative findings from thirteen couples who have completed the program. Couples in the program reported that it improved their emotion regulation abilities, relational functioning, and preparedness for parenthood, thus granting preliminary support for the benefits of such programs for expectant parents.

Transition to Parenthood and the Couple Relationship

Relationship satisfaction is related to many positive outcomes for adults including higher immune function (Kiecolt-Glaser, Glaser, Cacioppo, & Malarkey, 1998; Robles & Kiecolt-

Glaser, 2003), lessened risk of heart disease (Robles & Kiecolt-Glaser, 2003), increased physical health (Umberson, Williams, Powers, Liu, & Needham, 2006; Windsor, Ryan, & Smith, 2009), lower risks of depression (Kamp Dush, Taylor, & Kroeger, 2008), higher overall happiness and life satisfaction (Kamp Dush et al., 2008; Hawkins, & Booth, 2005), and longer life expectancy (Kiecolt-Glaser, et al., 1998; Robles & Kiecolt-Glaser, 2003). Divorce increases the risk of psychological distress, depression, and social isolation (Amato, 2000), and can contribute to poorer psychological well-being (Shapiro & Keyes, 2008), and financial hardship (Amato, 2000). Years after a divorce, the majority of divorced adults return to previous levels of happiness; however, a substantial minority continues to have lower levels of life satisfaction, even when controlling for selection effects (Lucas, Clark, Georgellis, & Diener, 2003).

As many as 90% of couples experience significant relational decline after the birth of their first child (Doss, Rhoades, Stanely, & Markman 2009). These declines are related to increased conflict in the couple relationship and heighten risk of divorce and relationship dissolution that accompany parenthood (Belsky & Kelly, 1994; Cherlin, 1981; Cowan & Cowan, 2000; Schulz, et al., 2006; Shapiro, Gottman, & Carrere, 2000). The transition to parenthood is a stressful time for the couple relationship – multiple demands on time, role changes, and lack of sleep make it difficult for new parents to devote the necessary time and attention a relationship needs (Cowan & Cowan, 2003). However, parents with a partner fare better than those going it alone: single parents report more anxiety, stress, depression, and financial hardships, and less satisfaction with parenting than parents who are part of a couple (Evenson & Simon, 2005; Wilcox & Marquardt, 2011). Parenting can also add fulfillment to adults' lives. Parents with children report greater meaning and purpose in their lives, and in mid to later life tend to be

happier and more satisfied with their lives and their relationships than their child-free peers (Wilcox & Marquardt, 2011).

Children are also affected by their parents' couple relationship. Parents who have conflict and poorer relationship quality are less likely to have positive relationships with their children (Yu, Pettit, & Lansford, 2010). High marital conflict has been linked to conduct disorder, depression, anxiety, poor academic performance, and antisocial behavior in children regardless of parents' marital status (Amato & Keith, 1991; Cummings & Davies, 1994; Elliot & Richards, 1991; Zill, Morrison, Coiro, 1993). Though conflict among parents may be more of an issue for children than divorce itself (Kelly, 2000), children of divorce are twice as likely as children whose parents remain married to have serious problems with academics, peers, and psychological functioning (Landsford, 2009). New parents have a risk of post-partum depression, increased couple conflict, and declines in parental relationship satisfaction, which can have negative outcomes for parental health and child development (Cox, Owen, Lewis, & Henderson, 1989; Cox, Paley, Payne, & Burchinal, 1999). Because of the importance of the parental couple relationship to the well-being of individuals and children, promoting the health of couples in this transition will have multiple impacts on individual and family functioning.

Parenting couples who are happy together tend to share parenting and household duties (Dew & Wilcox, 2011), have lower risk of depression (Evenson & Simon, 2005), enjoy their lives more (Wilcox & Marquardt, 2011), and have better relationships with their children (Yu, Pettit, & Lansford, 2010). For heterosexual couples, father involvement is a key marker of successful child development (Gottman, & Gottman, 2008). Fathers have a unique way of interacting with children that is different from mothers, which can contribute to improved motor development (Gottman, & Gottman, 2008). Though mothers can learn how to play differently

with children (as in the case for single parents and lesbian couples), partner involvement as a whole is helpful for all parents to share the time and energy of parenting (Wilcox & Marquardt, 2011). There are few prenatal programs that are focused on increasing male involvement in parenting – traditional childbirth education classes tend to focus on labor with men and partners being in a supportive role to birth mothers. The larger perspective of the role of fathers is often not discussed in prenatal education.

Couples-Focused Perinatal Interventions

In the last ten years, several prevention programs have been developed to help couples navigate the transition to parenthood (see Pinquart & Teubert, 2010). Two of the most well-researched interventions for new parents include the Becoming a Family program (Cowan & Cowan, 2000) in a support group format, and the Bringing Baby Home workshop (Shapiro & Gottman, 2005) that is skill based. Both programs focus on changes in the couple relationship through education and discussion with other couples. Cowan and colleagues developed a 24-week program for couples that started in participants' third trimester and continued until their baby was three months old (Schulz, Cowan, & Cowan, 2006). In this study, 66 couples were randomly assigned to a treatment or one of two control groups. This intervention followed a loosely structured discussion format of a 2.5 hour weekly group meeting with four couples in each group, led by married co-facilitators. Outcomes demonstrated that at the end of a three year follow-up 14% of the comparison control couples had divorced, while there were no separations or divorces in the treatment group. At the five year follow-up, divorce rates were comparable between groups. This study demonstrates the need of prevention research for non-distressed couples to counteract the normative decline in relationship satisfaction in the early years of

parenting. However, this 24-week program is both time intensive and not effective in preventing divorce long-term; a need for more efficient and effective interventions remains.

The Bringing Baby Home Workshop (Shapiro & Gottman, 2005) is a weekend workshop for couples developed by following a psycho-communicative-educational format. This workshop incorporated areas of relationships that the authors had found to significantly predict maintenance of marital quality following the birth of a child including activities aimed at decreasing hostility, improving coping with conflict, enhancing coping with postpartum depression, increasing involvement of fathers, understanding changing gender roles, and increasing knowledge of child development. Shapiro and Gottman (2005) conducted an experimental design by randomly assigning 38 couples to the workshop treatment group or a waitlist control group, and measuring the couples three months and one year following the intervention. Results from observational and self-report measures demonstrate a decline in marital quality for men and women in the control group, with stability for both in the treatment group. Similarly, post-partum depression and marital hostility was significantly lower for men and women in the treatment group than the control group at one year follow up.

Interpersonal Neurobiology: Theoretical Foundation

There is a need for more theoretically sound and empirically tested prevention strategies for couples in the transition to parenthood. One theoretical framework that is appropriate for this population is that of interpersonal neurobiology. This theory has been applied to enhancing individual, couple, and parent-child well-being, it is grounded in sound neuroscience research, foundational ideas of the theory have been found to be essential for maintaining relational health (i.e. attachment security, mindfulness, empathy, positive affect), and clinical applications of the theory have been effective for normative, stressed populations (Siegel, 2010).

The theory of interpersonal neurobiology was developed by Daniel Siegel (1999). It is an interdisciplinary theory informed by attachment theory, psychology, mindfulness, general systems theory, neuroscience, and over a dozen other fields of inquiry. The foundation of interpersonal neurobiology is based upon the perspective that individuals' brains develop in infancy and early childhood in large part due to the caregiving skills of their primary attachment figures (Siegel 1999). If caregivers are able to attend to their children sensitively and effectively, then the children learn to make sense out of the world and of their own internal experiences (i.e. emotions, thoughts, mental processes) and their brains grow into a complex circuitry of interconnection. From an attachment perspective, effective caregiving leads to secure attachments which are predictive of many aspects of adult health including psychological flexibility, emotional stability, and social functioning (Cassidy & Shaver, 1999). Children who do not receive effective caregiving are more likely to have insecure attachment which is predictive of diminished self-regulation skills, emotional reactivity, vulnerability to stress, and impaired social functioning (Liu et al., 1997; Rosenblum, Coplan, Freidman, Basoff, Gorman, & Andrews, 1994).

Attunement

Optimal caregiving requires attunement, which Siegel (2010) defines as “how we focus our attention on others and take their essence into our own inner world” (pg. 34). Attunement includes being able to notice physical cues and nonverbal patterns of another, and the subjective side of authentically connecting and feeling another's feelings. Attunement requires both “focused attention and clear perception” (p. 35) as one needs to be present, open, and responsive to the perspective and feelings another is having in the moment in order to connect in this deep way. Responsive and effective caregiving comes from attunement and interpersonal skills – so a

parent needs to be able first recognize their children's emotional state and then respond in ways that the children can receive as helpful and supportive. A similar, though more reciprocal, process happens with successful couples. Interpersonal attunement leads to healthy neural development and brain integration, which promote emotional stability, empathy, and self-regulation (Siegel, 2010; Siegel, 2007). If children do not receive attunement from caregivers, there is still a possibility to develop an integrated brain because of neuroplasticity, the brain's ability to change and grow throughout the life span (Siegel, 2007). Interpersonal attunement in relationships with a therapist or partner can develop or enhance an integrated brain for adults who did not receive responsive care as children (Siegel, 2007).

The neurological basis for attunement comes from mirror neurons, the neurons in the brain that are linked to empathy (Carr, Iacoboni, Dubeau, Mazziotta, & Lenzi, 2003; Gallese, 2003). Mirror neurons fire when someone watches another complete a task, mirroring the patterns that occur in the person's brain who is completing the behavior. This occurs when one watches a behavior, for example someone drinking a glass of water, and when one is aware of another's emotion. For example, if I am overwhelmed by emotion and my partner is calm and attuned to me, this same system is activated and I can draw upon that connection to regulate myself. Thus, in an optimal scenario, interpersonal attunement can lead both of us to greater coherence, regulation, and stability in the brain, emotions, and behavior.

Mindfulness

For this article, I rely on the frequently cited definition of mindfulness by Kabat-Zinn (1994): mindfulness is "paying attention in a particular way: on purpose, in the present moment, and nonjudgmentally" (p. 4). Mindfulness is a way of training oneself to be present and to observe the mind with kindness, which promotes awareness and acceptance. For this study,

mindfulness is conceptualized within the theoretical framework of interpersonal neurobiology, thus it is understood as an intervention technique designed to promote intrapersonal attunement – a way of attuning to the self (Siegel 2006). There is extensive research on the benefits of mindfulness among various settings and populations. Mindfulness has been linked to increases in general life satisfaction (Nyklicek & Kuijpers, 2008), positive affect (Barnes et al., 2007), and increased self-esteem (Heppner & Kernis, 2007). Mindfulness has also been shown to effectively treat anxiety, borderline personality disorder, depression, and addiction (Baer, 2003; Brown, et al, 2007). Much of the research on the effect of mindfulness training has been based on the program Mindfulness-Based Stress Reduction (MBSR) which is an eight-week group program developed by Kabat-Zinn (1990) that includes training in meditation, yoga, and body scan practices. Participants in the program also engage in a 45 minute daily mindfulness practice.

When we develop the skills attuning to ourselves, this skill is translatable to our relationships with others, leading to increased abilities to be open, empathic, present, understanding, emotionally responsive, and receptive with other people. Siegel (2007) argues that mindfulness practice is a form of intrapersonal attunement that develops the parts of the brain devoted to executive functioning, the prefrontal cortex, much in the same way as attunement from others enhances brain functioning. Neuroscience research has supported Siegel's theory in demonstrating increased cortical thickness in the prefrontal cortex (Lazar, et al., 2005) and increased attentional control (Shapiro, Raymond, & Arnell, 1997) in people who engage in mindfulness practices. Neuroscience has been investigating mindfulness, showing that intensive meditation can lead to a restructuring of the brain with improved attention and working memory (Slagter et al., 2007). Hence, the Mindful Transition to Parenthood Program focuses on

attunement skills – both with the partner and the self – in order to optimize individual and relational health.

Supporting the theoretical foundation of interpersonal neurobiology, mindfulness has been positively related to relationship satisfaction, skilled responses to relationship stress, empathy, and acceptance of partner (Barnes et al., 2007; Shaver et al., 2007; Wachs, & Cordova, 2007; Walsh et al., 2009). Mindfulness is also positively correlated with secure attachment and negatively correlated with both anxious and avoidant attachment (Shaver et al., 2007; Walsh et al. 2009), thus connecting mindfulness to the vast attachment literature. The mindfulness process of awareness and acceptance leads to less reactivity in interpersonal relationships, resulting in more positive relational dynamics (Wachs & Cordova, 2007). Mindfulness training increases compassion and empathy and could be useful in empathy training for individuals, couples, and families (Block-Lerner, et al, 2007). Preliminary qualitative research has also shown that mindfulness can increase sexual fulfillment for women recovering from gynecologic cancer (Brotto & Heiman, 2007). Further, mindfulness has been beneficial in improving sleep quality (Caldwell, Harrison, Adams, Quin, & Greeson, 2010), anxiety (Miller, Fletcher, Kabat-Zinn, & 1995), decreasing depression relapse (Ma & Teasdale, 2004), improving stress management (Kabat Zinn, 1982), and promoting pain tolerance (Kabat Zinn, 1982) – all of which are important to couples during pregnancy and after the birth of their baby (Cowan & Cowan, 2000).

Mindfulness-Based Relationship Enhancement (MBRE) is a program Carson, Carson, Gill and Baucom (2007) developed for nondistressed couples that they tested through randomly assigning couples to a treatment or waitlist control group. Mindfulness-Based Relationship Enhancement was modeled after Mindfulness-Based Stress Reduction as an eight-week course with modifications for couples including: mindful touch exercises, partner yoga poses, and

loving-kindness meditation. Carson, et al. (2007) reported that as a result of participating in the MBRE program, the treatment group ($n = 22$ couples) had significantly higher relational satisfaction ($p < .001$), and acceptance of partner ($p < .05$), and lower relational ($p < .05$) and psychological ($p < .001$) distress than the waitlist control group ($n = 22$ couples). Of the participants who completed the MBRE program, those with more daily practice of mindfulness showed increased relationship happiness ($p < .001$) and an increased ability to cope with stress ($p < .001$). These findings show the relational benefits of concurrent mindfulness training for both members of a couple.

There is little research on the impact of mindfulness training for expectant parents (Hughes, Williams, Bardacke, Duncan, Dimidjian & Goodman, 2009). One program, the Mindfulness-Based Childbirth and Parenting (MBCP) program was adapted for pregnant women from the traditional Mindfulness-Based Stress Reduction curriculum; the program is nine weeks with 34 contact hours (Duncan & Bardacke, 2010). In a pilot study ($n = 27$) comparing baseline and postintervention measures, women showed decreased negative affect, depression, and anxiety (Duncan & Bardacke, 2010). Although partners were present in this program, no mention of relational or father outcomes were discussed, so it is difficult to determine the extent and impact of partner involvement in the program. A modified Mindfulness-Based Cognitive Therapy program is currently being studied to prevent post-partum depression (Hughes et al., 2009) and results from a small pilot study ($N = 20$) were positive (Dunn, Hanieh, Roberts, & Powrie, 2012). The Mindful Motherhood Program is an eight-week program designed only for pregnant women, with partners actively excluded (Vieten & Astin, 2008). Women in the program showed decreases in negative affect, perceived stress, and anxiety when compared to a waitlist control, but relational data was not collected so it is unclear about how participation in

the program influenced the couple relationship. These programs may improve parent-child bonding and child development since mothers learn coping skills that can be applied to daily life as a parent, instead of traditional childbirth courses that focus solely on the delivery process. However, these programs are focused on pregnant women, not the couple relationship. Since father involvement can significantly predict post-partum depression and many relational outcomes (Cowan & Cowan, 2000; Shapiro & Gottman, 2005), not including fathers in childbirth preparation courses could undermine individual gains by mothers and ultimately negatively influence family functioning.

Intervention Development and Description

The Mindful Transition to Parenthood Program, developed in the present study, includes activities and education designed to promote attunement. Interpersonal attunement is taught through education, communication exercises, and perspective-taking activities. Intrapersonal attunement is promoted through mindfulness awareness practices. The components of the program are mutually reinforcing such that mindfulness of self improves ones ability to be present and connect with a partner. The program is a combination of interventions from the field of marriage and family therapy, contemplative studies research, and transition to parenthood literature that are applicable to couples in this life stage. The program meets for two hours a week for four weeks with a group of three to five couples. Participants in the program are expected to maintain a fifteen minute daily mindfulness practice, and complete weekly individual and couple-based homework. This format was constructed as shorter than the Mindfulness-Based Stress Reduction course because of the time constraints for parents-to-be who are often preparing for a child in multiple ways including additional educational and preparatory courses. I completed a pilot study of the program material with two pregnant

couples and their feedback was used to further develop the program to best fit the needs of this population.

Each of the four weeks of the program has a different theme with activities that are centered on the theme. See Table 1 for an overview of the curriculum. Week one begins with a focus on the self and a body scan practice. Week two focuses on the partner with a mindfulness of breath practice and skills to know how to interrupt arguments. The next week is a focus on relational dynamics in which participants learn specific communication skills, including minimizing reactivity and an open awareness meditation practice. Week four focuses on the family, mindful parenting, and becoming mothers and fathers with a loving-kindness meditation practice. The last week also includes concrete information about what to expect in the transition to parenthood and how to meet the transition successfully. I facilitated the group and am a licensed counselor and trained in marriage and family therapy at the doctoral level. My background includes experience working as a therapist with couples and families, and over ten years of practicing and teaching mindfulness.

Table 1

Overview of Mindful Transition to Parenthood Program Curriculum

Week	Theme	Topics Discussed, Activities, and Homework
Week 1	Mindfulness of Self	Introductions; discussion of mindfulness; mindful eating; body scan; awareness of thoughts, feelings, sensations in daily life Homework: body scan; Five Love Languages Quiz; 3 Breaths; Mindful Appreciation; video: Let's Talk Parenting Taboos
Week 2	Mindfulness of Partner	Check-in and discussion of homework; mindfulness of breath; acceptance and reactivity, discussion of emotional flooding; mindful eye contact Homework: mindfulness of breath; Developing a Time-out Strategy; Mindful Hug; video: How to Make

Week 3	Mindfulness of Relationship	<p>your Work-Life Balance Work</p> <p>Check-in and discussion of homework; open awareness mindfulness practice; mindful and mindless communication; explore, join, and understand communication skills; needs and dreams discussion and practice</p> <p>Homework: open awareness; Family of Origin Reflection; Uncovering and Sharing Needs and Dreams; video: The Years are Short</p>
Week 4	Mindfulness of Family	<p>Check-in and discussion of homework; loving-kindness meditation (self, partner, baby); discussion about normal difficulties and how to be successful in transition to parenthood; mindful parenting discussion; resource sharing; fishbowl discussion – becoming mothers and fathers</p> <p>Homework: loving-kindness meditation; Chore Chart; Reading Baby’s Cues</p>

The Current Study

The current study is a phenomenological qualitative investigation, in which I sought to understand the lived experience of participants in the Mindful Transition to Parenthood Program. The research question for this study is: What are the experiences of couples in the Mindful Transition to Parenthood Program?

Participants

Participants were thirteen non-distressed heterosexual couples who were pregnant with their first child. All couples completed the Mindful Transition to Parenthood Program, not missing more than one week with a mean attendance of 3.75 out of 4 meetings. There were three different groups, each group having three to five couples. Participants were recruited in North Carolina and southwest Virginia through local birthing centers, prenatal exercise classes, childbirth educators, midwives and doulas, flyers at local businesses, and through on-line advertising. In order to be included in the study, participants could not have current serious mental health concerns or substance abuse, a diagnosed personality disorder, be in severe relational

distress or couples therapy, nor have a daily meditation practice. Participants needed to be over the age of 18, speak English, be 12 – 36 weeks pregnant with their first child, and attend with current partner. Participants were compensated by free enrollment in the program and free materials including a binder of resources and a compact disk of guided mindfulness exercises. Participants were also entered to win a \$250 gift card or one of three low-cost baby related items.

Participants ranged from 24 to 41 years old with a mean age of 31.31. The length of the couple relationship ranged from five months to ten years with a mean of 4.42 years. Eight of the couples were married, one was engaged, and four were cohabitating. Eight of the couples had planned pregnancies and five were unplanned. All participants had a high school degree, eight individuals had some college education or an associate degree, ten had an undergraduate degree, and eight had a graduate degree. The household income for participants ranged from less than \$10,000 a year to over \$150,000 – with a median range of \$30,000 to \$39,000. In terms of race and ethnicity, nineteen participants (73.08%) identified as Caucasian and non-Hispanic, three as American Indian and Caucasian, two as Latino, one as Asian American, and one as Other. Ten of the participants identified as other in their religious classification. The remaining participants identified as Catholic, Agnostic, Atheist, Unitarian Universalist, and various Christian denominations, with one participant identifying as having no religious affiliation. Fourteen of the participants had previous experience with mindfulness practice, meditation, or yoga.

Procedures

The Institutional Review Board of Virginia Tech granted approval for this study before it began and any changes to procedures throughout this process were approved before they were implemented. Semi-structured interviews were conducted of the couples in person by the lead researcher one week after the completion of the program; one couple was interviewed via

telephone due to scheduling difficulties. Interviews lasted from 45 minutes to one hour. See Appendix B for qualitative interview protocol. Couples needed to have attended three out of four weeks of the program to be eligible for the interview, which all participants did. Following the interviews, the audio recordings were transcribed and printed. I read each transcript several times to become familiar with the data.

I then excerpted sections of the text to be coded that were directly related to the research question. I first open coded transcripts, and then I axial coded these into larger categories to determine the themes of couples' experiences of the intervention, following whole text analysis procedures (Glaser & Strauss, 1967; Strauss & Corbin, 1998). The initial codes were reviewed by two research assistants trained in qualitative methods through a peer debriefing process for accountability and credibility (Lincoln & Guba, 1985). All codes reached consensus before being sorted into higher order themes and sub-themes. We also reviewed these themes and sub-themes through peer debriefing to reach consensus. Throughout the coding process, codes and themes were reworded and re-categorized as many times as needed to more fully reflect the participants' meanings. As appropriate, codes were placed in more than one sub-theme. We also examined gender patterns for codes and themes, allowing differences in men's and women's experiences to emerge from the data. I wrote memos throughout the process to stay engaged with issues of reflexivity and to continue to be aligned with the lived experiences presented in the transcripts.

In this study, no new themes emerged after the first ten transcripts, leading to saturation (Strauss & Corbin, 1998). I reviewed three additional interviews with the coding scheme already developed, and this confirmed the previously emergent themes. Hence, the three additional transcripts deepened the experience of saturation and resulting in the final sample size of thirteen couples.

Findings

Two main categories of experience emerged from the coding of the transcripts – one related to experiences in the program, the other to specifics of program evaluation including activities people enjoyed and suggestions for improving the program. Only the first category of experience is presented here because of its relevance to the research question. There are four overarching themes to represent couples’ experiences in the program: (1) positive changes for self; (2) improvements in couple relationship; (3) feeling more prepared for transition to parenthood; (4) male involvement. Sub-themes under each of these main themes further explore the participants’ experience of the program; see Table 2 for a complete list of themes and subthemes. Appendix D is a list of codes under each theme for the first ten couples. Although these themes and sub-themes are discussed separately, themes should be considered holistically to be more congruent with the participants’ experiences of the program. Throughout this article, pseudonyms are used to maintain the confidentiality of participants.

Table 2

Themes and Subthemes of Participants’ Experiences in the Mindful Transition to Parenthood Program

Themes	Subthemes
1. Positive Changes for Self	1a. Slowing Down and Being Present in Daily Life
	1b. Acceptance, Awareness, and Compassion toward Self
	1c. Regulating Emotions - More Positive Emotions
	1d. More Effective in Social Interactions
	1e. Recognizing Positive Changes in Partner
2. Improvements in Couple Relationship	2a. Being Present and Connecting Deeply with Partner
	2b. Feeling and Expressing more Love and Appreciation for Partner
	2c. Mutuality, Working Together
	2d. Understanding and Supporting Partner’s Perspective - Awareness and Acceptance of Partner and Relationship
	2e. Communication with Partner more Direct and Smooth - Resolving Conflict more Effectively with Partner
	2f. Tools for Continued Growth of Couple Relationship

- | | |
|--|--|
| 3. Feeling More Prepared for Baby | 3a. Feeling More Confident and Prepared for Transition to Parenthood
3b. Feeling Excitement about Having a Baby
3c. Accepting of Potential Challenges in Transition to Parenthood
3d. Values and Insights about Parenthood and Family |
| 4. Male Involvement | 4a. Highlighting Male Perspective
4b. Increasing Involvement in Pregnancy from Male Partner
4c. Identity Shift for Men, Becoming Fathers |

Positive Changes for Self

Participants felt that as a result of the program they had positive changes for themselves, including: slowing down and being more present; increased acceptance, nonjudgmental awareness and self-compassion; becoming less emotionally reactive and experiencing more positive emotions; and being more effective in social interactions. These changes were also recognized by their partners. These experiences focus on the individual, not couple or family dynamics.

Slowing down and being present in daily life. Participants found more instances of pausing in daily life, being present for small moments, and a general sense of slowing down. On the whole, this also related to them feeling more engaged in life. Penny noticed herself “slowing down throughout the day and stopping before I eat and just, you know, less reaction – being more mindful.”

Acceptance, awareness, and compassion toward self. As participants slowed down, they also increased in awareness of their emotions, thoughts, and behaviors. David felt that as a result of the program: “I’m more aware...I’ve noticed a little bit more self-awareness just doing everyday things. Like just walking to the bus stop, just being me.” It was not just an increase of awareness that participants felt, but nonjudgmental awareness. Participants felt the program helped them to be kinder and more compassionate towards themselves. Grace found she judged herself less harshly when being emotional:

I still have really strong emotions and especially I feel like pregnancy...it's a time when things come up to be flushed out and it's like, I definitely have an easier time with feeling this overwhelming urge to cry and being able to cry and feeling good about it, even feeling like I'm doing something good.

Instead of criticizing her emotional state, Grace was able to embrace the emotions that accompanied her pregnancy. Thus, she was more accepting and less reactive to her own experience.

Regulating emotions. Throughout the program, participants noticed they could more easily let thoughts and emotions go, that they took issues less personally, they could better manage their stress, and they did not react with frustration or anger to the same degree they would have in the past. They saw changes in how they responded to work situations, coworkers, family members, and mundane tasks. For instance, Kaleb used a technique of paying attention to the breath when he was in traffic to regulate his emotions: "If I'm driving and the other driver makes me really mad, I just have to be calm and relax and breath it back out and it would be fine. That really helped me out." Other participants shared this view that mindfulness practices were helpful in letting go of negative thoughts and emotions before they became overwhelming.

More positive emotions. Tied to emotion regulation was that participants said they experienced more positive emotions. Not only did participants experience a decrease in stress, they also felt the program boosted their feelings of joy, relaxation, peace, enjoyment, and being energized. Matt would do the body scan practice on a break from work:

It's just a good reset button, because I work so much and work's so dull that a lot of times on my break I'll sit out alone and do that [body scan], and it's the equivalent of taking a

shower – it kinda charges me up...I mean, more than an entire pot of coffee and I don't have the crash afterwards.

Some participants found the program itself enjoyable, some participants felt more enjoyment in general life, and others had emotions arise during specific mindfulness practices, as did Matt.

More effective in social interactions. In a variety of settings – with friends, coworkers, and family members – participants were able to use information and tools from the program to improve their abilities to relate with other people. Participants were able to see others' perspectives, be more present in the conversation, be driven less by emotions, and understand the larger context of a current disagreement. These changes helped participants to be more effective communicators. Rayna found that she was more easily able to get along with challenging personalities at work through reflecting on what may be behind their actions. Grace experienced a perceptual transformation that affected her behavior. The program “shifted me from like doing unto others as I'd have them do to me, to doing to others as they'd have me do to them.” This change in perspective led to Grace communicating in ways that brought her closer to other people.

Recognizing positive changes in partner. Participants affirmed the changes in their partners as a result of the program. Thus, it was not just one person feeling as though he or she had changed, the partner was able to reflect he or she had noticed these changes as well. Participants emphasized growth in their partners by stating they had seen their partner respond more effectively in social situations, be less self-centered, be more present, and become calmer. Grace's partner, Gabriel has noticed her increased ability to be with her emotions, as she stated above. He said to her: “You've been poppin' a crazy way less since the group...I feel that you are way more emotionally stable now because of the group than you were even before you got

pregnant.” Grace felt she had become more accepting of emotions and able to regulate them, and Gabriel was able to affirm that he had witnessed this change.

Improvement in the Couple Relationship

Participants felt through being in the program that they were able to connect more deeply with their partners, work together, see their partner’s point of view, communicate more easily, handle conflict, be more aware and accepting of partner and relational dynamics, and that overall the tools they developed would be helpful for the future of their relationship. Hal described a general improvement in their couple relationship: “ I think [the program] has only been helpful... We didn’t feel like we were falling apart when we came in, but I certainly feel like we’re that much better off now.” Many participants expressed similar feelings that the program had improved their relationship, even though they began with a strong foundation.

Metaphors related to transformation. Participants used metaphors to explain the change in their relationship as a result of the program. Several metaphors were about plants – a rose blooming, a plant slowly growing and putting down seeds, and a tree budding. Kaleb thought the relationship changes were like “moving some of the bigger rocks out of the river so that it flows smoother...it had lots of white water in it before, but now it’s more smooth.” Penny felt like a snake losing its skin, that she experienced a “new life, new everything – new me, new you, new us.”

Being present and connecting deeply with partner. Both men and women felt the program helped them to be more present with their partner and led to deeper connections in their relationship. This also tended to be related to more responsiveness, attunement, and vulnerability in couple interactions. Star and Ferris both felt this kind of connection one night when Star was able to express her feelings in a new way: “It was cool. It was like feeling connected to him,

being able to express how I was actually processing not trying to blow or be angry at anything and be frustrated. That was really cool. That was different.” This led to a change in how Ferris responded to her: “She was really able to express herself and her point of view in that situation and I was really able to hear it, you know, and I didn’t get defensive.” Many participants felt a decrease in defensiveness in couple interactions and that this led them to connect with their partner in new ways. Participants believed that the combination of mindfulness practice and couple homework activities increased their ability to be present during communication.

Feeling and expressing more love and appreciation for partner. Couples also felt they had more love and appreciation for each other, and that they could express it in new ways. Gabriel expressed this as “I felt overall that I’ve fallen more in love with her in the past month.” Other participants felt that the changes their partners made, led to changes in their own behavior. Mark was one person who felt the reciprocity of change: “I’ve noticed Sara being just a little sweeter about these simple things and that just makes me feel like I wanna love her more because she’s making me feel loved.” Participants overall felt more love and appreciation for and from partners and at times commented upon how changes in their partners reinforced changes in themselves.

Mutuality and working together. Participants felt the program helped them to be on the same page, work together, and to feel like their partners were on the same team. This often resulted in individuals feeling more confident and comfortable with the relationship. Ferris felt they joined together to solve problems: “We’re both working together on the same issues. You know, I might have an issue with this whereas she might not, but it’s like let’s work together on this.” Other participants felt more generosity and giving in the relationship as they realized their partners’ happiness was not separate from their own.

Understanding and supporting partner's perspective. A foundation of the program was that participants felt an increased ability to relate to their partner's point of view, to understand where they are coming from, and to be less self-centered and selfish. Craig experienced a shift from seeing his own perspective to that of his partner:

I feel like maybe the biggest change for me was just being less selfish and more aware of how your actions affect the other half of the relationship. And a better understanding, like paying more attention to what she's saying and where it's coming from for her, rather than how I'm interpreting it.

This broadening of perspectives in order to see the partner's perspective more clearly was a common experience for most participants.

Awareness and acceptance of their partner and relationship. Related to the partner's perspective, participants felt they could better understand and accept their partner and how each contributed to relational dynamics. Participants experienced more awareness and acceptance of their partner and relationship. Kim recognized how she and her partner stopped trying to change one another: "I feel lately we've been...just there for each other and not judging and not, you know, trying to make someone who they're not." Kim was able to accept her partner for who he is. Other participants found they were more nonjudgmental and accepting of imperfections in the relationship.

Communication with partner more direct, easeful, and deep. In part because of improvements in seeing their partners' perspective, and their partner being able to understand theirs, participants expressed that they had better communication skills. These skills included more direct expressions of needs, more ease and flow in conversation, deeper and more tender

conversations, and improved listening skills. Communication between Rayna and her partner became more transparent:

The biggest take-away is [the program] encouraged us not to make assumptions about things we haven't necessarily communicated to one another and that in the future...it is better to say things out loud to make sure that we understand one another than to assume that we're on the same page.

Rayna's communication with her partner became clearer. Other participants expressed the quality of conversations increased and that deep communication happened more spontaneously.

Resolve conflict more effectively with partners. Improvements in communication naturally led couples to resolve conflict more effectively with partners. As a result of the program participants were able to prevent conflicts, had more skills to improve conflict resolution, and could more effectively communicate about topics that had led to disagreement in the past. Thus couples had less fighting and yelling, and an improved ability to handle conflict.

Hal and his wife were able to discuss finances more effectively:

I don't think there's anything that gets the two of us riled up more than finances...We've just made some really wonderful financial decisions with our new house and everything so we're feeling very good about that...If I have an issue, I try to present it like just to explore it. And I think she's more open to hearing that...and that doesn't go just for the finances stuff, I think that's across the board.

Hal noticed changes in how he brings up difficult conversations and an increased ability for his wife, Leah, to respond openly to them. This made it easier for this couple to come to an agreement about a challenging issue.

Tools for continued growth of couple relationship. The communication and awareness skills that people gained from the program were among the tools participants said they would continue to use to strengthen and deepen their relationships in the future. Gabriel was appreciative of the resources and information: “I’m really honored and very thankful and very, very appreciative of having these materials that we get to keep and utilize for the rest of our lives through our relationship. I think it’s a godsend.” Gabriel felt that the resource material given to participants in the program was helpful. Other participants thought they would use the communication tools and mindfulness practices to continue to improve their relationship.

More Prepared for Baby

Overall, couples felt the program helped them to feel more excited, confident, and accepting of potential challenges with the transition to parenthood.

Feeling more confident and prepared for transition to parenthood. As participants gained skills and became closer with their partners, they felt more confident and prepared to become parents. Randy felt that the information he learned gave him more confidence that his relationship with his wife would continue to be strong:

I need to know to expect these changes and don’t let them come up and blindsides our relationship. And now I know and I can prepare and when I see them happen I can expect it, prepare for it, and not have it affect our relationship as much.

Participants also felt the strength of their relationships helped them feel more confident about being parents, and they had learned skills to help them be the kind of parents they want to be.

Feeling excitement about having a baby. Increased preparation and confidence was often related to increased excitement and less fear for participants about the baby. Gabriel was excited and prepared for parenthood: “I’m excited, I’m not scared at all. I’m excited, I can’t wait.

I'm gung ho about it, I feel like I'm more prepared than I've known anyone else ever in my life to be prepared for it." Gabriel's feelings of pure excitement were shared by many, and were often accompanied by feeling that if difficulties arise, they know they are normal.

Accepting of potential challenges in transition to parenthood. Participants left the program feeling prepared about future challenges, and having learned skills and tools to be successful in the transition to parenthood. As a result of the knowledge gained in the program, couples didn't expect everything to be easy with having a new baby, but did feel okay about things not being perfect. Donna realized she and her partner would have some difficulties:

I'm sure we'll make plenty of mistakes and things like that, but I'm not as worried about it and I don't feel like anything is going to spin out of control...I'm sure we'll have issues, and that'll need to be addressed, but I don't think it's anything that's going to sneak up on us all of a sudden.

In Star's experience, being within a group of other couples helped her to feel more normal about the issues she and her partner may face:

I just enjoyed seeing the different group members. I mean, it's fascinating the difference between and the similarities between all the these couples who are just from totally different age brackets and occupations and socioeconomic backgrounds and it was just really fun to see that and see how everybody is still connected on the same exact issues. So, that's pretty awesome.

Information presented in the program and the ability to meet other couples who are expecting their first child helped participants to feel more normal about current and future difficulties.

Values and insights about parenthood and family. Participants in the program also developed new values in relationship to families, and had previous values reinforced. This

included participants realizing the importance of the couple relationship for healthy child development, valuing time with family as more important than income, and choosing to relate to child in ways that are different than their family of origin. Some participants experienced new learning, while others had previous values reinforced through the research and information that was presented in the program.

Male Involvement

Some experiences of the participants were directly related to gender, because men in the program had some unique experiences that were not shared by the women and participants felt the program impacted men in distinct ways.

Highlighting male perspective. Men and women in the program appreciated that male experiences were emphasized and validated in order to make both members of the couple feel included in the group. Randy enjoyed the fishbowl activity on the last week of the program: “The thing I really like about the last session was when the guys talked with everybody listening...It gave us an opportunity to talk about the changes that we’re going on from a guy’s perspective.” Kim, his wife, emphasized this too: “I think it’s nice that you actually specifically highlight and point out the dads-to-be, ‘cause it’s always about the moms-to-be.” Kim felt that with weddings and pregnancy, the focus in our society is often on the women, and that men can feel marginalized – she appreciated that this was not her husband’s experience in this program.

Increasing involvement in pregnancy from male partner. Many women experienced a stronger commitment from their partners as a result of being in the program, feeling that their partners were more willing to discuss preparations for childbirth and be involved in future parenting. Also, men agreeing to do the program itself made some women feel supported. Harper appreciated her husband’s willingness to participate in the program:

It meant a lot to me to have [Matt] take off work to do this with me – just made me feel a little more confident about us and his commitment to all of this. Not that I questioned it before, it's just nice to have the reassurance.

Through the program, men also felt more connected with the baby and learned new ways to be involved with pregnancy, birth, and parenting.

Identity shift for men – becoming fathers. Another aspect specific to male participants was that some experienced what they called an identity shift, feeling for the first time that they were about to become fathers. Pete believed it was easier for his wife to be connected with the baby and the role of being a mother because of her being physically pregnant. For him it took more than the pregnancy to feel like a father:

Being a parent isn't a part of my, hasn't been a part of my language of who I am...but this course compelled me into it, or ushered me...I took on the mantle of becoming a parent this last month...The baby is real to me now.

The program guided Pete and other men into the identity of father through an improved relationship with their partners, more involvement in pregnancy, and a deeper connection to the baby.

Discussion

During pregnancy, middle-class American couples often experience the stress of preparing for a baby with the many tangible things that need to be accomplished – painting the nursery, finishing a birth plan, choosing the safest car seat, negotiating new work schedules, managing financial strains, and learning about infant care. Amid these details, the couple relationship is also changing and yet often gets little attention. As a result of the Mindful

Transition to Parenthood Program, participants felt that their relationship was stronger and more prepared to welcome a baby into the family.

Couples felt the program helped them to be more in the present moment with themselves and their partners, and that this was related increased acceptance and awareness – the key components of mindfulness. The qualities of attunement such as presence, perspective taking, and connecting deeply with another's emotional state, were all mentioned by participants as part of their experience of the program. These shifts also extended out to more effective social skills in general when participants were able to see coworkers' perspectives and remain calm when in difficult conversations with family members. These changes are promising for the parents' abilities to connect with their babies and to meet their needs in effective ways. According to emotion coaching literature for parenting, a key component of a child's ability to learn how to understand emotion comes from his or her parents' abilities to reflect emotions accurately and to accept, rather than react, to them (Gottman, DeClaire, & Goleman, 1998). This ability for caregivers to mirror infants is essential for the child's healthy brain development and secure attachment (Siegel & Hartzell, 2004).

Participants felt more prepared and excited about becoming parents, and they still acknowledged potential challenges ahead. This balance is congruent with the construct of acceptance, which minimizes over-idealism and leads to less distress when difficulties arise. In their study of 218 couples in the first eight years of marriage, Doss and colleagues (2009) demonstrated the dangers of unrealistically high expectations in prenatal couples. They showed that couples with the highest prenatal confidence in their relationship experienced the largest increase in marital problem intensity following the birth of their baby. Confidence in becoming parents is not enough to ameliorate relational risks, though being well-informed enough to

understand potential challenges could lead to better outcomes. Participants in the program did feel they had increased information about the transition to parenthood and were accepting of possible difficulties. This information and joining other pregnant couples in the group normalized relationship and parenting challenges for participants, leading them to be less worried about their transition. The group format was an essential part of this program that is also found in many other prenatal prevention programs and relationship education interventions.

Male participants felt included and heard in the program. They were increasingly involved with the pregnancy and more supportive of their partners as a result of the program. Male involvement in pregnancy and parenting is a protective factor which supports the future health of the mother, the baby, and the couple relationship (Shapiro & Gottman, 2005). Participants learned tools that they thought would be helpful for them in the future – mindfulness techniques to reduce stress, communication skills to help resolve conflicts, and resources for successful parenting. It is possible that participants will be able to handle future difficulties in a more effective way because of this learning. Also, because of a positive experience in the program, couples may be more likely to seek support from professionals or community groups in the future. For example, many couples in the research study mentioned they had participated in a premarital program that they found to be beneficial, which led them to sign up for the program because they wanted similar education and prevention for this new life transition.

Given the positive experiences of couples in this program and of participants in other prenatal programs that include mindfulness (Dunn et al., 2012; Vieten & Astin, 2008), mindfulness training during the prenatal period has the potential to improve relational functioning and to bring expectant parents together to better manage the stress of pregnancy. Such a shift could have multiple positive impacts on the well-being of parents and child

development, such as improving couple longevity and relationship satisfaction, promoting physical and emotional health of infants, and improving the psychological well-being of new parents. According to interpersonal neurobiology, the changes felt by participants in emotion regulation, acceptance, and perspective-taking are key for healthy relationships (Siegel, 2007). Exploring new ways to teach mindfulness in the prenatal period and to focus expectant couples on strengthening their relationship could help many families effectively navigate the transition from partners to parents.

One limitation of this study was that participants were interviewed by the main researcher who was also the group facilitator. The relationship of participants to the interviewer may have had unintended researcher effects (Onwuegbuzie & Leech, 2010). For example, participants may have been hesitant to be honest about negative aspects of the program or declines they experienced in their lives for fear of upsetting or disappointing the interviewer. However, it is also possible that because the interviewer was known to the participants, participants felt more comfortable sharing personal information due to the rapport that had been built. To reduce the impact of researcher effects and improve the validity of this qualitative research the intentions of the interview were made clear, couples were encouraged to be honest about their experiences in the program to help improve the group for future couples, participants were asked to discuss negative and positive aspects of their experiences, and interview transcripts and codes were reviewed by peers (Miles & Huberman, 1994; Onwuegbuzie & Leech, 2010).

Future Research and Clinical Implications

These findings were part of a larger mixed methods research study that investigated pre and post test measures of individual and relational functioning. Follow-ups with couples post-birth are also planned to understand the effects of the program after couples have children.

Considering the experiences of couples in this program, it is possible that interventions of this type could be beneficial for preventing the relational decline that often accompanies the transition to parenthood. Further research is needed to examine cause and effect with experimental quantitative methods and to investigate the long-term effects of such a program. However, it is promising that men and women perceived this four-week program to be beneficial in their lives and relationships, especially given the limited duration of the intervention. Most mindfulness-based programs are eight weeks in length, and this program was four. For people not experiencing relational distress or significant mental or physical illness, it may be that a four week intervention is sufficient. Future research could investigate the necessary dosage level of mindfulness training for effective and lasting results with a variety of populations. Considering the findings of this research study, further investigation is warranted into short-term, cost-effective prevention programs to support couples becoming parents.

Future research could also examine which aspects of the curriculum may be most impactful to which couples, including the group format, mindfulness training, communication strategies, and research-based education about normative transition to parenthood experiences. It may be that some of aspects of the program could be easily integrated into existing prenatal education, thus helping couples to understand and address changes their relationship may encounter after having a child.

For clinicians, it would be useful to help prenatal couples connect with others in the same life transition and to educate them about how becoming parents can affect the couple relationship. Many couples in the program had completed a premarital enrichment program and found it beneficial. They were excited to have the opportunity to participate in a similar prevention program for the transition to parenthood. Because of the prevalence of premarital

education and the lack of awareness about relational decline for new parents, it may be useful to speak briefly with premarital couples about the family life cycle and give them resources they can contact for support in later life stages.

Further, couples felt good about knowing what to expect after the baby was born. It helped to boost their confidence knowing that they were informed about potential challenges they could encounter. Clinicians and health care providers can break the social barrier to discussing negative aspects of pregnancy and parenthood, thus relieving some of the isolation struggling new parents may feel (Deave, Johnson, & Ingram, 2008). It is also helpful to lessen the stigma of postpartum depression by addressing symptoms and prevention pre-birth with both mothers and partners, since partners can provide needed relational support to assist with postpartum depression (Knudson-Martin & Silverstein, 2009; Stapleton et al, 2012).

Conclusions

Couples in the Mindful Transition to Parenthood Program experienced many transformations on individual and relational levels. The early days and weeks of parenting can be a challenging and fulfilling time, yet for many they are unable to appreciate the wonder of their baby because of the stress accompanying the demands of a new life. Mindfulness can help bring more pause and reflection into daily living, so that even mundane moments can be vivid and energizing. For couples who are able to connect with each other, they have the support and reprieve that allows them to be more available to their children. The deepness of their connection with one another can help parents to connect with the joy and meaning of parenthood. For couples, the transition to parenthood is a high risk period and yet it may be possible that with a small investment of time and resources they are able to learn the skills to meet this transition successfully.

Chapter Five: Article II**A Psychoeducational-Experiential Intervention for Couples Expecting their First Child:
A Randomized Mixed Methods Program Evaluation****Abstract**

After having their first child the majority of couples experience relational decline, yet few interventions target this population. For this study, I tested a psychoeducational-experiential program for couples based on interpersonal neurobiology that utilizes mindfulness to enhance relationship satisfaction, positive emotionality, empathy, and mindfulness. In this randomized clinical trial, couples who were expecting their first child ($N = 33$ couples) were randomly assigned to the four-week Mindful Transition to Parenthood Program treatment group ($n = 16$ couples) or a waitlist control ($n = 17$ couples). Couples also completed a semi-structured interview about their experiences in the program. Men in the treatment group significantly improved in relationship satisfaction, mindfulness, and negative affect when compared with controls; women had no significant treatment effects. Small to large effect sizes were present for treatment group men in multiple areas. Women in the treatment group had small effect size improvements in three measures of empathy. Mixed methods analyses demonstrated that this intervention may be especially helpful for men because of differences in social support needs, effects of program enrollment, and relational processes in the prenatal period. I conclude by discussing clinical implications and future research.

Key words: Transition to parenthood, relationship enhancement, mindfulness, relational mindfulness, mixed methods

Most people have children, and most people who have children do so in a couple relationship (Hamilton, Martin, & Ventura, 2007). Unfortunately, as many as 90% of couples report a decline in marital quality after becoming parents (Doss, Rhoades, Stanely, & Markman 2009). When parents are unhappy in their relationship or have highly conflictual relationships, children's emotional and physical health are negatively affected (Amato & Keith, 1991; Cummings & Davies, 1994; Elliot & Richards, 1991; Zill, Morrison, Coiro, 1993). Divorce rates are also elevated in the first seven years of marriage, which is when parents often have children under the age of five (Cherlin, 1981). Though level of conflict between parents before and after divorce influences child outcomes (Kelly, 2000), children with divorced parents, regardless of conflict levels, are twice as likely to have significant impairments in academic performance, emotional health, and social functioning (Landsford, 2009). Divorce impacts parents as well as children. Parents without a partner are less satisfied with their lives and more overwhelmed with parenting duties and financial pressures than parenting couples (Dew & Wilcox, 2011; Wilcox & Marquardt, 2011), which contributes to increased depression rates for single parents (Evenson & Simon, 2005). Thus, it is necessary to target this transitional stage to prevent possible negative outcomes for parents, children, and families.

Although premarital programs are common to address the needs of couples in the transition to marriage, few brief and effective programs exist to support couples who are having their first child. In order to address the need for more effective couple-focused intervention for parents-to-be, I developed the Mindful Transition to Parenthood Program (MTPP). The program is based on the theory of interpersonal neurobiology, which emphasizes how attunement promotes healthy relationships (Siegel, 1999). Mindfulness training is an important part of this

program to develop presence, empathy, self-regulation, and intrapersonal attunement. This study is a mixed methods randomized clinical trial to measure the effectiveness of this program.

Transition to Parenthood

When the couple relationship is strong, individuals are more likely to have lives that are long, happy, and healthy (Amato, 2000; Hawkins, & Booth, 2005; Lucas, Clark, Georgellis, & Diener, 2003; Kiecolt-Glaser, Glaser, Cacioppo, Malarkey, 1998; Umberson, Williams, Powers, Liu, & Needham, 2006). The transition to parenthood is a stressful time for couples because of declines in relationship satisfaction (Cowan & Cowan, 2000; Schulz, et al., 2006; Shapiro, Gottman, & Carrere, 2000), increased conflict in the couple relationship (Belsky & Kelly, 1994), and increased risk of relationship dissolution (Cherlin, 1981; Cowan & Cowan, 2000). Though these postnatal declines are widely accepted in scholarly circles, new parents are often unaware of these potential problems and can be shocked by the postnatal difficulties that emerge in their relationship (Deave, Johnson, & Ingram, 2008). After the birth of a child, parents are also at increased risk for depression, stress, and declines in psychological well-being, in part because of the additional demands on time, adjustment to new identities and roles, and lack of sleep that can accompany having a child (Cowan & Cowan, 2000).

When parents are unhappy in their relationship with each other, it often impedes their ability to parent effectively. Yu and colleges (2010) found that high marital conflict is negatively correlated with parent-child relationship quality. Further, post-partum depression can negatively impact the parent-child relationship and infant social-emotional health (Feldman, Granat, Pariente, Kanety, Kuint, & Gilboa-Schechtman, 2009). Having a stable couple relationship ameliorates risks for new parents by decreasing the stress and emotional overwhelm of both partners (Cowan & Cowan, 2000; Cox, Owen, Lewis, & Henderson, 1989; Cox, Paley, Payne, &

Burchinal, 1999). More couple-focused interventions are needed to address the relational components that influence post-partum depression (Knudson-Martin, & Silverstein, 2009). Early brain development of children is in part due to the quality of relationships with caregivers, which is also dependent upon the couple relationship (Yu, Pettit, & Lansford, 2010). In fact, the health of the couple relationship is an essential factor in the overall happiness and well-being of parents and children (Amato, 2000; Yu et. al, 2010). Therefore, prevention programs that focus on deepening the couple relationship can decrease the risk of relational decline, improve parent-child interaction, and promote healthy child development.

Interventions for Prenatal Couples

There are few interventions for expectant parents that are focused on the couple relationship and have demonstrated effects for both men and women. The Bringing Baby Home Workshop (Shapiro & Gottman, 2005) is a notable exception that is a weekend program that promotes relational skills for non-distressed couples. In one study of this program, 38 heterosexual couples were randomized to a waitlist control or the Bringing Baby Home workshop (Shapiro & Gottman, 2005). At a one year follow-up, those in the control group had significant declines in marital quality and postpartum depression, and increases in marital hostility, while treatment couples remained stable.

The Becoming a Family Project led by Cowan and Cowan is another program that has positive outcomes for couples (Shulz et al., 2006). This program is a 24 week support group format in which male and female co-leaders facilitate discussion with groups of couples before and after the baby is born (Shulz et al., 2006). Results of a randomized study with 66 couples showed couples in the treatment group had less relational decline than control groups after a five year follow-up. Relationship stability was higher for treatment group couples than control group

couples at a one year follow-up, though at year five this distinction disappeared. The 24 week program is a large time investment and though there was an 86% participation rate, the program did not succeed in helping couples stay together long term.

Additional prenatal couple interventions have had mixed effects on relationship quality. The Marriage Moments program focuses on developing marital virtues through videos and a workbook that couples complete at home. This program did not improve marital quality nor relationship adjustment when compared with controls, even with a large sample ($N = 166$ couples; Hawkins, Fawcett, Carroll, & Gilliland, 2006). The Couple Care for Parents program, which is a six month skill-based approach prevented relational decline only for women and had no effect on parenting stress ($n = 71$ couples; Halford, Petch, & Creedy, 2010). Family Foundations is a skill-based eight-session prenatal and postnatal program that focuses on co-parenting, including managing couple conflict and supporting one another (Feinberg, Jones, Kan, & Goslin, 2010). In a randomized study ($n = 169$ couples), treatment condition significantly impacted co-parenting quality ($p < .05$, with a very small effect size, Cohen's $d = .18$) at a follow-up when children were three years old. Though co-parenting ability can predict relationship satisfaction (Schoppe-Sullivan, Mangelsdorf, Frosch, & McHale, 2004) and co-parenting was improved by this intervention, relationship quality was higher for the treatment group only for parents with male children ($p < .05$, small effect, Cohen's $d = .43$; Feinberg et al., 2010). Relationship quality was not assessed in previous waves of data collection, so it is not possible to know if it had shorter term effects that were not maintained during early childhood.

A recent meta-analysis of couple-focused interventions for expectant and new parents reported nine randomized intervention studies in the last forty years that included couples (Pinquart & Teubert, 2010). Of the 21 intervention studies as a whole (others included only mothers or fathers, or were nonrandomized) relationship adjustment outcomes for this population

had lower effect sizes than for couples programs in general (Pinquart & Teubert, 2010). Given these results, there is a need for more effective couple-focused intervention in the perinatal period. Prevention programs for normative couples may be especially beneficial because couples with the highest relationship satisfaction prior to the birth of their child are the only demographic to show an increase in relationship satisfaction following the birth of their baby (Schulz, et al., 2006). Therefore, enhancing average couples may not just prevent the normative decline in relationship quality, but actually improve the relationship during this transitional time.

Theoretical Foundation

The program for this current study focuses on aspects of the couple relationship that research has found to be essential in improving and maintaining relational health in general, and specifically for expectant parents. The four overarching goals for this intervention are for participants to: a) increase mindfulness; b) improve empathy; c) enhance positive emotions, decrease negative emotions; d) utilize these new abilities to improve relationship functioning and satisfaction. These goals, though listed as distinct, are overlapping and inseparable as aspects of the intervention will involve a combination of methods all reinforcing each other.

These goals were met through the combination of mindful awareness practices, experiential activities, psychoeducation, and homework activities designed to practice these skills through the four-week intervention. For example, in week two of the program couples learned a mindfulness of breath practice, discussed conflict management strategies related to acceptance and reactivity, and completed a mindful eye contact exercise with their partner during the group meeting. For homework, couples engaged in the mindfulness of breath practice for fifteen minutes a day, developed and practiced a time-out strategy to prevent emotional overwhelm, and completed a mindful touch exercise.

An overarching goal is to improve attunement skills, which are essential to relational health and child development. Attunement is a process whereby people can connect deeply with others' emotional states, see their perspectives, and then respond sensitively and effectively to their needs (Siegel, 2010; Siegel, 2007). Attunement of parent to child promotes secure attachment and healthy development of children (Siegel, 2010). In adult relationships, mutual attunement is essential for health and longevity of couple relationships (Siegel, 2007). However, attunement is a difficult process to measure, and thus empathy, mindfulness, emotionality, and relationship quality are component variables of effective attunement.

Interpersonal Neurobiology

All of the goals for my intervention are consistent with the theoretical framework of interpersonal neurobiology. Interpersonal neurobiology is theory that integrates a variety of social, neurological, systemic, developmental, and psychological theories (Siegel, 1999). By combining research with subjective means of knowing, Siegel (1999) seeks to explain the social aspects of the mind and brain and how we as humans can create relationships that promote well-being. According to interpersonal neurobiology, the brain develops in relationships with others. If those relationships are characterized by the healthy synergy of attunement, then the neural pathways in the brain develop into a complex web of integration across regions and spheres leading to increased capacities for empathy, self-awareness, coping with stress, and processing information effectively (Siegel, 2006).

The triangle of well-being. Figure 4 is a depiction of the triangle of well-being. Siegel (2006) argues that the three elements of relationship, mind, and brain when working together to support empathy, coherence, and integration lead to health. Siegel (2006) defines the mind as: “a process that regulates the flow of energy and information” (p. 248). The brain is the biological

basis of the regulation of information of the mind, and relationships are how we interact with others in our environment. In the figure, the double-headed arrows between each of these three key elements demonstrate their interconnection and mutual dependence. Hence, intervention in any of these three areas can impact the other two. Further, each one of these aspects – relationships, mind, and brain – can be seen as systems in and of themselves or in relation to other people. For instance, teaching a mother how to attune to her child in an empathic way can change the mind and brain of the mother, as well as that of the developing child, just as teaching a mother to attune to herself through mindfulness practices could have a similar effect on the brain of her husband. Additionally, by focusing an intervention on all three aspects of the triangle at once, the results are more effective and long lasting (Siegel, 2006). Therefore, the Mindful Transition to Parenting Program includes activities, homework assignments, and psychoeducation that address all three areas of well-being, with a focus on promoting empathic relationships with the partner and the self.

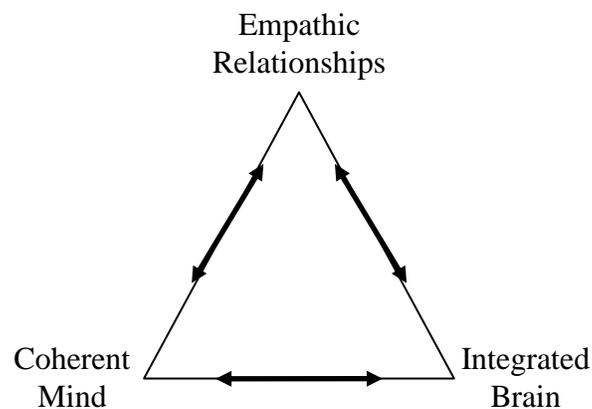


Figure 4. The triangle of well-being. Adapted from “An Interpersonal Neurobiology Approach to Psychotherapy,” by D. Siegel, 2006, *Psychiatric Annals*, 36(4), p. 250. Reprinted with permission from SLACK Incorporated.

Integration. In order to be healthy, both physically and psychologically, the mind, brain and relationships need to be operating as an integrated system. Siegel and Hartzell (2003) define integration as “a process whereby separate parts are linked together into a functional whole” (p. 72). In terms of relationships, integration in a family allows for individuality while still functioning as a cohesive system—balancing joining and differentiation. An integrated brain is one that has an interlocking web of neural connections linking distinct parts of the brain to one another (Siegel, 2006). The essential elements of integration are being flexible, stable, adaptive, coherent, and energized (Siegel, 2006, p. 249). When the qualities of integration are present, optimal functioning is possible at all levels of the triangle of well-being. Mindfulness practices help individuals to become more integrated from within, so that they can bring these qualities into their relationship.

Thus, the Mindful Transition to Parenthood Program focused on participants learning how to be present with themselves and their partners in order to bring health into all aspects of the triangle: mind, brain, and relationships. Research has shown that empathic relationships can lead to healthy brain development. For instance, the hippocampus – the part of the brain associated with managing stress and emotion regulation – is larger in children with supportive mothers even when controlling for social and economic factors (Luby et al., 2012).

It is hypothesized that interpersonal attunement creates change in another’s brain through the mirror neuron system (Siegel, 2006). Mirror neurons are what fire in the brain when we watch someone complete a predictable task; the neurons follow the same patterns in the brain as when we perform the task ourselves (Iacoboni, 2008; Siegel, 2007). Because mirror neurons fire only when observing goal-oriented behavior, they suggest an ability in the brain to construct mental representations of the intentions of others. Hence, mirror neurons are thought to be the

neurological building blocks of empathy (Carr, Iacoboni, Dubeau, Mazziotta, Lenzi, 2003; Gallese, 2003) and they support the argument that human beings are biologically constructed to function within social systems (Siegel, 2006). Interpersonal attunement activates the mirror neuron system and the brains of those involved begin to match each other (Siegel, 2006). This connection between two brains leads to greater coherence of the minds of those involved, and thus improves internal integration and self-regulation. Hence, if individuals are able to develop the skills of empathy, presence, nonjudgment, and acceptance and utilize them with their loved ones, optimal functioning can occur on the relational and neurological levels.

Mindfulness

Mindfulness is “paying attention in a particular way: on purpose, in the present moment, and nonjudgmentally” (Kabat-Zinn, 1994, p. 4). Mindfulness practices support integration in the mind, brain, and relationships because intrapersonal attunement develops the parts of the brain that help with executive functioning, neural integration, empathy, and emotion regulation (Siegel, 2007). Mindfulness and awareness practices (i.e. meditation, yoga, mindful walking) are essentially ways of training the brain to be one’s own responsive caregiver – being present, accepting, and responsive to the self – with all the benefits that come from empathic relationships.

Research on mindfulness became popular after Mindfulness-Based Stress Reduction (MBSR) was examined in medical settings and shown to substantially help those with chronic pain (Baer, 2003; Brown et al., 2007; Kabat-Zinn, 1990). Due to extensive research and positive outcomes, MBSR is widely offered around the world (Baer, 2003; Brown et al., 2007). The program is an eight- to ten-week course for individuals in a group setting that includes the teaching and practice of body scanning, mindfulness meditation, hatha yoga, and loving-kindness

meditation (Kabat-Zinn, 1990). A daily meditation practice of 45 minutes is encouraged as part of the program, which participants complete through listening to a compact disc at home. One full day of mindfulness practice is also included during the last week of the course. The program is secular in nature and does not discuss spirituality as an overt component of the training, though is based on Buddhist principles (Brown, et al., 2007; Kabat-Zinn, 2003). The program has since been expanded beyond individuals with chronic pain, with positive results (Kabat-Zinn, 2003; Shapiro, Brown, & Biegel, 2007; Shapiro, Schwartz, & Bonner, 1998).

After only eight weeks of meditation experience, beginning meditators have shown increased immune function, lowered negative affect, increased ability to process trauma, and heightened activity in areas of the brain associated with positive affect (Davidson et al., 2003; Farb, Anderson, Mayberg, Bean, McKeon, & Segal, 2010; Jha, Stanley, Kiyonaga, Wong, & Gelfand, 2010; Shapiro et al., 2007). Additionally, participants who completed a ten minute induction of mindfulness in a laboratory setting were found to have significantly higher positive affect and lower negative affect than a control, following positive and distressing movie clips (Erismann & Roemer, 2010). Mindfulness has been successfully applied to many populations through a variety of clinical interventions to target issues such as depression relapse, anxiety, substance abuse relapse, eating disorders, and trauma (Baer, 2003; Brown, et al, 2007).

Mindfulness for Couples and the Transition to Parenthood

An increasing number of researchers are investigating the role of mindfulness in couple relationships. Mindfulness is correlated with increased skillfulness in couple interactions, higher empathy, greater marital satisfaction (Wachs & Cordova, 2007), and more positive views of partner and more effective communication (Barnes et al., 2007). Beyond correlation, mindfulness training can help to improve relational functioning. Carson, Carson, Gill and

Baucom (2007) developed a couples-focused program modeled after MBSR called Mindfulness-Based Relationship Enhancement (MBRE) which included loving-kindness meditation, mindful touch exercises, and partner yoga. In a randomized trial with 44 couples, couples in the treatment group had significantly higher relational satisfaction ($p < .001$), and lower relational distress ($p < .05$) than the waitlist control group at the end of eight weeks.

Initial research on mindfulness training for expectant parents has focused on pregnant women, specifically on reducing pain during childbirth, preventing postpartum depression, and improving mother-infant bonding (Hughes, Williams, Bardacke, Duncan, Dimidjian, & Goodman, 2009). A pilot study ($N = 20$) of an eight-week modified Mindfulness-Based Cognitive Therapy program for pregnant women showed clinically reliable declines in negative affect and improvements in mindfulness and self-compassion for treatment versus control participants (Dunn, Hanieh, Robers, & Powrie, 2012). The Mindfulness-Based Childbirth and Parenting (MBCP) program is a prenatal course for couples. It combines mindfulness – adapted from the MBSR curriculum – and traditional childbirth education into a nine week program (Duncan & Bardacke, 2010). Results of a pilot study ($n = 27$) show that female participants had decreased depression, anxiety, and negative affect when comparing pretest to post-intervention measures (Duncan & Bardacke, 2010). Outcomes were only reported for women, though partners were present in the group and relationship quality was not measured, so it is not possible to determine the effects of the program on male partners or the couple relationship. In another pilot study of pregnant women ($n = 31$), researchers investigated the eight-week Mindful Motherhood Program and found lower anxiety and negative affect in the treatment group post-intervention when compared to a waitlist control (Vieten & Astin, 2008). There was no difference between groups at a three month follow-up.

These prenatal studies provide preliminary support that mindfulness training may help women during pregnancy, yet provide little information about the male perspective. For heterosexual couples, father involvement in parenthood is associated with lower risk of post-partum depression and higher couple relationship satisfaction (Cowan & Cowan, 2000; Lee & Doherty, 2007; Shapiro & Gottman, 2005). Additionally, fathers who are satisfied with their marriages tend to be better parents – as relationship quality increases, fathers exhibit more warmth and support, and less intrusiveness in interactions with their children (Lee & Doherty, 2007). Additionally, ignoring the relational dynamics of the couple may be diminishing the impact that intervention programs can have on child development, because the couple relationship influences both the mother's and father's abilities to parent (Lee & Doherty, 2007; Yu et. al, 2010). The benefits of mindfulness practice for improving relationships (Gambrel & Keeling, 2010), lowering risk of post-partum depression and decreasing pain during childbirth make it a natural fit for supporting prenatal couples (Hughes, et al., 2009). By including fathers, teaching skills for couples, and adding mindfulness training, perinatal interventions could have more expansive and enduring impacts on family well-being.

The Current Study

This study is a randomized clinical trial with a mixed methods design. Specifically, the design is an embedded experimental quantitative with qualitative design, with quantitative methods emphasized; written in notation as: QUAN(qual) (see Creswell, & Plano-Clark, 2006). Utilizing a combination of qualitative and quantitative procedures has a long history in research and has become a recognized methodology in the past fifteen years due to its ability to answer complex and varied questions (Creswell, & Plano-Clark, 2006). Mixed methods research has many benefits for systemic research, but is currently underutilized in the field of marriage and

family therapy (Gambrel & Butler, 2010). This study uses both quantitative and qualitative methods in order to have a richer understanding of the impact of the intervention on the couple relationship. I draw on pragmatism to transcend the false dichotomy between these two methods of inquiry and to argue that they may be used compatibly to answer my research questions (Johnson & Onwuegbuzie, 2004).

Mixed methods was utilized in this study so that qualitative findings could expand and explain quantitative results. There are two research questions for this study: 1. Quantitative question: Is the Mindful Transition to Parenthood Program an effective means of improving participants' relationship satisfaction, mindfulness, empathy, and emotionality? and 2. Mixed question: What are the experiences of men and women in the Mindful Transition to Parenthood Program that can provide additional insight into the quantitative results?

There are seven hypotheses for this study: 1. Participants in the treatment group will have significantly higher self-reported relationship satisfaction than the control group; 2. Participants in the treatment group will have significantly higher self-reported mindfulness than control group; 3. Participants in the treatment group will have significantly higher self-reported general empathy (higher empathic concern and perspective-taking, lower personal distress) than control group; 4. Participants in the treatment group will have significantly higher self-reported empathy in their relationship than control group; 5. Participants in the treatment group will report significantly higher partner empathy than control group; 6. Participants in the treatment group will have significantly higher self-reported emotionality (lower negative affect and higher positive affect) than control group; 7. Participants in the treatment group will have significantly lower negative emotional states (i.e., stress, anxiety, and depression) than control group.

Method

Participant Recruitment

I recruited participants through local businesses and organizations, and advertising. Specifically, I made contacts with local hospitals, birthing centers, new parent support groups, prenatal programs, doulas, prenatal yoga and exercise classes, midwives, and churches. I also advertised on-line through Facebook, Craigslist, e-mail notifications, Google Adwords, and event calendars. Potential participants were directed to an on-line consent form and screening tool to complete if interested in registering for the group. In order to participate in this research, couples must have been currently romantically involved and expecting their first child (through pregnancy or adoption), be over eighteen years of age, and speak English. Pregnant women were between 12 and 34 weeks at the start of the program to allow time for couples to complete the intervention before giving birth, and to lessen the risk that a miscarriage could happen after the start of the program. Participants were compensated by receiving the intervention, a binder, and a CD of guided mindfulness practices for free, and by being entered to win a \$250 gift card or one of three low-cost baby related items.

Exclusionary criteria for the study included having a diagnosed personality disorder, being clinically depressed, having a history of trauma, and current substance abuse. Also, participants with a current daily meditation practice and those in couples therapy were not eligible to participate as this could conflate results between the treatment and control groups. I screened individuals initially through self-report and then through individual interview.

Sample

The final sample size for this study is 66 participants with 34 in the waitlist control group and 32 in the treatment group. I received completed on-line screening forms from 109 people

from which 78 people (39 couples) registered for the program and research study. Of the 31 that did not register 13 people did not respond to follow-up contact (7 of whom did not have a partner register), 2 did not want to participate in the research study, and 16 did not meet inclusion criteria because they were not currently expecting a child or already had a child (10), were in couples therapy (4), or had a daily mindfulness meditation practice (2). Of the 78 that registered, 6 did not complete pretest measures (4 from treatment group, 2 from control) because of not having the time (4) or not responding to communication attempts (2). 72 people in each the treatment (36) and waitlist control groups (36) completed pretest measures. One couple in the control group did not complete follow-up measures due to time constraints. In the treatment group, one couple attended half of the first group and discontinued participation due to work schedule conflicts, and one couple did not attend the group and did not respond to communication attempts. Thus, out of 17 couples that began the intervention, only one couple withdrew. Figure 5 is a visual diagram of the sample. All couples who completed the intervention participated in the qualitative interview, except one who declined due to scheduling difficulties. Thirteen heterosexual couples were included in the qualitative analysis; analysis stopped once saturation was reached. For a complete description of the qualitative sample see Gambrel, 2012.

Demographics

The final quantitative sample of 66 people included 32 men and 34 women, one lesbian couple, and one couple expecting a baby through adoption. The age ranged from 24 to 41 for men (mean = 31.78) and for women ranged from 22 to 46 (mean = 31.56). Relationship status was: 75.8% currently married to partner, 18.2% cohabitating, 6.1% engaged. The length of current relationship ranged from three months to thirteen years, with a mean of 4.87 years.

Pregnancies averaged 21 weeks at the start of the program and 63.6% were planned pregnancies. Education of participants ranged from completing high school only (3%), some college (21.2%), bachelor's degree (36.4%), to graduate school degree (39.4%). Dual income families were the norm in this sample, with only two individuals (3%) working within the home for no wages. Household yearly income ranged from less than \$10,000 to more than \$150,000 with a mean of \$55,000. Ethnicity was Caucasian (90.9%) and Hispanic or Latino (9.1%). Racial identity was diverse for the region: White 82%, Native American 4.5%, Asian American 1.5%, Multiracial 3%, and Other 9%. Religious affiliation also varied: Christian 28.7%, Catholic 15.2%, Agnostic 12.1%, Atheist 6.1%, None 9.1%, and Other 28.8%. Just over half of the sample (54.5%) had previous yoga, mindfulness, or meditation training.

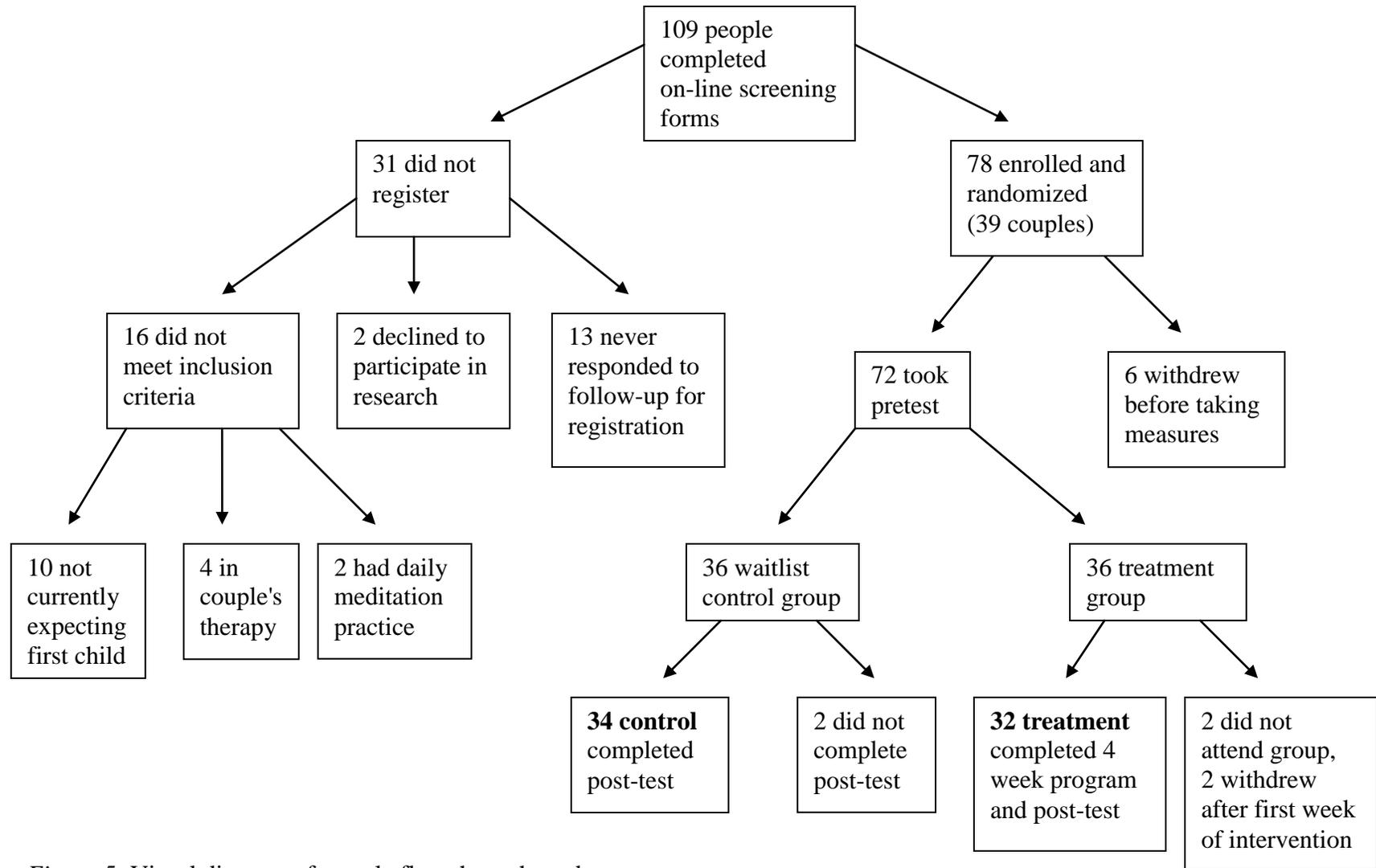


Figure 5: Visual diagram of sample flow through study.

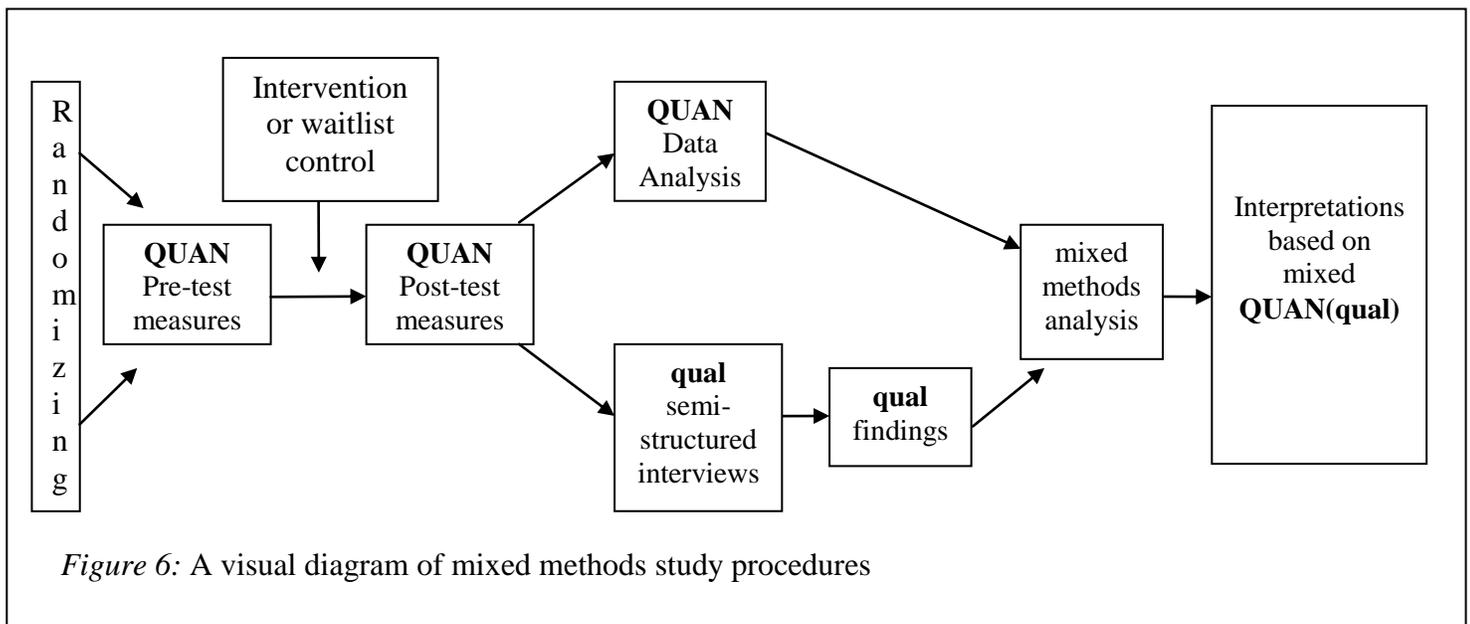
Procedures

For the current study, I randomly assigned 33 couples to a treatment or waitlist control condition and compared change scores of pretest and posttest survey results on measures of relationship satisfaction, emotionality, empathy, and mindfulness. Participants were also interviewed at the end of the program about their experiences and I combined the qualitative findings with quantitative results for a mixed methods design. Before beginning research, all protocol was approved by the Internal Review Board at Virginia Tech.

After being screened on-line and meeting individually (without their partner) with the primary researcher to sign consent documents, participants were randomized by a coin toss as a couple into the waitlist control group or treatment group. Treatment group couples joined the Mindful Transition to Parenthood Program, a psychoeducational-experiential group for couples. The group consisted of three to five couples that met for four weeks, two hours per week. Each week followed the basic format of an introductory group discussion, a guided mindfulness activity, a psychoeducational component related to relationship enhancement and the transition to parenthood, an experiential activity, and then a closing activity when homework was given. Key activities in the program include body scan, mindfulness meditation, loving-kindness meditation, mindful communication, mindfulness in daily life, mapping the present moment as an awareness tool, effective conflict management techniques, appreciation, and psychoeducation about the transition to parenting including gender roles and involving fathers in the parenting process. Also, dyadic and small group activities promoted group support, which has been shown to be helpful for people in stressful transitions (e.g. Monti, et al., 2006; Shulz, et al. 2006). At home, participants completed couple activities and a fifteen minute daily mindfulness practice. Control group couples were invited to join a group following a four week wait. The groups were

facilitated by the first author (L.G.) who has over ten years of experience in meditation, is a licensed therapist who has practiced for six years, and has doctoral level training in couples and family therapy. Groups met in holistic health centers, churches, and birthing centers. Complete details of the formation and implementation of the intervention can be found in a previous article (Gambrel, 2012) or by contacting the first author.

Following randomization, participants completed pretest surveys including demographic information. Pre-test measures were completed the week prior to beginning their first class for the treatment group and at the same time for the control group, which included: the Five-Factor Mindfulness Questionnaire (FFMQ), the Couple Satisfaction Index (CSI), the Interpersonal Reactivity Index (IRI), Self and Other Dyadic Perspective Taking Scales (SDPTS; ODPTS), the Depression, Anxiety, and Stress Scale – 21 (DASS-21), and the short form of the Positive and Negative Affect Schedule (PANAS-Short Form). All measures were given on the on-line survey program Qualtrics. See Figure 6 for a diagram of the study procedures.



Following the four week intervention, couples completed the same measures of relationship satisfaction, mindfulness, empathy, and emotionality. I also interviewed couples in the treatment group to determine their experiences of the intervention, areas that could be improved in the program for future use, and gathered additional information about couple functioning. The control group participants completed their questionnaires at this same time and were then eligible to join the program. The qualitative interviews were semi-structured and lasted between 45 minutes and one hour. They were conducted in person, with both members of the couple present, except for one couple that was interviewed via telephone. See Appendix B for the qualitative interview protocol.

Measures

Relationship Satisfaction

The Couple Satisfaction Index (CSI; Funk & Rogge, 2007) was used to measure relationship satisfaction. This survey was developed to measure relationship satisfaction (individual happiness) and not relationship adjustment (interactions between partners), which researchers have conflated in their use of other instruments in the past such as the Dyadic Adjustment Scale (DAS; Spanier, 1976; Funk & Rogge, 2010). The CSI is a 32-item Likert scale self-report measure and the majority of questions are on a zero to five scale. The scale includes a global item that reads: “Please indicate the degree of happiness, all things considered, of your relationship,” from 0= *extremely unhappy* to 6=*perfect*. The CSI has decreased measurement error and an improved ability to detect small differences in relationship satisfaction across a full range of scores, thus allowing researchers to compare groups and individuals overtime more effectively (Funk & Rogge, 2010; Lee, Rogge, & Reis, 2010). Reliability for men and women in the current study were excellent, with both at $\alpha = .93$.

Mindfulness

The Five Facet Mindfulness Questionnaire (FFMQ; Baer, Smith, Hopkins, Krietemeyer, & Toney, 2006) was used to measure a combined mindfulness score. The FFMQ was created through a factor analysis of five mindfulness self-report measures. The questionnaire contains 39 items on a five-point scale ranging from 1=*never or very rarely true*, to 5=*very often or always true* with five subscales. Four of the five subscales can be used to create an overall mindfulness score and were included in analysis: nonreactivity, acting with awareness, describing and nonjudging. The Chronbach's alpha reliability statistics for the current sample were .88 for men and .85 for women.

Empathy

Empathy as a construct has been under-researched due to the difficulty with defining and measuring it (Britton, & Fuendeling, 2005). Davis (1980, 1983a) defines empathy as cognitive and emotional responses to an observed other, and this definition has been used in numerous studies in the past two decades (e.g. Wachs & Cordova, 2007). The Interpersonal Reactivity Index (IRI; Davis, 1980) was used as a self-report measure of general empathy. Three subscales of this instrument, totaling 21 items, were used to measure affective and cognitive aspects of empathy: perspective taking, empathic concern, and personal distress. This measure is on a five-point Likert scale. A general empathy score was calculated for this study by summing perspective taking, empathic concern, and reversed scores of personal distress. Men in the current sample had a Chronbach's alpha coefficient of .83 and women had .76.

The Self-Dyadic Perspective-Taking Scale (SDPTS) and the Other-Dyadic Perspective-Taking Scale (ODPTS; Long, 1990) were used as a self-report measure of empathy towards partner, as well as perceived empathy of partner towards self; these are measures of empathy

specific to the couple relationship. The SDPTS and ODPTS are perspective-taking instruments, hence they are measuring the cognitive component of empathy, not the affective component. Because general levels of empathy (as measured by the IRI) may not necessarily translate into empathy towards a specific partner (Long, 1990) both the IRI and DPTS are necessary for this study. The SDPTS consists of thirteen questions on a Likert scale from 0 to 4 (Long, 1990). The ODPTS is similar though focused on a partner. It is a twenty-item measure that follows the same Likert scaling as the SDPTS. Chronbach's alpha coefficients for the SDPTS and ODPTS for men and women ranged from .89 to .95 in the current study.

Emotionality

The Depression Anxiety Stress Scale – 21 (DASS-21; Lovibond & Lovibond, 1995) was used to measure a combined score of negative emotional states. The DASS-21 consists of seven questions related to each of the three areas: depression, anxiety, and stress. These questions are answered about the past week on a 0 to 3 Likert scale. The original scale was 42 questions and was tested on a large, normative sample ($N = 717$; Lovibond & Lovibond, 1995). The shortened version of this measure, the DASS-21, was developed by Henry and Crawford (2005) and is calculated by doubling the scores. With a large adult nonclinical sample ($N = 1,794$) they determined through confirmatory factor analysis that both a combined score and three separate subscores were valid. Reliability in the current sample was good for men ($\alpha = .84$) and women ($\alpha = .82$).

The Positive and Negative Affect Schedule (PANAS; Watson, Clark, & Tellegen, 1988) is a widely accepted measure of two dimensions of affect. This measure consists of two 10-item mood scales with respondents answering to what extent they have felt a certain emotion (i.e. enthusiastic, nervous) on a scale from 1 to 5. The short form of the PANAS, with ten items total,

was used in this study. It has similar reliability and validity to the complete version (Mackinnon, Jorm, Christensen, Korten, Jacomb, & Rodgers, 1999). Chronbach's alpha coefficients in the current sample were lower for men than women. Men had an alpha statistic of .74 for positive affect, and .81 for negative affect; for women $\alpha = .81$ and $\alpha = .88$, respectively.

Adherence

Participants completed a paper diary to record the completion of daily mindfulness practices. Participants were asked which practice they completed each day and for how many minutes. This record was collected at the group meeting for the past week. Attendance was taken at each group meeting and in order to continue in the research study participants needed to attend three out of four sessions, which all individuals did.

Analysis

I used an ANCOVA to examine the change score from pretest to posttest while controlling for pretest scores. Men and women were analyzed separately to minimize collinearity issues within the couple data. This is the preferred method of using ANCOVA with dyadic data when the two groups are made up of distinguishable members (DeCoster, 2002).

For the qualitative analysis, transcriptionists typed the audio recordings of the semi-structured interviews with the couples at the end of the intervention. I reviewed and coded the transcripts, utilizing whole text analysis procedures to discover overarching themes of experience (Glaser & Strauss, 1967; Strauss & Corbin, 1998). A peer debriefing process was followed to confirm codes and themes (Lincoln & Guba, 1985). For a more detailed account of this procedure and the complete qualitative findings, see Gambrel (2012).

Quantitative results showed differences in treatment effects by gender, thus mixed methods analyses focused on gaining a deeper understanding of men and women's experiences.

I completed further analyses of the initial gender differences that emerged from the qualitative interviews (Gambrel 2012) to further explain the quantitative results. There were no differences in individuals' experiences of the program based on relational outcomes – meaning there were no emergent themes from the interviews that could distinguish the individuals whose relationship satisfaction scores improved from pre to posttest from those who did not. Thus, only differences in male and female experiences are reported.

Quantitative Results

First, no significant differences were found between treatment and control groups when using ANCOVAs on pretest scores of outcome variables. Similarly, no significant differences were found between treatment and control groups on demographic characteristics including age, race, length of relationship, marital status, educational attainment, length of pregnancy, and experience with mindfulness practice. Thus, there were comparable treatment and control groups in this study. Second, partial eta-squared was used as the effect size measure. Partial eta-squared (η^2_{partial}) is calculated by dividing the sum of squares of an effect by the addition of the sum of squares of the effect and the sum of squares of the error of that effect. Cohen (1988) suggested the following guidelines for effect size interpretation: *partial eta*²=.01 is a small effect size, *partial eta*²=.06 is a medium effect size, and *partial eta*²=.14 is a large effect size (p. 283).

Results of ANCOVA for men showed significant improvement for those in the treatment group in relationship satisfaction, $F(1,29) = 4.17, p \leq .05$ (medium effect size, $\eta^2_{\text{partial}} = .13$), and mindfulness $F(1,29) = 6.22, p < .05$ (large effect size, $\eta^2_{\text{partial}} = .18$) when compared to waitlist control. Men in the treatment group also had a significant decline in negative affect $F(1,29) = 4.55, p < .05$ (large effect size, $\eta^2_{\text{partial}} = .14$) when compared to the control. Nonsignificant results were found for men in three measures of empathy (general, self in relationship, and partner in

relationship), positive affect, and negative emotional states. Medium effect sizes for men were also found for negative emotional states ($\eta^2_{\text{partial}} = .08$), and empathy in couple relationship ($\eta^2_{\text{partial}} = .06$), with a small effect size on positive affect ($\eta^2_{\text{partial}} = .03$).

Women had nonsignificant results for all outcome variables. Small effects were present for women in all aspects of empathy: general ($\eta^2_{\text{partial}} = .02$), self in relationship ($\eta^2_{\text{partial}} = .04$), and partner in relationship ($\eta^2_{\text{partial}} = .03$), with the treatment group having higher posttest scores. Women in the treatment group showed improvement in relationship satisfaction, but less improvement than the control group. Differences were nonsignificant, with a small effect size ($\eta^2_{\text{partial}} = .01$). For complete results for men and women, see Tables 3 and 4.

The groups met for four weeks, two hours per week and participants were expected to engage in a mindfulness practice for fifteen minutes a day six times a week, which is a total of 360 minutes of practice. No individual missed more than one group meeting. Adherence for participants in the treatment group included men attending an average of 3.73 group meetings (93.25%) with an average mindfulness practice time of 177.00 minutes (standard deviation, $SD = 92.74$; range = 15 – 375 minutes). Women had an average attendance of 3.79 group meetings (94.85%) and an average mindfulness practice time of 202.65 minutes ($SD = 99.14$; range = 30 – 374). Mindfulness practice and attendance were not significantly related to outcomes for men or women.

Table 3

Quantitative Results for Women

Results for Women	Intervention Group (<i>n</i> = 17)					Control Group (<i>n</i> = 17)					ANCOVA			
	Pretest		Posttest			Pretest		Posttest			<i>F</i> (1,31)	<i>p</i>	partial η^2	power
	Mean	SD	Mean	SD	Change	Mean	SD	Mean	SD	Change				
Relationship Satisfaction	170.94	10.37	172.65	10.56	1.48	172.59	14.19	175.18	10.77	2.81	.45	.51	.01*	.10
Mindfulness	102.82	13.52	107.35	8.65	4.30	103.82	13.13	107.59	10.57	4.00	.02	.89	.00	.05
Empathy - General	36.52	8.29	36.00	7.50	1.47	37.88	7.47	38.06	8.05	.18	.49	.49	.02*	.10
Empathy - Self	76.12	12.14	51.35	5.43	2.54	77.52	13.82	50.47	7.90	.93	1.21	.28	.04*	.19
Empathy - Partner	76.12	12.14	80.00	9.39	3.72	77.53	13.82	78.94	13.99	1.58	.87	.36	.03*	.15
Positive Affect	17.24	2.73	18.35	3.44	1.12	18.06	3.15	18.65	2.80	.59	.12	.73	.00	.06
Negative Affect	8.76	3.38	9.82	4.86	1.06	9.12	2.18	10.12	3.92	1.00	.01	.92	.00	.05
DASS-21	18.35	9.39	17.76	9.02	-.59	22.00	13.44	20.71	12.75	-1.29	.06	.81	.00	.06

Note: Significant at the $p \leq .05$ level.

*Small effect size.

Table 4

Quantitative Results for Men

Results for Men	Intervention Group (<i>n</i> = 15)					Control Group (<i>n</i> = 17)					ANCOVA			
	Pretest		Posttest			Pretest		Posttest			<i>F</i> (1,29)	<i>p</i>	partial η^2	power
	Mean	SD	Mean	SD	Change	Mean	SD	Mean	SD	Change				
Relationship Satisfaction	170.13	14.11	173.47	12.94	3.33	172.00	14.82	171.24	15.81	-.76	4.17	.05	.13**	.51
Mindfulness	103.60	10.12	113.00	11.49	9.40	112.29	11.99	112.88	15.12	.59	6.22	.02	.18***	.67
Empathy General	35.40	7.93	38.93	9.42	3.53	37.47	9.25	40.82	9.65	3.35	.02	.88	.00	.05
Empathy Self	49.53	5.77	53.13	5.32	3.60	52.70	8.53	54.06	8.33	1.35	1.87	.18	.06**	.26
Empathy Partner	75.27	8.40	80.73	9.11	5.47	74.29	16.35	79.65	16.79	5.35	.01	.92	.00	.05
Positive Affect	18.33	2.41	19.60	2.23	1.27	20.00	3.61	20.06	3.03	.06	.83	.37	.03*	.14
Negative Affect	10.93	5.74	8.13	3.40	-2.80	8.29	2.69	9.06	2.88	.76	4.55	.04	.14***	.54
DASS-21	23.20	15.13	12.27	5.65	-10.93	16.59	9.69	16.24	13.98	-.35	2.36	.32	.08**	.32

Note: Significant at the $p \leq .05$ level.

*Small effect size. **Medium effect size. ***Large effect size.

Mixed Methods Results

The mixed methods analyses – further qualitative analyses of the quantitative results – revealed distinctions in male and female experiences of the program that could account for some of the differences in their quantitative outcomes (see Table 5). The first theme, *differences in social support needs*, emerged based on men’s and women’s relationships with friends, family, providers, and larger communities. Except for those who had recently relocated, women felt they were receiving ample support from other women who had children or were currently pregnant. Also, the visibility of the pregnancy led strangers and acquaintances to give women advice and support. On the other hand, men did not have a marker to alert the public that they were expecting a child. The opportunity to meet and connect with other fathers-to-be in the program was special and meaningful; women enjoyed meeting other pregnant women in the group, but felt it was less of a need. Penny and Pete, a married couple, discuss their different experiences with social support in the group:

Penny: “I didn’t feel like I needed that connection with another woman...But I think for men, it was the opposite.”

Pete: “Guys definitely need it...I think I need guys, husbands of pregnant women.”

Penny: “He’s not over here walking around with a big belly, so people aren’t going automatically ‘Hey, what’s your experience? How are you feeling? How are you doing?’”

Though not true in all cases, women were more likely to initiate participation in the Mindful Transition to Parenthood Program, thus there was a difference in the *process of program enrollment* between genders. Women felt supported and more confident about the relationship because of their partner’s willingness to participate in the group. Rayna explained this feeling: “I

think simply [Craig’s] willingness and interest in participating in the program...made me feel more supported and made me realize that we were a team.” Often men participated at the request of their partners and initially felt uncertain about what to expect in the program.

Table 5

Qualitative Themes of Participants’ Experiences by Gender

Overarching Qualitative Themes	Sub-Themes by Gender	
	Women	Men
1. Differences in social support needs	1a. Female friends and family, along with visibility of pregnancy, leads to ample support 1b. Enjoyed, but did not need, female connection in program 1c. Majority of prenatal providers focus on female experience	1a. Little support received from male friends and family 1b. Connecting to fathers-to-be in program fulfilled an unmet need 1c. Program focus on male needs is refreshing
2. Process of program enrollment	2a. Felt supported by partner agreeing to participate in program	2a. Participation in program was initiated by partner
3. Relational and identity processes during prenatal period	3a. Appreciated partner’s increased understanding of pregnancy as result of program 3b. Appreciated partner’s increased connection with baby as result of program 3c. Identified as a mother naturally through pregnancy	3a. Program increased understanding about partner’s experience of pregnancy and how to be supportive 3b. Program lead to more connection with baby 3c. Became more identified as a father through program

Men and women also expressed differences in terms of their *relational and identity processes during the prenatal period*. Women felt connected with their babies through their bodies changing and feeling the babies during pregnancy. They also identified earlier on in the pregnancy with the role of parent than did their partners. As a result of being in the program, women discussed being even more connected to their babies and prepared for motherhood, but that the shift had already begun to happen as the pregnancy progressed. They noticed and appreciated the transformations from their partners. Men learned in the program more about their partners' processes during pregnancy and felt they could offer more support. The male partners also began initiating more contact with their babies and becoming more aligned with an identity as a father. Mark explains the shift he experienced in the program:

This class...just made me more aware that I'm in this – we're a family and I gotta understand [Sara] a lot right now and what she's going through. Because at first when we became pregnant it was like so many things were changing incredibly and I was like, 'What's going on? What's happening to you?' I mean, I knew she was pregnant, but I just didn't know what her changes were, so I was thinking like I was the victim...[The program] definitely brought to light just not being so self-concerned.

Though women enjoyed the program, they were able to see more changes for their partners than themselves in connecting with the baby and identity shifts. The changes for men were mutually reinforcing – as they became more connected with their partners, they felt more connected with their babies, and more connection with their babies led to more understanding and support of their partners.

Discussion

The results of this randomized clinical trial of the Mindful Transition to Parenthood Program demonstrate larger treatment effects for men than women. Men in the treatment group had significant improvement in relationship satisfaction, mindfulness, and negative affect when compared with the waitlist control group. A recent meta-analysis of couples-focused prenatal programs showed very small effects on couple adjustment after a mean of 11.4 sessions (Pinquort & Teubert, 2010); thus, it is notable that men in this study had a medium effect size for relationship satisfaction improvement after only four sessions. Such an improvement can have far reaching benefits because men's relationship satisfaction can help enhance the quality of fathering (Lee & Doherty, 2007), prevent post-partum depression in female partners (Knudson-Martin & Silverstein, 2009; Stapleton et al, 2012), and lower the risk of relationship dissolution for couples after the birth of a child (Cowan & Cowan, 2006; Shapiro & Gottman, 2005).

Practical significance is also important to consider. For example, though negative emotion state as measured by the DASS-21 had a nonsignificant treatment effect, all men in the treatment group were in the normal range on stress post-intervention whereas 17.65% of men in the control group scored in the moderate and severe levels. Similarly, all women in the treatment group were in the normal range on depression post-intervention and 17.65% of women in the control group were in the moderate range. On a large scale, reducing depression and stress to such a degree could have long term health benefits for many new parents and their children. It is even more promising that such effects are the result of a brief and low-cost intervention.

Women in the treatment group improved overall in relationship satisfaction, but the control group improved at a greater rate. Shapiro and Gottman (2005) found that women in their treatment group had an initial decline in marital quality but at a one year follow up had

maintained their satisfaction and control couples had declined. They hypothesized that marital conflict could initially increase as a result of the encouragement of open communication in the workshop, but after time couples in the intervention could handle disagreements more skillfully whereas couples in the control group showed further decline. A longer term follow-up is needed to see if this pattern could be present with this sample, which would show larger outcomes for those in the treatment group in the future. Similarly, mindfulness scores increased for women in the treatment and control groups, but these changes may not be sustained for women in the control group. Pregnancy effects could be present for women who experience an increased awareness of their bodies and emotions due to the changes they are undergoing, which would explain why men in the control group did not have similar increases in mindfulness.

Considering the small and medium effect sizes on many additional outcomes for men and women – including measures of empathy and emotionality – nonsignificant results may be present because of sample size and low power (in most cases below .3) instead of a lack of true difference between groups. With a larger sample significant results may also be present in measures of empathy for women and additional areas for men. Theoretically, interpersonal neurobiology scholars support the belief that positive changes in individual and couple functioning in terms of mindfulness, empathy, and emotionality could lead to an increased ability to provide effective care for an infant (Siegel, 2007). The results of the current study imply that this program is promoting attunement skills, yet parent-child observational measures are needed to test if treatment and control groups differ on caregiving ability post-birth. Combining program evaluation with neurological measures (e.g. Tang, Lu, Fan, Yang, & Posner, 2012) could determine if such an intervention is making biological changes as the theory suggests.

The sample for the current study was skewed towards extremely happy couples which could have led to a ceiling effect. In a normative sample of couples married less than five years ($N = 735$), the top 25% of individuals scored roughly between 140 and 160 on the Couple Satisfaction Index (Rogge, n.d.). In the current study, the mean pretest score on the Couple Satisfaction Index for men and women was above 170. This means that couples in the current study were more satisfied than the happiest couples in previous studies even before the intervention, making it difficult for this sample to show improvement. Moderately to very happy couples may benefit more from this program or at least have the possibility to demonstrate more gains on the Couple Satisfaction Index. Adding an observational communication task to future research could demonstrate additional program effects, especially because such tasks are less prone to ceiling effects and may be more influenced by relationship education interventions than self-report measures (Blanchart, Hawkins, Baldwin, & Fawcett, 2009; Pinquart & Teubert, 2010).

The mixed methods analysis showed differences in men's and women's experiences in the program in areas of social support, program enrollment, and identity and relational processes during the pregnancy. Men expressed that they felt less natural social support. Therefore, they may have benefited more from connecting with other parents-to-be in the program than women did. Also, women may have been influenced more by the expectation of being in the program because of the support they felt from their partners agreeing to participate, leading control group women to show gains that were not present in men. Finally, women discussed feeling more connected with their babies through being pregnant and that their identification as a mother occurred early on in pregnancy. For men, the process in the program of connecting more deeply with their partners, their babies, and other men may have led them to feel that their babies were

more real and to identify more as fathers. Therefore, it is possible that these factors are moderating variables, and future research should include measures of social support, program expectation, connection with baby, and parental identification in order to test their differential effects on prenatal intervention outcomes for men and women.

I will continue to develop this program based on the results of this study and the qualitative interviews of couples in the treatment group. For example, many couples stated that they desired for the program to be longer in order to have more time to learn skills and connect further with the group. A recent meta-analysis of couple-focused prenatal programs showed the largest effects for programs that were six weeks or longer and included prenatal and post-birth sessions (Pinquart & Teubert, 2010). General relationship education programs have larger effects with nine to twenty contact hours than with eight or less (Hawkins, Stanley, Blanchard, & Albright, 2012). Even though couples had a positive response to the Mindful Transition to Parenthood Program, extending this program to six weeks and having postnatal meetings could respond to couples' feedback and produce even stronger effects.

Future research could build upon these outcomes and other recent intervention studies to find more effective methods to support couples in the transition to parenthood. For example, it is important to continue to investigate what intensity and type of program is needed for various couples. It may be possible that high functioning couples can benefit from more self-guided study than can high-risk couples, and the necessary intervention time to show treatment effects could be different as well. In addition, sub-populations like adopting couples and gay and lesbian couples have been less researched and may benefit from additional intervention support (Goldberg, Downing, Richardson, 2009; Goldberg, Smith, & Kashy, 2010). There is an on-going need for development and evaluation of multiple types of programs for the transition to

parenthood. Promoting access to these programs is essential; on-line delivery and self-study options are being tested with a variety of mindfulness-based interventions and prenatal prevention programs with varied success (Hawkins et al., 2006; Krusche, Cyhlarova, King, & Williams, 2012). Additional research is needed about how to most effectively provide access to the information, social support, and skill-based training that couples found useful in this program.

Clinical Implications

Given the relational needs of couples in the transition to parenthood, marriage and family therapists can help to expand the standard focus on women in pregnancy to that of the larger system. Men in this sample had a greater need for social support than women, and men may also feel marginalized by prenatal providers (Deave, Johnson, & Ingram, 2008). Father involvement has benefits for maternal and infant well-being (Flouri & Buchanan, 2003; Stapleton et al., 2012), as well as for men's health (Kerr, Capaldi, Owen, Wiesner, & Pears, 2011), yet many expectant fathers do not feel they have the necessary role models or resources to learn how to be engaged parents (Chin, Daiches, Hall, 2011; Deave & Johnson, 2008). In clinical and psychoeducational settings, giving time and attention to the male experience can promote better outcomes for the whole family. It may also be beneficial to help couples connect with other parents-to-be to increase social support and to normalize difficulties. Also, focusing on maintaining the couple relationship in this transition can provide new mothers and fathers the emotional resources to best care for their infant. By giving couples information about how their relationship may change in the midst of this transition, they may feel more confident and prepared to meet the challenges ahead (Gambrel, 2012). Mindfulness-based interventions can be an excellent option for this population because of the multiple benefits for relational, fetal, and

individual health (Hughes et al., 2009). Also, many pregnant women would benefit from the nonpharmacological nature of mindfulness practice to help manage the stress and difficult emotions which can arise in pregnancy (Dimidjan & Goodman, 2009).

Limitations and Conclusion

As with any study, this research project balanced between an optimal design and the feasibility of research considering resource constraints. There have been critiques about past mindfulness research based upon waitlist control groups (Chiesa & Serretti, 2009; Roemer & Orsillo, 2003), however it is still quite common to begin the study of a new intervention in this manner (e.g., Carson et al., 2004; Shapiro & Gottman, 2005), and future research may build upon the outcomes of this study to have an active control group. This sample was diverse in terms of income, relationship status, and race for the region, but was limited by having only highly satisfied couples. Also, sample size could have been increased to gain larger power for analyses. Additionally, I was unable to run analyses based on potential group differences between locations due to the sample size. Further research should investigate the possibility of group effects on outcomes. This study relied solely on self-report surveys and interviews, adding observational measures of couple interactions could give more complete outcomes. However, the mixed design combined with randomized treatment and control groups provides a solid foundation for initial research on this program.

Overall, following the four week Mindful Transition to Parenthood Program small to large effects were present for men and women in areas that could help them to be happier and healthier parents, including relationship satisfaction, empathy, mindfulness, and emotionality. This intervention is a promising addition to the relatively few perinatal programs that help support couples becoming parents. Future research will investigate if these gains are maintained

post-birth. The transition to parenthood can be a joyful and challenging time when relatively brief interventions, such as this one, could help families move successfully into a new life stage. The quality of the parental relationship is associated with many aspects of individual health and happiness; investing in improving the quality and quantity of interventions for couples expecting their first child could have exponential returns. Mark, a male participant, summarized how the program was transformative for him and his marriage:

I definitely feel more confident now than I did like a month or two ago about having a baby...I feel like I'm gonna be there as much as I can for [Sara] and I'm gonna listen to everything she needs...I just wanna keep on doing things that make her happy. And I feel like she does that to me because I'm doing that for her...I think the two of us are opened up, so now it's like we give more and we're not expecting to receive anything. Now we give and we get more than we ever expected. And that's just the beginning.

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Appendix A

The Mindful Transition to Parenthood Program Curriculum

For ease of reading, the curriculum is formatted as a separate document and embedded at the end of the appendices. Please see page 186.

Appendix B

Qualitative interview protocol

1. What was your experience in the Mindful Transition to Parenting Program?
2. Describe your experiences with the mindfulness practices, both in the group and at home.
3. How did the homework assignments relate to your learning in the program overall?
4. What changes did you notice in yourself from the beginning to the end of the program?

What changes did you notice in your relationship?

If you chose a metaphor that describes your current relationship with your partner, what would it be? What would it have been before you started the program?

5. Describe an experience in the last month of “feeling felt” by your partner.
6. What are your current feelings about the transition to parenthood?

How did the program influence these feelings?

7. What aspects of the program were most meaningful to you?

What aspects were least meaningful to you?

8. What would you add to the program in order to improve it for future use?

What would you change or remove?

Appendix C

Measures

Couples Satisfaction Index (CSI-32)

1. Please indicate the degree of happiness, all things considered, of your relationship.

Extremely Unhappy	Fairly Unhappy	A Little Unhappy	Happy	Very Happy	Extremely Happy	Perfect
0	1	2	3	4	5	6

Most people have disagreements in their relationships. Please indicate below the approximate extent of agreement or disagreement between you and your partner for each item on the following list.

	Always Agree	Almost Always Agree	Occa- sionally Disagree	Fre- quently Disagree	Almost Always Disagree	Always Disagree		
2. Amount of time spent together	5	4	3	2	1	0		
3. Making major decisions	5	4	3	2	1	0		
4. Demonstrations of affection	5	4	3	2	1	0		
			All the time	Most of the time	More often than not	Occa- sionally	Rarely	Never
5. In general, how often do you think that things between you and your partner are going well?			5	4	3	2	1	0
6. How often do you wish you hadn't gotten into this relationship?			0	1	2	3	4	5
	Not at all TRUE	A little TRUE	Some- what TRUE	Mostly TRUE	Almost Completely TRUE	Completely TRUE		
7. I still feel a strong connection with my partner	0	1	2	3	4	5		
8. If I had my life to live over, I would marry (or live with / date) the same person	0	1	2	3	4	5		
9. Our relationship is strong	0	1	2	3	4	5		
10. I sometimes wonder if there is someone else out there for me	5	4	3	2	1	0		
11. My relationship with my partner makes me happy	0	1	2	3	4	5		
12. I have a warm and comfortable relationship with my partner	0	1	2	3	4	5		
13. I can't imagine ending my relationship with my partner	0	1	2	3	4	5		
14. I feel that I can confide in my partner about virtually anything	0	1	2	3	4	5		
15. I have had second thoughts about this relationship recently	5	4	3	2	1	0		
16. For me, my partner is the perfect romantic	0	1	2	3	4	5		

partner

- 17.** I really feel like **part of a team** with my partner **0 1 2 3 4 5**
- 18.** I cannot imagine another person making me as happy as my partner does **0 1 2 3 4 5**

- | | Not at all | A little | Some-what | Mostly | Almost Completely | Completely |
|---|-------------------|-----------------|------------------|---------------|--------------------------|-------------------|
| 19. How rewarding is your relationship with your partner? | 0 | 1 | 2 | 3 | 4 | 5 |
| 20. How well does your partner meet your needs? | 0 | 1 | 2 | 3 | 4 | 5 |
| 21. To what extent has your relationship met your original expectations? | 0 | 1 | 2 | 3 | 4 | 5 |
| 22. In general, how satisfied are you with your relationship? | 0 | 1 | 2 | 3 | 4 | 5 |

- | | Worse than all others
(Extremely bad) | | | Better than all others
(Extremely good) | | |
|--|--|----------|----------|--|----------|----------|
| | 0 | 1 | 2 | 3 | 4 | 5 |
| 23. How good is your relationship compared to most? | 0 | 1 | 2 | 3 | 4 | 5 |

- | | Never | Less than once a month | Once or twice a month | Once or twice a week | Once a day | More often |
|---|--------------|-------------------------------|------------------------------|-----------------------------|-------------------|-------------------|
| 24. Do you enjoy your partner's company? | 0 | 1 | 2 | 3 | 4 | 5 |
| 25. How often do you and your partner have fun together? | 0 | 1 | 2 | 3 | 4 | 5 |

For each of the following items, select the answer that best describes *how you feel about your relationship*. Base your responses on your first impressions and immediate feelings about the item.

- | | | | | | | | | |
|------------|---------------------|----------|----------|----------|----------|----------|----------|------------------|
| 26. | INTERESTING | 5 | 4 | 3 | 2 | 1 | 0 | BORING |
| 27. | BAD | 0 | 1 | 2 | 3 | 4 | 5 | GOOD |
| 28. | FULL | 5 | 4 | 3 | 2 | 1 | 0 | EMPTY |
| 29. | LONELY | 0 | 1 | 2 | 3 | 4 | 5 | FRIENDLY |
| 30. | STURDY | 5 | 4 | 3 | 2 | 1 | 0 | FRAGILE |
| 31. | DISCOURAGING | 0 | 1 | 2 | 3 | 4 | 5 | HOPEFUL |
| 32. | ENJOYABLE | 5 | 4 | 3 | 2 | 1 | 0 | MISERABLE |

Five Facet Mindfulness Questionnaire

Description:

This instrument is based on a factor analytic study of five independently developed mindfulness questionnaires. The analysis yielded five factors that appear to represent elements of mindfulness as it is currently conceptualized. The five facets are observing, describing, acting with awareness, non-judging of inner experience, and non-reactivity to inner experience. More information is available in: Please rate each of the following statements using the scale provided. Write the number in the blank that best describes your own opinion of what is generally true for you.

- | 1 | 2 | 3 | 4 | 5 |
|-------------------------|---------------------|-------------------|---------------|------------------------------|
| never or
rarely true | very rarely
true | sometimes
true | often
true | very often or
always true |
- _____ 1. When I'm walking, I deliberately notice the sensations of my body moving.
 - _____ 2. I'm good at finding words to describe my feelings.
 - _____ 3. I criticize myself for having irrational or inappropriate emotions.
 - _____ 4. I perceive my feelings and emotions without having to react to them.
 - _____ 5. When I do things, my mind wanders off and I'm easily distracted.
 - _____ 6. When I take a shower or bath, I stay alert to the sensations of water on my body.
 - _____ 7. I can easily put my beliefs, opinions, and expectations into words.
 - _____ 8. I don't pay attention to what I'm doing because I'm daydreaming, worrying, or otherwise distracted.
 - _____ 9. I watch my feelings without getting lost in them.
 - _____ 10. I tell myself I shouldn't be feeling the way I'm feeling.
 - _____ 11. I notice how foods and drinks affect my thoughts, bodily sensations, and emotions.
 - _____ 12. It's hard for me to find the words to describe what I'm thinking.
 - _____ 13. I am easily distracted.
 - _____ 14. I believe some of my thoughts are abnormal or bad and I shouldn't think that way.
 - _____ 15. I pay attention to sensations, such as the wind in my hair or sun on my face.
 - _____ 16. I have trouble thinking of the right words to express how I feel about things
 - _____ 17. I make judgments about whether my thoughts are good or bad.
 - _____ 18. I find it difficult to stay focused on what's happening in the present.
 - _____ 19. When I have distressing thoughts or images, I "step back" and am aware of the thought or image without getting taken over by it.
 - _____ 20. I pay attention to sounds, such as clocks ticking, birds chirping, or cars passing.
 - _____ 21. In difficult situations, I can pause without immediately reacting.
 - _____ 22. When I have a sensation in my body, it's difficult for me to describe it because I can't find the right words.
 - _____ 23. It seems I am "running on automatic" without much awareness of what I'm doing.
 - _____ 24. When I have distressing thoughts or images, I feel calm soon after.
 - _____ 25. I tell myself that I shouldn't be thinking the way I'm thinking.
 - _____ 26. I notice the smells and aromas of things.
 - _____ 27. Even when I'm feeling terribly upset, I can find a way to put it into words.
 - _____ 28. I rush through activities without being really attentive to them.

- _____ 29. When I have distressing thoughts or images I am able just to notice them without reacting.
- _____ 30. I think some of my emotions are bad or inappropriate and I shouldn't feel them.
- _____ 31. I notice visual elements in art or nature, such as colors, shapes, textures, or patterns of light and shadow.
- _____ 32. My natural tendency is to put my experiences into words.
- _____ 33. When I have distressing thoughts or images, I just notice them and let them go.
- _____ 34. I do jobs or tasks automatically without being aware of what I'm doing.
- _____ 35. When I have distressing thoughts or images, I judge myself as good or bad, depending what the thought/image is about.
- _____ 36. I pay attention to how my emotions affect my thoughts and behavior.
- _____ 37. I can usually describe how I feel at the moment in considerable detail.
- _____ 38. I find myself doing things without paying attention.
- _____ 39. I disapprove of myself when I have irrational ideas.

Scoring Information:Observe items:

1, 6, 11, 15, 20, 26, 31, 36

Describe items:

2, 7, 12R, 16R, 22R, 27, 32, 37

Act with Awareness items:

5R, 8R, 13R, 18R, 23R, 28R, 34R, 38R

Nonjudge items:

3R, 10R, 14R, 17R, 25R, 30R, 35R, 39R

Nonreact items:

4, 9, 19, 21, 24, 29, 33

Reference:

Baer, R. A., Smith, G. T., Hopkins, J., Krietemeyer, J., & Toney, L. (2006). Using self-report assessment methods to explore facets of mindfulness. *Assessment, 13*, 27-45.

Interpersonal Reactivity Index (IRI)

The following statements ask about your thoughts and feelings in a variety of situations. For each item, show how well it describes you by choosing the appropriate number on the scale at the top of the page: 1, 2, 3, 4, or 5. When you have decided on your answer, fill in the letter in the blank next to the item. **READ EACH ITEM CAREFULLY BEFORE RESPONDING.** Answer as honestly and as accurately as you can. Thank you. (*Italics are reverse scored items*)

ANSWER SCALE:

1 2 3 4 5

**DOES NOT
DESCRIBE
ME WELL**

**DESCRIBES
ME VERY WELL**

- ___ 1. I daydream and fantasize, with some regularity, about things that might happen to me.
- ___ 2. I often have tender, concerned feelings for people less fortunate than me.
- ___ 3. *I sometimes find it difficult to see things from the "other guy's" point of view.*
- ___ 4. *Sometimes I don't feel very sorry for other people when they are having problems.*
- ___ 5. I really get involved with the feelings of the characters in a novel.
- ___ 6. In emergency situations, I feel apprehensive and ill-at-ease.
- ___ 7. *I am usually objective when I watch a movie or play, and I don't often get completely caught up in it.*
- ___ 8. I try to look at everybody's side of a disagreement before I make a decision.
- ___ 9. When I see someone being taken advantage of, I feel kind of protective towards them.
- ___ 10. I sometimes feel helpless when I am in the middle of a very emotional situation.
- ___ 11. I sometimes try to understand my friends better by imagining how things look from their perspective.
- ___ 12. *Becoming extremely involved in a good book or movie is somewhat rare for me.*
- ___ 13. *When I see someone get hurt, I tend to remain calm.*
- ___ 14. *Other people's misfortunes do not usually disturb me a great deal.*
- ___ 15. *If I'm sure I'm right about something, I don't waste much time listening to other people's arguments.*
- ___ 16. After seeing a play or movie, I have felt as though I were one of the characters.
- ___ 17. Being in a tense emotional situation scares me.
- ___ 18. *When I see someone being treated unfairly, I sometimes don't feel very much pity for them.*
- ___ 19. *I am usually pretty effective in dealing with emergencies.*

- 20. I am often quite touched by things I see happen.
- 21. I believe that there are two sides to every question and try to look at them both.
- 22. I would describe myself as a pretty soft-hearted person.
- 23. When I watch a good movie, I can very easily put myself in the place of a leading character.
- 24. I tend to lose control during emergencies.
- 25. When I'm upset at someone, I usually try to "put myself in his shoes" for a while.
- 26. When I'm reading an interesting story or novel, I imagine how I would feel if the events in the story were happening to me.
- 27. When I see someone who badly needs help in an emergency, I go to pieces.
- 28. Before criticizing somebody, I try to imagine how I would feel if I were in their place.

DYADIC PERSPECTIVE-TAKING SCALE (DPTS)

E. C. J. Long

I. SELF-DYADIC PERSPECTIVE-TAKING SCALE

Instructions: How well do the following questions describe your behavior and actions with your partner on a scale from 0 to 4, where 0 does not describe you very well and 4 describes you very well? Circle the number that is the best description of yourself.

	0	1	2	3	4
	DOES NOT DESCRIBE ME VERY WELL				DOES DESCRIBE ME VERY WELL
1. I am good at understanding my partner's problems.					0 1 2 3 4
2. I not only listen to my partner, but I understand what he/she is saying and seem to know where he/she is coming from.					0 1 2 3 4
3. I very often seem to know how my partner feels.					0 1 2 3 4
4. I always know exactly what my partner means.					0 1 2 3 4
5. I am able to sense or realize what my partner is feeling.					0 1 2 3 4
6. Before criticizing my partner, I try to imagine how I would feel in his/her place.					0 1 2 3 4
7. I sometimes try to understand my partner better by imagining how things look from his/her perspective.					0 1 2 3 4
8. In my relationship with my partner I believe that there are two sides to every question, and I try to look and think about both sides.					0 1 2 3 4
9. I try to look at my partner's side of a disagreement before I make a decision.					0 1 2 3 4
10. When I'm upset with my partner, I usually try to put myself in his/her shoes for a while.					0 1 2 3 4
11. Even if my partner has difficulty in saying something, I usually understand what he/she means.					0 1 2 3 4
12. I usually do not understand the full meaning of what my partner is saying to me.					0 1 2 3 4
13. I am able to appreciate exactly how the things my partner experiences feel to him/her.					0 1 2 3 4

II. OTHER DYADIC PERSPECTIVE-TAKING SCALE

Instructions: How does your partner act toward you on a scale from 0 to 4, where 0 does not describe your partner very well, and 4 describes your partner very well? For each question, circle the number that is the best description of your partner's actions toward you.

	0	1	2	3	4
	DOES NOT DESCRIBE MY PARTNER VERY WELL				DOES DESCRIBE MY PARTNER VERY WELL
1. When involved in an argument with me, my partner is the type of person who will consider and take into account my point of view and compare that with his/her own.	0	1	2	3	4
2. My partner is not good at understanding my problems.	0	1	2	3	4
3. My partner not only listens to what I am saying but really understands and seems to know where I am coming from.	0	1	2	3	4
4. My partner does not seem to know how I feel.	0	1	2	3	4
5. My partner is able to accurately compare his/her point of view with mine.	0	1	2	3	4
6. My partner evaluates my motivation for doing something before he/she makes judgments about a situation.	0	1	2	3	4
7. My partner easily becomes impatient with me.	0	1	2	3	4
8. My partner is not able to put him/herself into my shoes.	0	1	2	3	4
9. My partner nearly always knows exactly what I mean.	0	1	2	3	4
10. My partner does not sense or realize what I am feeling.	0	1	2	3	4
11. My partner realizes what I mean even when I have difficulty saying it.	0	1	2	3	4
12. My partner does not usually understand the whole meaning of what I say to him/her.	0	1	2	3	4
13. My partner appreciates how the things I experience feel to me.	0	1	2	3	4
14. Before criticizing me, my partner tries to imagine how I feel.	0	1	2	3	4
15. If my partner thinks he/she is right about something he/she doesn't waste much time in listening to my arguments.	0	1	2	3	4
16. My partner tries to understand me better by imagining how things look from my perspective.	0	1	2	3	4
17. My partner believes that there are two sides to every argument and tries to look at both sides.	0	1	2	3	4
18. My partner sometimes finds it difficult to see things from my perspective.	0	1	2	3	4
19. My partner tries to look at my perspective before making a decision.	0	1	2	3	4
20. When my partner is upset with me, he/she tries to put him/herself in my shoes for a while.	0	1	2	3	4

Source: Reprinted by permission of the author.

Scoring instructions: To score the Self-Dyadic Perspective-Taking Scale, reverse code Item 12 and then sum the response values separately for its cognizance (Items 1, 2, 3, 4, 5, 11, 12, 13) and strategies (Items 6, 7, 8, 9, 10) subscales. To score the Other Dyadic Perspective-Taking Scale, first reverse code Items 2, 4, 7, 8, 11, 12, 15, and 18. Then, add the ratings separately for the cognizance (Items 2, 4, 7, 8, 10, 12, 15) and the strategies (Items 1, 3, 5, 6, 9, 11, 13, 14, 16, 17, 19, 20) subscales.

Depression, Anxiety, and Stress Scale (DASS) - 21

Please read each statement and circle a number 0, 1, 2 or 3 that indicates how much the statement applied to you *over the past week*. There are no right or wrong answers. Do not spend too much time on any statement.

The rating scale is as follows:

- 0 Did not apply to me at all
- 1 Applied to me to some degree, or some of the time
- 2 Applied to me to a considerable degree, or a good part of time
- 3 Applied to me very much, or most of the time

1	I found it hard to wind down	0	1	2	3
2	I was aware of dryness of my mouth	0	1	2	3
3	I couldn't seem to experience any positive feeling at all	0	1	2	3
4	I experienced breathing difficulty (eg, excessively rapid breathing, breathlessness in the absence of physical exertion)	0	1	2	3
5	I found it difficult to work up the initiative to do things	0	1	2	3
6	I tended to over-react to situations	0	1	2	3
7	I experienced trembling (eg, in the hands)	0	1	2	3
8	I felt that I was using a lot of nervous energy	0	1	2	3
9	I was worried about situations in which I might panic and make a fool of myself	0	1	2	3
10	I felt that I had nothing to look forward to	0	1	2	3
11	I found myself getting agitated	0	1	2	3
12	I found it difficult to relax	0	1	2	3
13	I felt down-hearted and blue	0	1	2	3
14	I was intolerant of anything that kept me from getting on with what I was doing	0	1	2	3
15	I felt I was close to panic	0	1	2	3
16	I was unable to become enthusiastic about anything	0	1	2	3
17	I felt I wasn't worth much as a person	0	1	2	3
18	I felt that I was rather touchy	0	1	2	3
19	I was aware of the action of my heart in the absence of physical exertion (eg, sense of heart rate increase, heart missing a beat)	0	1	2	3
20	I felt scared without any good reason	0	1	2	3
21	I felt that life was meaningless	0	1	2	3

The Positive and Negative Affect Schedule (PANAS) – Short Form

This scale consists of a number of words that describe different feelings and emotions. Read each item and then mark the appropriate answer in the space next to that word. Indicate to what extent you have felt this way during the past week. Use the following scale to record your answers.

1	2	3	4	5
very slightly or not at all	a little	moderately	quite a bit	extremely

___ excited
 ___ enthusiastic
 ___ alert
 ___ inspired
 ___ determined

___ nervous
 ___ afraid
 ___ distressed
 ___ upset
 ___ scared

From Watson, et al. 1988

Adherence

This survey is for you to report on your daily mindfulness practice as part of the Mindful Transition to Parenthood Program. Please answer the following questions completely and honestly. Thank you for taking the time to complete this survey!

What is your identity code?

It is the first three letters of your last name and your date of birth in this format: Smi090675

Did you engage in one of these mindfulness practice today: body scan, mindfulness meditation, metta meditation?

Yes No

How many different mindfulness practices did you complete today?

Which of these mindfulness practices did you do today? (Check all that are applicable.)

- Body Scan
- Mindfulness Meditation - Breath
- Mindfulness Meditation - Open Awareness
- Loving-kindness/metta

How many minutes did you spend doing each practice?

Number of Minutes of Practice

0 5 10 15 20 25 30 35 40 45 50 55 60

Body Scan

**Mindfulness
Meditation -
Breath**

**Mindfulness
Meditation -
Open
Awareness**

**Loving-
kindness
Metta
Meditation**

Please share any experiences that you had engaging in these practices.

Please share any obstacles you had to engaging in a daily mindfulness practice and how you overcame them.

Is there anything else you'd like to say about these practices or the Mindful Transition to Parenthood Program in general?

Exclusionary Criteria Screening

1. Are you or a partner currently pregnant? Yes no
How many weeks are you into this pregnancy? ____weeks
2. Is this your first child? Yes no
3. Have you even been diagnosed by a medical doctor, psychologist, psychiatrist, therapist or counselor with one of the following:
Depression yes no
Borderline Personality Disorder yes no
Post-Traumatic Stress Disorder yes no
Substance Dependency (i.e, alcoholism, chemical addiction) yes no
If yes, please explain:
4. If yes, are you under current treatment (medication, therapy, support group, AA, other) for this condition? yes no
If yes, please explain:
5. Do you have current daily meditation practice? Yes no
If yes, please explain:

Demographic information

1. What is your sex?
Male
Female
2. What is your age? ____
What is your birthday? ____
3. What is your marital status?
Currently married
Widowed
Divorced
Separated
Never married
4. How would you classify your current relationship status?
Married
Engaged
Cohabiting-monogamous
Cohabiting-not monogamous
Dating-monogamous
Dating-not monogamous
Single

5. How many months have you been in your current relationship?

_____ months

6. How many months have you been cohabitating with your current partner?

_____ months

7. How many people currently live in your house, including yourself? _____

7a. Other than your partner, yourself, and your children, list the other people in your home, their ages, and their relationship to you.

8. How many children do you have?

___ biological

___ step

___ adopted

9. How many children currently live in your household?

9a. What are their ages?

10. How many times have you been married?

0

1

2

3

4 or more

11. How many months pregnant are you/your partner?

12. Was this a planned pregnancy?

13. Did you use fertility treatment in your current pregnancy?

Yes No

If yes, please explain:

14. Have you (or your partner) ever been pregnant before?

Yes No

If yes:

14a. How many pregnancies have you/your partner had?

14b. How did these pregnancies end?

15. Are both you and your partner the biological parents of your child?

Yes No

If no, please explain:

16. What is the highest degree or level of school you have completed? If currently enrolled, mark the previous grade or highest degree received.

No schooling completed

Nursery school to 8th grade

9th, 10th or 11th grade

12th grade, no diploma

High school graduate - high school diploma or the equivalent (for example: GED)

Some college credit, but less than 1 year

1 or more years of college, no degree

Associate degree (for example: AA, AS)

Bachelor's degree (for example: BA, AB, BS)

Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)

Professional degree (for example: MD, DDS, DVM, LLB, JD)

Doctorate degree (for example: PhD, EdD)

17. What is the highest degree or level of school your mother completed? If currently enrolled, mark the previous grade or highest degree received.

No schooling completed

Nursery school to 8th grade

9th, 10th or 11th grade

12th grade, no diploma

High school graduate - high school diploma or the equivalent (for example: GED)

Some college credit, but less than 1 year

1 or more years of college, no degree

Associate degree (for example: AA, AS)

Bachelor's degree (for example: BA, AB, BS)

Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)

Professional degree (for example: MD, DDS, DVM, LLB, JD)

Doctorate degree (for example: PhD, EdD)

Unsure/don't know

18. What is the highest degree or level of school your father completed? If currently enrolled, mark the previous grade or highest degree received.

No schooling completed

Nursery school to 8th grade

9th, 10th or 11th grade

12th grade, no diploma

High school graduate - high school diploma or the equivalent (for example: GED)

Some college credit, but less than 1 year

1 or more years of college, no degree

Associate degree (for example: AA, AS)

Bachelor's degree (for example: BA, AB, BS)

Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)

Professional degree (for example: MD, DDS, DVM, LLB, JD)

Doctorate degree (for example: PhD, EdD)

Unsure/don't know

19. Employment Status

Are you currently...?

Employed for wages

Self-employed

Out of work and looking for work

Out of work but not currently looking for work

Working within the home for no wages

A student

Retired

Unable to work

20. Employer Type, Please describe your work.

Employee of a for-profit company or business or of an individual, for wages, salary, or commissions

Employee of a not-for-profit, tax-exempt, or charitable organization

Local government employee (city, county, etc.)

State government employee

Federal government employee

Self-employed in own not-incorporated business, professional practice, or farm

Self-employed in own incorporated business, professional practice, or farm

Working without pay in family business or farm

21. Household Income

What is your total household income?

Less than \$10,000

\$10,000 to \$19,999

\$20,000 to \$29,999

\$30,000 to \$39,999

\$40,000 to \$49,999

\$50,000 to \$59,999

\$60,000 to \$69,999

\$70,000 to \$79,999

\$80,000 to \$89,999

\$90,000 to \$99,999

\$100,000 to \$149,999

\$150,000 or more

22. Please specify your ethnicity.

Hispanic or Latino

Not Hispanic or Latino

23. Please specify your race.

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

Other _____

24. How would you classify your religious affiliation?

Agnostic

Atheist

Baptist

Buddhist

Catholic

Christian

Christian-nondenominational

Christian Scientist

Episcopalian

Evangelical

Hindu

Jehovah's Witness

Jewish

Lutheran

Methodist

Mormon

Muslim

Pentecostal

Protestant

Quaker

Seventh Day Adventist

Sikh

Unitarian Universalist

United Church of Christ

None

Other _____

25. In general, would you say your **physical** health is...

1. poor

2. fair

3. good

4. very good

5. excellent

26. In general, would you say your **mental** health is...

1. poor

2. fair
3. good
4. very good
5. excellent

27. Do you plan on attending any prenatal classes or workshops in the next four weeks?
Yes No

If yes, please describe the class/workshop (name, length of time, goals):

Meditation Experience

28. Have you ever had formal or informal meditation training? (e.g. meditation classes, yoga, or self-help tapes or books) Yes No

If you answered **YES** to the previous question, please answer the questions below. If you answered **NO**, please click "**CONTINUE>**".

a. Please elaborate on what type of meditation you do or any meditation traditions which you follow.

b. For how long have you been practicing meditation? Please specify in years.

c. Thinking back over the last year, how many **times a week** would you say that you meditate on average? Please enter a number of sessions below. For example, if you meditate once a day please enter 7.

d. On average, how long (in minutes) would you say you meditate for in each session?

e. Is the term "mindfulness" regularly used in relation to the type of meditation you practice? Yes No

Appendix D

List of Codes and Themes from Qualitative Analysis

1. Positive Changes for Self**1a. Acceptance, Nonjudgmental Awareness and Self-Compassion (awareness of self and others, less comparing, aware of breath, more accepting of self and emotions)**

- 1. Increased awareness-w
- 15. increased awareness of breath in daily life – m
- 64. increased awareness – m
- 78. mapping awareness activity increased clarity about situation – m
- 87. less comparing self to other moms and couples – w
- 89. more self-awareness in day to day life – m**
- 156. more accepting of traffic, enjoying the journey – m
- 157. increased acceptance about things outside of control – m
- 288. doesn't believe all childhood dysfunction, is okay with on-going work-w
- 306. increased awareness-w
- 348. increase compassion for self- able to let thoughts rise and fall during practice – w
- 367. mapping awareness tool increased clarity and awareness of connection between thoughts and emotions – m
- 370. program led to increased awareness – m
- 393. increased awareness of self – m
- 455. awareness of self, thoughts, feelings during difficult conversation with family member-m
- 456. increased awareness and acceptance of emotions, not suppressing or reacting-m
- 512. increased awareness of past lack of attention-w
- 546. mapping awareness tool was useful in clarifying experience-m
- 551. contingent communication led to more nonjudgmental approach to communication-m
- 575. mindfulness practices have improved self-acceptance and relaxation-m
- 576. increased awareness of impact of behavior on others-w
- 626. had awareness before, learned more in program-m
- 664. increased acceptance of partners' perspective and compassion for self-w
- 663. can accept negative feelings more without guilt-w
- 670. increased self-acceptance and compassion-w
- 682. learned skills, perspective, and self-awareness tools to help me be a good partner in T2P-w
- 686. more accepting of strong emotions, feeling okay about crying-w**
- 710. increased awareness of causes of stress-w
- 716. metta practice helped me be less judgmental and more compassionate-w
- 731. insight into need to take accountability for actions in couple, uses mindfulness to do this gently-w
- 784. increased awareness, new information-m
- 793. mapping awareness activity led to increased clarity and awareness-m
- 794. mapping awareness helped learn new, nonjudgmental way of analyzing self-m
- 805. increased awareness of tendency to hide feelings and not communicate needs-m
- 820. increased awareness and acceptance-m
- 828. increase in acceptance most meaningful part of program-m

1b. Slowing Down and Being Present (pausing, patience, mindful)

- 18. slowing down – w
- 24. increased pauses in activity to connect and talk – w
- 68. mindfulness can help reconnect to self in midst of stress of parenting – w
- 69. mindfulness practices are reminders to come back to moment – m
- 71. used mindfulness most at work – w
- 72. mindfulness reminder from partner helped to let go of frustration with coworker – w
- 90. able to be present with self, just being self – m
- 91. less wandering mind, more present – m
- 124. began to see change from meditation in body sensations and thoughts – w
- 126. know when I'm not present, can consciously return if desired – m
- 160. increased patience with self and partner when disagreeing – w
- 194. understand what being present means – m
- 207. more pausing, slowing down, and less reactivity throughout day –w**
- 250. noticed being more present during day-w
- 251. enjoys pausing more in daily life-w
- 374. increased awareness and being in present moment – m
- 375. increased mindfulness – when I'm working, I'm working –m
- 376. increased presence, getting more out of life – m “I start looking around at the trees, the wind and the day, and just kind've take a little bit out of life.”**
- 519. increased presence in daily moments, like walking the dog-m
- 521. program helped with pausing and energizing during stress of moving-m
- 525. practiced mindfulness throughout day-while walking, other activities-w
- 547. mapping awareness tool helped develop mindfulness-m
- 568. increased awareness and being in the present moment-w
- 569. subtle change with self, can see awareness and peace increasing through continued mindfulness practice-w
- 571. increased enjoyment and presence in all activities-even unpleasant ones-m
- 573. more comfortable being in the present moment-m
- 574. improved attitude, patience and presence with stressful life situation-m
- 598. program has helped me connect to the core of myself and our relationship-m
- 650. easier to be present and aware-w
- 651. present when doing dishes-w
- 706. formal mindful practice helps me be more mindful in general-m
- 711. program helped self and partner be more present-w
- 806. increased awareness of eating, slowing down-w

1c. Less Emotionally Reactive (calmer, let go, can handle stress better)**16. awareness of breath helped bring calm to angry situations – m**

- 72. mindfulness reminder from partner helped to let go of frustration with coworker – w
- 131. open awareness practice helpful for reducing stress - w
- 150. understanding what's underneath others' behavior; don't take actions personally –w
- 155. understanding benefits of acceptance led to increased effort to let things go – m
- 248. mindfulness helps to be in present moment and notice the pain going away-w
- 348. increase compassion for self- able to let thoughts rise and fall during practice – w
- 356. mindfulness practice allowed de-identification with negative thoughts – m

- 357. proud of change of not letting thoughts upset me – m
- 358. first mindfulness practice was useful for letting thoughts go, can see benefit for future – m
- 372. increased awareness of stress and the need to let it go – w
- 373. informally has used mindfulness to center self and lessen stress – w
- 381. program involved relearning how to be, both individually and in relationship (regulating emotions)-w
- 392. less dwelling on thoughts, less upset by them – m
- 456. increased awareness and acceptance of emotions, not suppressing or reacting-m
- 459. decreased comparing couple relationship to others, has lessened stress and conflict-w
- 459. increased awareness of emotions, decreased reactivity – m
- 521. program helped with pausing and energizing during stress of moving-m
- 570. mindful practices led to feeling more relaxed, comfortable and less anxious-w
- 572. more calm in stressful work situations-m
- 574. improved attitude, patience and presence with stressful life situation-m
- 684. partner less emotionally reactive and explosive since group began “poppin a crazy”-m
- 685. partner is more emotionally stable because of group-m
- 687. new experience of being present with emotions, letting go and replenishing with love and kindness-w
- 703. feels less emotionally charged in arguments through mindfulness practice-m
- 705. can more effectively deal with stress because of mindfulness-m
- 738. less reactive, more calm and emotionally stable-m
- 748. increased presence and awareness of emotions, lessens effect of negative emotions-w
- 759. increased ability to calm self and see partner’s perspective in difficult situation-w
- 773. appreciates how mindfulness helps me feel more sane-m
- 830. new ability to let go and accept situation as it is-m
- 831. noticed partner’s decreased emotional reactivity-w

1d. More Positive Emotions (joy, relaxation, energy, fun, peace)

- 70. metta practice was joyful – m
- 130. open awareness practice and CD guidance was calming- w
- 221. metta practice helped turn negative actions back into love (for couple)-w
- 271. program was calming-m
- 346.5 experienced calming body and mind, and feelings of love from mindfulness practices –m
- 493. coming to class was relaxing-w
- 521. program helped with pausing and energizing during stress of moving-m
- 522. increased enthusiasm in mundane tasks because of positive communication with partner-m
- 526. body scan relaxing and hard to get comfortable-w
- 528. felt calm and peace during mindfulness practice even when uncomfortable or distracted-w**
- 536. mindfulness practices calming and enjoyable-m
- 569. subtle change with self, can see awareness and peace increasing through continued mindfulness practice-w
- 570. mindful practices led to feeling more relaxed, comfortable and less anxious-w
- 571. increased enjoyment and presence in all activities-even unpleasant ones-m
- 572. more calm in stressful work situations-m
- 575. mindfulness practices have improved self-acceptance and relaxation-m

- 645. enjoyed body scan, relaxing-m
- 666. classes were a fun activity to do other, also quality time together-m
- 667. classes were a fun time to have with each other and meet other couples-m
- 687. new experience of being present with emotions, letting go and replenishing with love and kindness-w

791. body scan was energizing, resent button at work-m

- 808. enjoyed having program to do with partner, looked forward to it-w

1e. Effective Social Interactions

- 72. mindfulness reminder from partner helped to let go of frustration with coworker – w
- 129. increased understanding of effective social interactions, generally - m
- 146. seeing context of conflict, not just content – w
- 147. understanding process is important in communication; increased metacommunication – m
- 148. able to see other people’s perspectives at work - w**
- 149. thinking about other’s perspectives helps decrease interpersonal challenges – w
- 150.5. program has improved a variety of relationships, including couple and others –w
- 193. is helping others become more present in the moment, more mindful – m
- 454. knowledge from program helped me stay calm in disagreement with family member-m
- 455. awareness of self, thoughts, feelings during difficult conversation with family member-m
- 661. more understanding of others’ perspectives (general)-w
- 707. mindful practice is helpful for bringing mindfulness into communication-m
- 727. group has turned us into relationship therapists, able to help others-w
- 728. now has ability to help other people discover deeper emotions and needs-m
- 779. program useful for putting self in another’s shoes, different perspectives-m

1f. Changes in Partner (awareness, appreciation, emotional stability, communication)

- 20. noticed partner’s increased awareness and understanding – w
- 201. partner being in program improved his level of engagement with pregnancy-w
- 294. wife rarely cries, this time shared experience and allowed connection with me-m
- 295. wife able to let guard down and connect with me; big shift-m
- 299. wife letting guard down led to deep connection, is rare-m
- 314. partner had problems communicating about expectations and needs related to pregnancy-m
- 386. partner’s increased openness and listening has allowed for deeper conversation – w
- 398. 5 love languages helped partner understand how I like physical touch (was a painful lack of understanding in past) – w
- 400. enjoying the increased physical affection from partner – w
- 406. partner is sweeter with small appreciation – I feel more love and want to give more love – m**
- “I’ve noticed partner being just a little sweeter about these simple things and that just makes me feel like I wanna love her more. Because she’s making me feel loved.”
- 409. partner is doing more little actions to make me feel loved – m
- 433. is more open with needs and partner is more receptive to feedback, doesn’t turn away – w
- 458. appreciate partner’s increased attentiveness to me – w
- 470. partner supportive during sickness, vomiting during pregnancy – w
- 629. increased ability to see partner’s perspective, and partner can see mine-m
- 658. has noticed and appreciates partner showing love in new ways (love languages)-m

- 684. partner less emotionally reactive and explosive since group began “poppin a crazy”-m
- 685. partner is more emotionally stable because of group-m
- 711. program helped self and partner be more present-w
- 746. partner’s communication has improved, is setting boundaries and expressing needs-w
- 750. both of us expressing our needs more, especially partner who tends to be quiet-w
- 758. partner expressing needs more, can meet them easier-w
- 831. noticed partner’s decreased emotional reactivity-w

2. Improved Relationship with Partner

- 34. relationship is good want to maintain it – w
- 39. no regrets about choosing partner – w
- 40. good feelings about post test survey on relationship satisfaction – w
- 56. Learned ways of improving relationship from other couples – w
- 82. more confident about t2p because relationship has improved – w
- 116. recognized positives already present in relationship, new awareness made relationship even stronger – w
- 150.5. program has improved a variety of relationships, including couple and others –w
- 159. program presently helpful for relationship, hope to continue in positive direction – m
- 181. first trimester most difficult time for relationship, is better now – w
- 257. more changes with couple relationship than with self-m
- 266. transformational, new life “just like a new life. New everything. New me, new you, new us.”-w
- 272. feels better about relationship-m
- 274. program was transformative-m
- 305. noticed subtle shifts in relationship as result of program-m
- 338. Program expanded mind, knows new ways of relating w/partner – m
- 417. relationship has shifted from defense to offense; proactively making relationship better – m
- 455. relationship with partner feels effortless – w
- 460. can’t specify how I’ve changed in regards to program – w
- 463. hard to see change in program because it is intangible– w
- 517. program led to insight into couple relationship and increased well-being-m
- 590. program has improved relationship-m
- 599. program has boosted positive feelings about relationship-m
- 754. meditation is a self-cleanse and cleanse for relationship, now fresh-w
- 810. program has been good for couple relationship-w

2a Being Present and Connecting Deeply with Partner

- 21. more patient with each other – m
- 24. increased pauses in activity to connect and talk – w
- 25. present in the moment with each other – m
- 26. good conversation and connecting is joyful – w
- 35. feel more ease and peace about relationship – w
- 65. learned how to stay close in the t2p-m
- 100. partner is attuned to my moods – m
- 101. partner notices I’m stressed even if I try not to show it – m

102. felt connected to partner with her recognition of his feelings – m
103. felt connected to partner during appreciation activity – w
242. learned how to be present during communication with wife and not be self-focused-m
258. increased awareness and presence in daily interactions within relationship-m
292. able to stop being defensive and connect deeply with husband-w
293. husband present and responsive when I cried-w
294. wife rarely cries, this time shared experience and allowed connection with me-m
295. wife able to let guard down and connect with me; big shift-m
296. beautiful to share time talking and connecting; rare-m
297. I put aside work to spend time with wife-m
299. wife letting guard down led to deep connection, is rare-m
300. feels heartwarming to share connection with partner-w
301. spending less time on computers in disconnection, more time talking-w
302. increased awareness of causes of disconnection from partner -w
304. feels sweet and connected to husband with his involvement in birth plan-w
315. now more present for partner and baby –m
453. increased connection with partner – w
458. appreciate partner’s increased attentiveness to me – w
467. felt connected when able to comfort and support partner – w
469. able to connect and listen to partner instead of fixing problem – w
471. we have felt connected in past month (couple) – m
472. happy about time of connection with partner – m
511. homework promoted focus on being in moment with partner-w
514. gained methods to interact deeply with partner-m
515. increased awareness of small daily interactions with partner-m
554. enjoyed all homeworks as a way to connect with partner-w
557. increased appreciation from partner led to increased connection-w
558. increased connection with partner will be important after having baby-w
594. appreciation from partner led to increased connection-w
595. appreciation from partner led to deep connection-m
596. feel deep connection with wife through baby-m
597. connection to baby brings us (couple) together-m
598. program has helped me connect to the core of myself and our relationship-m
656. love languages led to epiphany and new interaction with partner-w
674. felt connected with partner while caring for him when sick-w
675. together with partner in present moment when dancing-m
676. felt connected with partner when dancing-m
704. learned techniques to be mindful with partner-m
- 741.5 increased ability to be present with partner when discussing issues-w
745. more in the moment and present with each other, couple-m
749. learned skills to keep relationship happy, more present with each other-w
- 760. shift from judgment and anger to expressing care led to deep connection with partner-w**
761. awareness of distinction between partner and his behavior led to connection-w
- 810.75 program has enriched relationship, we benefited from increased awareness-m
813. getting closer with partner all the time-m

814. feels more connected and on the same page as partner-w

2b Increased feelings and expression of love (more kisses & hugs, deeper in love, sweetness, support)

17. longer hugs – m

81. increased empathic concern (from mapping awareness) led to support of partner – w

173. partner knowing she's tired helps her feel understood – partner does things for her without having to ask – w

174. feels supported and understood through partner's acts of service, w/o requesting them – w

253. feel more support from husband-w

264. feels more prepared and supportive of partner in T2P-m

298. had positive conversation, bodies touching, sharing talking and listening-m

400. enjoying the increased physical affection from partner – w

402. used to touch partner in a playful way, is now more sweet and tender (how she wants it)– m

403. gives partner sweeter affection, softer that she can receive – m

406. partner is sweeter with small appreciation – I feel more love and want to give more love – m

“I've noticed partner being just a little sweeter about these simple things and that just makes me feel like I wanna love her more. Because she's making me feel loved.”

457. more conscious of kissing wife before leaving in the morning – love language-m

467. felt connected when able to comfort and support partner – w

470. partner supportive during sickness, vomiting during pregnancy – w

593. supportive of each other (partner) during times of stress-w

600. program strengthened belief in relationship-w

657. love languages led me to touch partner more to show him love-w

660. built on partner's shift of showing love and began showing her love in new ways also-m

665. fallen more deeply in love with partner, less aggravated-m

673. increased ability to care for partner in a way he likes-w

683. learned how to love partner in more effective ways and improved communication-m

760. shift from judgment and anger to expressing care led to deep connection with partner-w

Giving and receiving appreciation with partner

57. appreciated hard work of partner – w

104. increased mutual appreciation leads to feelings of connection and love with partner-w

406. partner is sweeter with small appreciation – I feel more love and want to give more love – m

“I've noticed partner being just a little sweeter about these simple things and that just makes me feel like I wanna love her more. Because she's making me feel loved.”

407. gives more appreciation to partner consciously, doesn't happen naturally – w

408. is learning how to give compliments to partner – w

464. increased in sharing appreciation and telling partner I love you-w

468. appreciated partner's support of school difficulties – m

556. appreciation activity increased awareness of and practice of appreciation, made difference for couple relationship-w

557. increased appreciation from partner led to increased connection-w

582. closer with partner through increased positive communication and appreciation-w

584. felt improvements in relationship and appreciation in body during day-m

594. appreciation from partner led to increased connection-w

595. appreciation from partner led to deep connection-m

- 658. has noticed and appreciates partner showing love in new ways (love languages)-m
- 741. understanding the importance of continuing to appreciate partner-w
- 812. appreciates hearing partner say nice things about me to others-w

2c Mutuality: working together with partner (same team, same page, working together)

- 152. felt on the same team as partner – w
- 153. feel more confidence in our joint commitment to work out problems (couple) – w (“I think that I just in general have come out of the program with more confidence that we’re both willing to work on things if problems arise.”)**
- 169. I don’t have to sacrifice my wants, instead we can work together for us both to be happy-m
- 289. is working with partner to not be divorced like parents-w
- 427. more confident in parenting with partner because of increased ability to work together, less fighting-m
- 602. feel like a team in T2P with partner-w
- 603. confident in figuring out parenting together with partner-w
- 734. working together with partner on issues in couple relationship-m**
- 765. working together with partner on mutual goals of communication and love-m
- 771. share common goals and priorities with partner related to parenting-w
- 801. feels on the same page as partner, recognized this in surveys-m
- 814. feels more connected and on the same page as partner-w
- 815. homework helped us realize our commonalities to feel on the same page as partner-w

2d Understanding Partner’s Perspective (less selfish, point of view, less self-focused)

- 19. put self in partners shoes – w
- 22. think about partner’s perspective before reacting – m
- 32. now we can see each other’s perspective, worried if it will continue in future – w
- 80. mapping awareness brought increase understanding of partner’s emotions – w
- 81. increased empathic concern (from mapping awareness) led to support of partner – w
- 139. love languages increased understanding of each other – m
- 140. able to see partner’s intention as helpful, has minimized frustration with other – m
- 141. love languages helped us to understand differences – w
- 142. less selfish, increased awareness of impact of actions on partner – m (“I feel like maybe the biggest change for me was just being less selfish and more aware of how your actions affect the other half of the relationship. And a better understanding, like paying more attention to what she’s saying and where it’s coming from for her, rather than how I’m interpreting it.”)**
- 143. more attentive to partner’s perspective when she speaks – m
- 144. taking responsibility for my part of misunderstandings – m
- 163. increased ability to understand partner’s perspective – w
- 165. now approach disagreements with trying to understand partner’s point of view and wants (not win)– m
- 167. coming to an agreements through understanding partner’s perspective and wants – m
- 168. understanding if partner’s happy it makes us both happy – m
- 242. learned how to be present during communication with wife and not be self-focused-m
- 339. more able to see partner’s point of view – m
- 340. less selfish – m
- 377. aware of selfishness in past – m

- 378. expanded perspective includes family, not just self – m
- 379. less self-focused, able to step outside of self for larger perspective – m
- 382. increased compassion and understanding in couple relationship – m
- 383. increased understanding of partner – can make partner happy instead of mad – m
- 384. recognized making partner happy increases my happiness – want to do things for her –m
- 385. increased ability to see partner’s point of view has decreased defensiveness – m
- 398. 5 love languages helped partner understand how I like physical touch (was a painful lack of understanding in past) – w
- 399. 5 love languages helped me to understand needs of partner – m
- 404. feels good to make partner feel good – she enjoys tender love – m
- 411. increased openness and generosity with partner – relationship is more fulfilling – m
- 415. increased desire and actions to make partner happy, enjoys this –m
- 416. increase in me and partner doing things to make each other happy – m
- 432. program has helped me be more sensitive to partner’s needs and less defensive - m
- 435. less selfish, thinks more about what is best for partner and baby –m
- 561. conversation dynamics shifted from self-focused to exploring partner’s perspective-m
- 565. love languages improved awareness of partner-m
- 566. increased awareness made it easier to act in ways to increase partner’s happiness (love languages)-w
- 577. was more selfish in past-w
- 578. more awareness of partner and others’ perspective-w
- 629. increased ability to see partner’s perspective, and partner can see mine-m
- 631. program improved understanding of partner and other people-m
- 659. shift from self to other perspectives with partner-w
- 662. recognizes partner sees things differently than me-w
- 664. increased acceptance of partners’ perspective and compassion for self-w
- 720. family of origin homework brought awareness and understanding about partner’s behavior-m
- 721. seeing partner’s perspective, family of origin, helps me be less judgmental-w
- 722. increased understanding and acceptance of partner-m
- 735. not taking things so personally in couple interactions-m
- 739. less judgmental, more compassion and understanding with partner-w
- 740. increased awareness of how my actions affect partner-w
- 759. increased ability to calm self and see partner’s perspective in difficult situation-w
- 762. shift from being pissed off with partner to compassion, increased understanding on both sides-w
- 802. increased awareness of partner’s perspective, trying to understand his feelings and be present-w

2e. Better able to handle conflict and difficult discussions, less defensive (no trying to win, understand causes of disagreements, less fighting, can compromise better, can talk about difficult topics without fighting)

- 79. mapping awareness helped us to calm down when discussing upsetting situations – m
- 128. able to have a broader perspective about a conflict, see contributing factors – m
- 128.5 increased understanding of conflict and misunderstandings – m
- 144. taking responsibility for my part of misunderstandings – m

- 160. increased patience with self and partner when disagreeing – w
- 161. increased skills at handling disagreements – w
- 162. has let go of trying to win arguments – m
- 164. increased ability to communicate and confidence in resolving conflict – w
- 166. try to find a compromise where both are happy instead of winning argument – m
- 167. coming to an agreements through understanding partner's perspective and wants – m
- 341. relationship w/partner is improved, less conflict-m
- 368. increased awareness of how my unexpressed expectations and needs can lead to conflict with partner – m
- 388. less fighting and screaming , more talking with partner – m
- 390. increased ability to interrupt argument and increased openness has led to better communication within the couple – m
- 394. less big incidents of conflict in relationship with partner –w
- 395. before program, small things could cause big problems in couple relationship – m
- 414. before program was worried about conflict in relationship – m
- 434. now able to have deep conversations with no conflict with partner – w
- 491. learned ways to handle conflict and slow down in program-w
- 580. improved ability to discuss difficult topics-m
- 583. easier to discuss areas of disagreement with partner-w
- 733. understanding of different cultural norms for communication has lessened reactivity in couple relationship-m

2f improved communication (direct – less assumptions, deeper/tender, exploring not fixing, more ease and flow, better listener)

- 76. enjoyed activities that promoted communication about tender areas – m
- 110. partner homework helped with direct communication and connection “I felt like we were just able to connect and communicate very, very nicely, just very directly.” – m
- 145. more effort to not be frustrated with partner because of understanding cause of communication difficulties – m
- 164. increased ability to communicate and confidence in resolving conflict – w
- 165. now approach disagreements with trying to understand partner's point of view and wants (not win)– m
- 190. biggest learning was to make less assumptions about what hasn't been said by partner-w
- 191. understand it is better to communicate directly than assume partner's perspective-w**
- 200. increased awareness changed communication for couple – w
- 204. increased communication about feelings in couple relationship-w
- 214. homework led to pivotal conversations for couple relationship-m
- 238. homework helped continuity of communication with partner - w
- 238.5 homework was helpful to practice communication tools - w
- 241. contingent communication learning most impactful-m
- 242. learned how to be present during communication with wife and not be self-focused-m
- 255. becoming more receptive to each other improved communication-m
- 261. increased receptivity, communication and awareness of intention in couple relationship-m
- 285.5 realizing communication skills for couples will translate to parenting-w
- 298. had positive conversation, bodies touching, sharing talking and listening-m
- 314. partner had problems communicating about expectations and needs related to pregnancy-m

363. increased depth of conversations with partner – w

- 364. self and partner have increased understanding during communication – w
- 366. increased conversations with partner about values for family – m
- 371. program led to smoother communication with partner – m
- 386. partner's increased openness and listening has allowed for deeper conversation – w
- 387. increased flow in communication with partner – m
- 390. increased ability to interrupt argument and increased openness has led to better communication within the couple – m
- 410. realized I need to tell partner my needs not expect her to know, led to increased connections and understanding – m
- 433. is more open with needs and partner is more receptive to feedback, doesn't turn away – w
- 434. now able to have deep conversations with no conflict with partner – w
- 469. able to connect and listen to partner instead of fixing problem – w
- 522. increased enthusiasm in mundane tasks because of positive communication with partner-m
- 551. contingent communication led to more nonjudgmental approach to communication-m
- 552. 'explore' was a helpful new approach to communication-w
- 560. increased ability to explore and be nonjudgmental in conversation with partner-m
- 579. more humor in discussions with partner-m
- 580. improved ability to discuss difficult topics-m
- 581. improved communication (general) with partner-w
- 582. closer with partner through increased positive communication and appreciation-w
- 628. use techniques from program to improve communication-m
- 655. mapping awareness tool has been beneficial for communication with partner-m
- 683. learned how to love partner in more effective ways and improved communication-m
- 732. learned how to communicate with partner in a way he can hear-w
- 733. understanding of different cultural norms for communication has lessened reactivity in couple relationship-m
- 742. more direct communication with partner, less assumptions-w
- 743. shift from controlling and telling to reminding and modeling behavior with partner-w
- 744. improved communication with partner, talking about expectations-m
- 746. partner's communication has improved, is setting boundaries and expressing needs-w
- 747. less controlling with partner, more ease in communication-w
- 750. both of us expressing our needs more, especially partner who tends to be quiet-w
- 751. shift in couple relationship to saying what we want, instead of what we don't want-m
- 752. improved communication skills with partner, combining needs together-w
- 756. talking over partner less-w
- 757. feels more heard by partner, giving me more space to talk-m
- 758. partner expressing needs more, can meet them easier-w
- 767. communication in couple relationship coming from a new positive place of love-m
- 804. better listener with partner and better at communicating feelings-m

2h. Awareness and Acceptance of Partner and Relationship

- 2. awareness of times of non-presence w/partner-m
- 3. applying meditation practice to interaction w/partner-m
- 200. increased awareness changed communication for couple – w
- 252. more awareness of couple communication-w

- 368. increased awareness of how my unexpressed expectations and needs can lead to conflict with partner – m
- 389. increased awareness of relational patterns – m
- 391. didn't formally do homework, still have increased awareness of needing a time out in couple relationship – w
- 473. aware of lack of time together creating distance from partner – m
- 506. had awareness of relationship, it has increased – w
- 515. increased awareness of small daily interactions with partner-m

More nonjudgmental and accepting

454. increased acceptance of each other and who we are in couple relationship – w

- 560. increased ability to explore and be nonjudgmental in conversation with partner-m
- 721. seeing partner's perspective, family of origin, helps me be less judgmental-w
- 722. increased understanding and acceptance of partner-m
- 739. less judgmental, more compassion and understanding with partner-w
- 810.5 increased awareness has led me to be more compassionate and a better partner-m

Relationship not perfect, that's okay

- 42. relationship isn't perfect okay with that – w
- 87. less comparing self to other moms and couples – w
- 459. decreased comparing couple relationship to others, has lessened stress and conflict-w
- 450. handout on conflict areas helped us be less judgmental of relationship and feel normal-w

2i. Having Tools to Maintain Strength of Relationship (resources, learning, future growth, concrete tools)

- 33. recognize important of ongoing work on relationship – w
- 36. know relationship will change will work toward positive change – m
- 37. growing together not apart – w
- 38. love languages will help us grow together – m
- 84. feel I have more relational tools – w
- 99. look forward to more good parts of relationship – 'I feel like we're not ending our glory days and good relationships days, they're just beginning.' – w
- 105. feels good about relationship in t2p – w
- 111. now have communication tools to return to as needed – m
- 127. program as a brief introduction to couple strategies and practices; eye-opening – w
- 243. good to have a concrete tool to promote positive communication (handout)-w
- 244. learned tools to work out problems together as a couple-w
- 259. want to continue being connected through Gottman 5 hours a week-m
- 457. will use binder as reference in future – w
- 513. learned positive tools for couple relationship in program-w
- 514. gained methods to interact deeply with partner-m
- 564. time-out could be helpful in future, don't have that level of conflict now-m
- 589. doing program was a commitment of energy and time to relationship-m
- 591. feels continuing practices will be beneficial for future of relationship-m
- 682. learned skills, perspective, and self-awareness tools to help me be a good partner in T2P-w
- 701. thankful and honored to have skills and materials to help relationship for rest of lives-**
m
- 749. learned skills to keep relationship happy, more present with each other-w

763. feels confident in strength of relationship, overcame obstacles-m
 766. have tools to handle problems that will arise with T2P-m

2j. Metaphors

23. METAPHOR moving the bigger rocks out of the river so it flows more smoothly – m
 98. METAPHOR – ‘instead of the sun setting, it’s rising’ – w
 170. METAPHOR: seesaw, balance – w
 171. METAPHOR: moving through water, contrasted with the ease of walking on shore – m
 (“I thought of swimming through water, and you’re moving through something that’s thick. And then when you get to shore and you get out, it’s a lot easier to move.”)
 262. METAPHOR- rose opening last few pedals “the rose keeps the pedals...it’s like a few more pedals just got open”-w
265. METAPHOR-snake losing its skin, transformation - w
 396. METAPHOR – fall; leaves falling from trees parallels the breaking down of barriers in relationship with partner – w
 397. METAPHOR– sailboat moving from bumpy mountain to ocean where it should be – m
 461. METAPHOR- plant, slow growing, establishing roots – m
 462. METAPHOR- plant was pretty, and got prettier – w
 592. METAPHOR-running race, taking sip of Gatorade; new energy and recommitment-m
 671. METAPHOR-tree budding, cycle of leafing-w
 672. METAPHOR- caterpillar into butterfly-m
 753. METAPHOR-power stone has been cleansed-w
 755. METAPHOR-space in wheel; mindfulness creates space in mind-m
 811. METAPHOR-rock being polished, another brush added-m

3. Feel more prepared for transition to parenthood

3a. Feeling more confident and prepared for T2P (knowledge, info, relationship ready)

65. learned how to stay close in the t2p-m
 82. more confident about t2p because relationship has improved – w
 83. feel more ready and mentally prepared for t2p –w
 85. before program was nervous about effect of t2p on relationship – w
 86. program helped to prepare for t2p, feel ready for difficult times – w
 88. confident and ready for t2p – w
 92. increased knowledge has led to more confidence about couple in t2p – m
 93. more aware of aspects of t2p – m
 94. feel more prepared for t2p – w
 95. feel confident and ready for t2p – w
 105. feels good about relationship in t2p – w
 108. information about how to prevent relational decline led to more confidence about t2p – m
 153. feel more confidence in our joint commitment to work out problems (couple) – w (“I think that I just in general have come out of the program with more confidence that we’re both willing to work on things if problems arise.”)
 176. confident in figuring out parenting together-w
 210. knowledge helps with transition to parenthood preparation-w
 211. feels more comfortable that partner has knowledge of t2p-w

212. increased knowledge of t2p was normalizing; increased feelings of security-w
 264. feels more prepare and supportive of partner in T2P-m
 283. program helped to know how to be conscious in the transition to parenthood-w
 284. feels momentum in positive direction for t2p-w
 285.5 realizing communication skills for couples will translate to parenting-w
 365. information in program about family of origin increased thinking of how we want to be as parents – m
 413. increased confidence in having a baby – m
 419. not nervous about how partner will be as parent – w
 420. increased confidence because of tools to manage T2P – w
 421. increased knowledge and awareness of challenges in T2P led to feeling more prepared – w
 425. confident that partner will be a great mom, she is patient – m
 427. more confident in parenting with partner because of increased ability to work together, less fighting-m
 504. increased knowledge and awareness about normal issues with T2P-m
505. increased knowledge of T2P, feel more prepared to meet potential relationship problem effectively-m
 601. confidence in T2P increased through confidence in relationship-w
 602. feel like a team in T2P with partner-w
 603. confident in figuring out parenting together with partner-w
 605. confident in wife’s ability in childbirth and as a mother-w
677. prepared and excited for T2P-m
 678. feels prepared and knowledgeable about T2P, acknowledges there is more to learn-m
 679. excited and prepared for T2P, feels there are others that are less & more prepared-w
 680. feels more prepared and good about T2P-w
 681. feel more prepared and excited to be a good partner and a parent-w
 736. increased knowledge and tools for T2P, has increased confidence in couple relationship-w
 768. feel confident in partner’s parenting abilities-w
 769. confident in shared responsibility and good communication with partner through T2P-w
 770. increased confidence in partner’s parental abilities and both connecting to baby-w
 818. increased confidence in T2P as result of program, still ‘scared shitless’-m
 817. get nervous about T2P when partner is nervous; confident about his abilities as a parent-w

3b. Feeling Excitement about Having a Baby (pure excitement, less fear, excited)

27. more excited less nervous about T2P – m
 29. ecstatic feeling about T2P – w
 106. less fear about childbirth, trusts doctor – w
 177. support from partner and friends alleviates worries about t2p-m
 180. feels more support, comfortable and excited about t2p – w
 263. program helped let go of fear and trust couple would be okay in t2p-w
 273. before program, was scared about how to navigate couple relationship with a baby-m
 316. stoked to meet baby and be with baby everyday-m “and the baby is real to me, and I am stoked. Like I can’t wait. That’s what I’m excited about the most. Just to see the baby. And to be with the baby everyday.”
 424. excited about becoming a parent – w
 426. excited and not scared about becoming a parent – m

- 428. love, pure excitement feelings about having a baby – m
- 465. giddy and child-like in excitement about baby (both me and partner)-w
- 475. excited about T2P and nervous about making mistakes as partner – m
- 604. excited about T2P-m
- 607. excited for the deep selfless love I will feel for baby-m
- 677. prepared and excited for T2P-m
- 679. excited and prepared for T2P, feels there are others that are less & more prepared-w
- 681. feel more prepared and excited to be a good partner and a parent-w
- 816. excited for T2P-w

3c. Normalizing Difficulties (knowing other couples, information)

- 28. knowing other couples makes T2P easier and more real – m
- 61. have increased awareness of challenges with t2p – w
- 63. know about what to expect; normal challenges – w
- 212. increased knowledge of t2p was normalizing; increased feelings of security-w
- 320. valued time spent with other guys in group-m
- 333. felt connection for men in last group was more important than for women (less frequent opportunities for men)-w
- 334. program met need to connect with other male partners of pregnant women-m
- 335. good to hear women share their experiences-m
- 421. increased knowledge and awareness of challenges in T2P led to feeling more prepared – w
- 450. handout on conflict areas helped us be less judgmental of relationship and feel normal-w
- 451. information about T2P gave realization that “we’re not freaks” – w
- 466. enjoyed meeting other couples, especially seeing and discussing physical changes – w
- 487. enjoyed small group discussions with other participants during group-m**
- 488. enjoyed talking to peers who are going through same experience in group-m
- 504. increased knowledge and awareness about normal issues with T2P-m
- 623. felt comfortable to be open and bond with other group members-m
- 693. felt bond with other couples in program-m
- 696. enjoyed fishbowl time to connect emotionally with other guys-m
- 719. group setting helped normalize experience of T2P, not alone-m
- 725. enjoyed diversity of participants and still seeing similarity about T2P-w**
- 737. normalizing stress and problems of T2P is helpful-w
- 785. liked other group members and connecting with them-w
- 786. enjoyed meeting other pregnant couples-m
- 787. new in town, enjoyed social time and meeting new people in group-w
- 827. cool to be around other parents-m
- Accepting of challenges of T2P, have tools to meet them (future stress, mistakes okay, won’t be perfect, mf and other tools helpful in future)**
- 67. can see that mindfulness practices could be helpful with future stress –w
- 68. mindfulness can help reconnect to self in midst of stress of parenting – w
- 96. accepts that mistakes will happen, feels okay that they won’t spin out of control –w**
- 97. accepts problems will arise for couple and they can address them – w
- 175. understands t2p will be a learning process – w
- 285. accepts not being perfect as a parent-w
- 418.5 knows fears of T2P are normal – m

- 422. feel like I can solve problems about t2p as they arise – w
- 429. understand difficult realities of parenthood, feel better meeting those now, together – m
- 451. aware that after baby comes it will be stressful, focused on relaxing now – w
- 482. feels a sense of letting go of trying to parent ‘right’, acceptance-w
- 483. world getting worse, can’t worry about kids, surrender to God-w
- 505. increased knowledge of T2P, feel more prepared to meet potential relationship problem effectively-m
- 553. want to continue contingent communication as a parent-m
- 558. increased connection with partner will be important after having baby-w
- 608. accepting of inevitable chaos in life, okay with it-m
- 652. believes increased awareness may make labor and parenting more rewarding-w
- 726. appreciate content from group coming from larger sources, can continue to learn-w
- 764. couple moving forward into T2P with strong foundation of love, acceptance and understanding-m
- 821. increased tools for how to connect and communicate with child was helpful-w
- 824. program increased learning and awareness of specific parenting strategies I’d like to implement-w

3d. New Values and Insights about Parenthood and Family (less materialism, importance of couple relationship, continued work, larger view)

value time together over work/money; couple rel important to children

- 119. recognize couple relationship affects baby and family overall – w
- 182. accepting of sacrifices that need to be made for child – m
- 183. want to enjoy moments with child, instead of focusing on what I’m giving up – m
- 267. understanding importance of couple relationship for baby-m
- 268. connecting with each other and baby more important than material things-w
- 269. other couples miss importance of connecting with partner during T2P-w
- 279. focused on strengthening relationship with partner because of importance to children-m
- 286. understanding way of being in relationships is more important than specifics-w
- 290. choosing to be present with child, different than my mom-w
- 291. prioritizing time with husband and child over work and income– w
- 473.5 accepting sacrifice of having child and husband busy with PhD, sees positives ahead – w
- 474. value family over money, sacrifice okay – w
- 641. love between people more important than material things-w
- 669. program validated belief in importance of couple relationship for child well-being-w

Insights/realizations

- 62. want to use pre-baby time to communicate deeply – w
- 67. recognizes mindfulness practices could be helpful in chaotic times–w
- 75. brought to light new ideas –m
- 117. recognition of importance of mindfulness and awareness for t2p – w
- 154. realized acceptance is more helpful than reactivity (which perpetuates problem) – m
- 192. learned about mindfulness as a new way of doing things – m
- 249. realizes effect of resistance; it is powerful-w
- 287. awareness of childhood effects on present, know I need continued work to not repeat them-w

- 405. realized importance of getting words of affirmation (5 love languages) when doing things for partner – m
- 445. will remember daily interaction with partner are important, little things –w
- 446. now understand the importance of appreciation partner – w
- 507. has realized importance of making an effort to be mindful in relationship with partner-w
- 543. group readings and discussion led to beneficial insight-m
- 544. enjoyed new insights into mindfulness practice-m
- 550. mapping awareness exercise led to new insight-m
- 586. realize need for prevention of relational decline-m
- 587. acknowledging relationship could be improved-w
- 723. had Buddhist background and group brought more clarity and understanding of concepts-m
- 729. recognizes importance of direct communication about problems in couple-w
- 730. increased wisdom about common couple and communication issues-w
- 781. recognizes importance of program for prenatal couples, a lot at stake-m
- 796. mapping awareness brought new insights and understanding-w
- 798. pain homework was difficult, realized I have more learning to do about coaching through labor-m
- 822. in program, good to be reminded of things I knew, led to deeper learning-m

4. Male Involvement

4a. Program Included and Supported Male Voice

- 216. felt good to give and receive support as a man-m
- 217. felt program supported male voice-m
- 499. appreciated opportunity for guys to share perspective in fishbowl-m**
- 500. enjoyed sharing and listening during fishbowl-m**
- 501. appreciated that the program incorporated men-w
- 502. liked that program didn't just focus on women-w
- 503. appreciated highlighting male experiences and perspectives-m
- 696. enjoyed fishbowl time to connect emotionally with other guys-m

4b. Increasing involvement in pregnancy from Male Partner

- 107. mentally prepared for childbirth knowing husband will support her – w
- 151. felt supported by husband's participation in program – w
- 201. partner being in program improved his level of engagement with pregnancy-w
- 202. class helped partner to be more involved in prenatal processes; didn't read books-w
- 203. program helped partner prepare for baby and connect with men-w
- 213. husband didn't read books on t2p, did participate in class and homework-w
- 302.5 enjoys husband reading birthing book and being more engaged in pregnancy-w
- 303. husband present and embracing role of support during birth-w
- 304. feels sweet and connected to husband with his involvement in birth plan-w
- 308. recently began connecting with baby everyday-m
- 309. at start of pregnancy, I initiated all contact between husband and baby (this changed)-w
- 310. before program, husband was less connected to baby-w
- 312. big shift from husband not connecting to initiating connection with baby-w
- 313. appreciates husband's increased involvement with baby-w

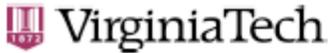
- 315. now more present for partner and baby –m
- 430. trying to learn how to be helpful to partner during birth – m
- 596. feel deep connection with wife through baby-m
- 597. connection to baby brings us (couple) together-m
- 770. increased confidence in partner's parental abilities and both connecting to baby-w

4c Identity shift for men, becoming fathers

- 275. before program didn't identify as a parent-m
- 277. before program wife was preparing for parenthood, I wasn't ready-m
- 278. program ushered me into accepting parenthood-m
- 280. shift from cognitive knowing of becoming a dad to a felt sense in the body-m
- 311. baby seems real now, wasn't before-m "the baby is real to me now"**

Appendix E

IRB Memos



Office of Research Compliance
Institutional Review Board
2000 Kraft Drive, Suite 2000 (0497)
Blacksburg, Virginia 24060
540/231-4606 Fax 540/231-0959
e-mail irb@vt.edu
Website: www.irb.vt.edu

MEMORANDUM

DATE: April 27, 2011

TO: Fred P. Piercy, Laura Eubanks

FROM: Virginia Tech Institutional Review Board (FWA00000572, expires October 26, 2013)

PROTOCOL TITLE: Evaluating the Mindful Transition to Parenthood Program

IRB NUMBER: 11-440

Effective April 27, 2011, the Virginia Tech IRB Chair, Dr. David M. Moore, approved the new protocol for the above-mentioned research protocol.

This approval provides permission to begin the human subject activities outlined in the IRB-approved protocol and supporting documents.

Plans to deviate from the approved protocol and/or supporting documents must be submitted to the IRB as an amendment request and approved by the IRB prior to the implementation of any changes, regardless of how minor, except where necessary to eliminate apparent immediate hazards to the subjects. Report promptly to the IRB any injuries or other unanticipated or adverse events involving risks or harms to human research subjects or others.

All investigators (listed above) are required to comply with the researcher requirements outlined at <http://www.irb.vt.edu/pages/responsibilities.htm> (please review before the commencement of your research).

PROTOCOL INFORMATION:

Approved as: **Expedited, under 45 CFR 46.110 category(ies) 6, 7**

Protocol Approval Date: **4/27/2011**

Protocol Expiration Date: **4/26/2012**

Continuing Review Due Date*: **4/12/2012**

*Date a Continuing Review application is due to the IRB office if human subject activities covered under this protocol, including data analysis, are to continue beyond the Protocol Expiration Date.

FEDERALLY FUNDED RESEARCH REQUIREMENTS:

Per federal regulations, 45 CFR 46.103(f), the IRB is required to compare all federally funded grant proposals / work statements to the IRB protocol(s) which cover the human research activities included in the proposal / work statement before funds are released. Note that this requirement does not apply to Exempt and Interim IRB protocols, or grants for which VT is not the primary awardee.

The table on the following page indicates whether grant proposals are related to this IRB protocol, and which of the listed proposals, if any, have been compared to this IRB protocol, if required.



VirginiaTech

Office of Research Compliance
Institutional Review Board
2000 Kraft Drive, Suite 2000 (0497)
Blacksburg, Virginia 24060
540/231-4606 Fax 540/231-0959
e-mail irb@vt.edu
Website: www.irb.vt.edu

MEMORANDUM**DATE:** June 8, 2011**TO:** Fred P. Piercy, Laura Eubanks**FROM:** Virginia Tech Institutional Review Board (FWA00000572, expires October 26, 2013)**PROTOCOL TITLE:** Evaluating the Mindful Transition to Parenthood Program**IRB NUMBER:** 11-440

Effective June 7, 2011, the Virginia Tech IRB Chair, Dr. David M. Moore, approved the amendment request for the above-mentioned research protocol.

This approval provides permission to begin the human subject activities outlined in the IRB-approved protocol and supporting documents.

Plans to deviate from the approved protocol and/or supporting documents must be submitted to the IRB as an amendment request and approved by the IRB prior to the implementation of any changes, regardless of how minor, except where necessary to eliminate apparent immediate hazards to the subjects. Report promptly to the IRB any injuries or other unanticipated or adverse events involving risks or harms to human research subjects or others.

All investigators (listed above) are required to comply with the researcher requirements outlined at <http://www.irb.vt.edu/pages/responsibilities.htm> (please review before the commencement of your research).

PROTOCOL INFORMATION:

Approved as: Expedited, under 45 CFR 46.110 category(ies) 6, 7

Protocol Approval Date: 4/27/2011

Protocol Expiration Date: 4/26/2012

Continuing Review Due Date*: 4/12/2012

*Date a Continuing Review application is due to the IRB office if human subject activities covered under this protocol, including data analysis, are to continue beyond the Protocol Expiration Date.

FEDERALLY FUNDED RESEARCH REQUIREMENTS:

Per federal regulations, 45 CFR 46.103(f), the IRB is required to compare all federally funded grant proposals / work statements to the IRB protocol(s) which cover the human research activities included in the proposal / work statement before funds are released. Note that this requirement does not apply to Exempt and Interim IRB protocols, or grants for which VT is not the primary awardee.

The table on the following page indicates whether grant proposals are related to this IRB protocol, and which of the listed proposals, if any, have been compared to this IRB protocol, if required.



Office of Research Compliance
Institutional Review Board
2000 Kraft Drive, Suite 2000 (0497)
Blacksburg, Virginia 24060
540/231-4606 Fax 540/231-0959
e-mail irb@vt.edu
Website: www.irb.vt.edu

MEMORANDUM

DATE: July 11, 2011

TO: Fred P. Piercy, Laura Eubanks

FROM: Virginia Tech Institutional Review Board (FWA00000572, expires May 31, 2014)

PROTOCOL TITLE: Evaluating the Mindful Transition to Parenthood Program

IRB NUMBER: 11-440

Effective July 11, 2011, the Virginia Tech IRB Administrator, Carmen T. Green, approved the amendment request for the above-mentioned research protocol.

This approval provides permission to begin the human subject activities outlined in the IRB-approved protocol and supporting documents.

Plans to deviate from the approved protocol and/or supporting documents must be submitted to the IRB as an amendment request and approved by the IRB prior to the implementation of any changes, regardless of how minor, except where necessary to eliminate apparent immediate hazards to the subjects. Report promptly to the IRB any injuries or other unanticipated or adverse events involving risks or harms to human research subjects or others.

All investigators (listed above) are required to comply with the researcher requirements outlined at <http://www.irb.vt.edu/pages/responsibilities.htm> (please review before the commencement of your research).

PROTOCOL INFORMATION:

Approved as: Expedited, under 45 CFR 46.110 category(ies) 6, 7

Protocol Approval Date: 4/27/2011

Protocol Expiration Date: 4/26/2012

Continuing Review Due Date*: 4/12/2012

*Date a Continuing Review application is due to the IRB office if human subject activities covered under this protocol, including data analysis, are to continue beyond the Protocol Expiration Date.

FEDERALLY FUNDED RESEARCH REQUIREMENTS:

Per federal regulations, 45 CFR 46.103(f), the IRB is required to compare all federally funded grant proposals / work statements to the IRB protocol(s) which cover the human research activities included in the proposal / work statement before funds are released. Note that this requirement does not apply to Exempt and Interim IRB protocols, or grants for which VT is not the primary awardee.

The table on the following page indicates whether grant proposals are related to this IRB protocol, and which of the listed proposals, if any, have been compared to this IRB protocol, if required.



VirginiaTech

Office of Research Compliance
Institutional Review Board
2000 Kraft Drive, Suite 2000 (D497)
Blacksburg, Virginia 24060
540/231-4606 Fax 540/231-0959
e-mail irb@vt.edu
Website: www.irb.vt.edu

MEMORANDUM**DATE:** October 6, 2011**TO:** Fred P. Piercy, Laura Eubanks**FROM:** Virginia Tech Institutional Review Board (FWA00000572, expires May 31, 2014)**PROTOCOL TITLE:** Evaluating the Mindful Transition to Parenthood Program**IRB NUMBER:** 11-440

Effective October 6, 2011, the Virginia Tech IRB Administrator, Carmen T. Green, approved the amendment request for the above-mentioned research protocol.

This approval provides permission to begin the human subject activities outlined in the IRB-approved protocol and supporting documents.

Plans to deviate from the approved protocol and/or supporting documents must be submitted to the IRB as an amendment request and approved by the IRB prior to the implementation of any changes, regardless of how minor, except where necessary to eliminate apparent immediate hazards to the subjects. Report promptly to the IRB any injuries or other unanticipated or adverse events involving risks or harms to human research subjects or others.

All investigators (listed above) are required to comply with the researcher requirements outlined at <http://www.irb.vt.edu/pages/responsibilities.htm> (please review before the commencement of your research).

PROTOCOL INFORMATION:

Approved as: Expedited, under 45 CFR 46.110 category(ies) 6, 7

Protocol Approval Date: 4/27/2011

Protocol Expiration Date: 4/26/2012

Continuing Review Due Date*: 4/12/2012

*Date a Continuing Review application is due to the IRB office if human subject activities covered under this protocol, including data analysis, are to continue beyond the Protocol Expiration Date.

FEDERALLY FUNDED RESEARCH REQUIREMENTS:

Per federal regulations, 45 CFR 46.103(f), the IRB is required to compare all federally funded grant proposals / work statements to the IRB protocol(s) which cover the human research activities included in the proposal / work statement before funds are released. Note that this requirement does not apply to Exempt and Interim IRB protocols, or grants for which VT is not the primary awardee.

The table on the following page indicates whether grant proposals are related to this IRB protocol, and which of the listed proposals, if any, have been compared to this IRB protocol, if required.



VirginiaTech

Office of Research Compliance
Institutional Review Board
2000 Kraft Drive, Suite 2000 (0497)
Blacksburg, Virginia 24060
540/231-4606 Fax 540/231-0959
e-mail irb@vt.edu
Website: www.irb.vt.edu

MEMORANDUM**DATE:** March 29, 2012**TO:** Fred P. Piercy, Laura Eubanks**FROM:** Virginia Tech Institutional Review Board (FWA00000572, expires May 31, 2014)**PROTOCOL TITLE:** Evaluating the Mindful Transition to Parenthood Program**IRB NUMBER:** 11-440

Effective April 27, 2012, the Virginia Tech IRB Chair, Dr. David M. Moore, approved the continuation request for the above-mentioned research protocol.

This approval provides permission to begin the human subject activities outlined in the IRB-approved protocol and supporting documents.

Plans to deviate from the approved protocol and/or supporting documents must be submitted to the IRB as an amendment request and approved by the IRB prior to the implementation of any changes, regardless of how minor, except where necessary to eliminate apparent immediate hazards to the subjects. Report promptly to the IRB any injuries or other unanticipated or adverse events involving risks or harms to human research subjects or others.

All investigators (listed above) are required to comply with the researcher requirements outlined at <http://www.irb.vt.edu/pages/responsibilities.htm> (please review before the commencement of your research).

PROTOCOL INFORMATION:

Approved as: Expedited, under 45 CFR 46.110 category(ies) 6, 7

Protocol Approval Date: 4/27/2012 (protocol's initial approval date: 4/27/2011)

Protocol Expiration Date: 4/26/2013

Continuing Review Due Date*: 4/12/2013

*Date a Continuing Review application is due to the IRB office if human subject activities covered under this protocol, including data analysis, are to continue beyond the Protocol Expiration Date.

FEDERALLY FUNDED RESEARCH REQUIREMENTS:

Per federal regulations, 45 CFR 46.103(f), the IRB is required to compare all federally funded grant proposals / work statements to the IRB protocol(s) which cover the human research activities included in the proposal / work statement before funds are released. Note that this requirement does not apply to Exempt and Interim IRB protocols, or grants for which VT is not the primary awardee.

The table on the following page indicates whether grant proposals are related to this IRB protocol, and which of the listed proposals, if any, have been compared to this IRB protocol, if required.

Appendix F

Citations for Copyrighted Material

Fig. 1 and Fig. 4

Siegel, D. (2006). The triangle of well-being adapted from “An Interpersonal Neurobiology Approach to Psychotherapy,” *Psychiatric Annals*, 36(4), p. 250. Used with permission from SLACK Incorporated, letters below.



August 22, 2012

Laura Gambrel
Virginia Tech
Department of Human Development 366 Wallace Hall (0416)
Blacksburg, VA 24061

Reference #: J14046213

Material Requested: Figure. An illustration of the dimensions of well-being.

Usage Requested: Reprinted in electronic version of dissertation.

Citations: Siegel, D. J. (2006). An Interpersonal Neurobiology Approach to Psychotherapy. *Psychiatric Annals*, 36(4), 248-256.

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Sincerely,
SLACK Incorporated
Permissions Department



August 22, 2012

Laura Gambrel
Virginia Tech
Department of Human Development 366 Wallace Hall (0416)
Blacksburg, VA 24061

Reference #: J14036213

Material Requested: Figure. An illustration of the dimensions of well-being.

Usage Requested: Reprinted in dissertation.

Citation: Siegel, D. J. (2006). An Interpersonal Neurobiology Approach to Psychotherapy. Psychiatric Annals, 36(4), 248-256.

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Fig. 3

McDonald, J. H. *Power analysis calculation form for ANCOVA*. Figure. Adapted from "<http://udel.edu/~mcdonald/statancova.html>", *Handbook of Biological Statistics*, Copyright 2009 by John H. McDonald. Used with permission per e-mail of author, J. H. McDonald, to Laura Gambrel on Aug. 12, 2012, below.

mcdonald@udel.edu

to me ▾

Aug 12 (4 days ago) ★



Yes, you have my permission. Good luck with your dissertation! ---John McDonald

--- Original message ---

>Date: Sun, 12 Aug 2012 11:32:43 -0400

>From: Laura Gambrel <lauragambrel@gmail.com>

>Subject: permission to use table

>To: mcdonald@UDeI.Edu

>

> Hello Dr. McDonald,

> ** I would like to use your power analysis table

> from your website

> (<http://udel.edu/~mcdonald/statancova.html>) to be

> published in my dissertation. Will you grant me

> permission to do this? I have the following citation

> that I use in the table:

>

> "Figure 3: Power analysis calculation form for

> ANCOVA. Adapted from

> ***<http://udel.edu/~mcdonald/statancova.html>*** by

> J. H. McDonald, 2009, Handbook of Biological

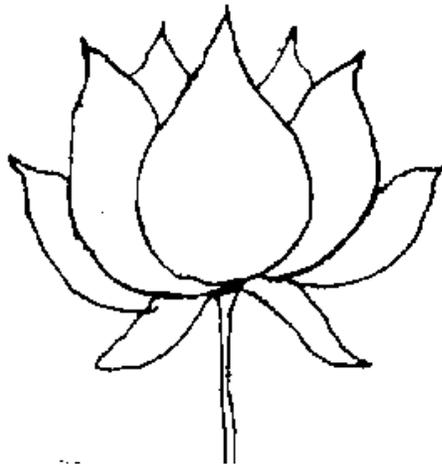
> Statistics, Copyright 2009 by John H. McDonald."

>

The Mindful Transition to Parenthood Program:

**Deepening the couple relationship
through awareness, acceptance,
and action**

Developed by Laura Eubanks Gambrel



Facilitator Guide

The Mindful Transition to Parenthood Program curriculum:

Deepening the couple relationship through awareness, acceptance, and action

Week 1: Mindfulness of Self

Week 2: Mindfulness of Partner

Week 3: Mindfulness of Relationship

Week 4: Mindfulness of Family

General Overview

- Group will meet weekly for two hours
- Each session will include a mindfulness exercise, educational content, and experiential activities
- Weekly homework, for self and the couple, will be assigned
- Participants are also expected to engage in 15 minutes of mindfulness practice everyday
- Resources include readings, worksheets, video clips, and a CD of guided mindfulness practices

Acknowledgements: This curriculum was developed based upon my learning from a variety of sources. I was influenced by the training I received in Satir Transformational Systemic Therapy by Sandy Novak, which is based upon the work of Virginia Satir. I have drawn upon readings from the work of Thich Nhat Hanh, John Gottman, Daniel Siegel, and Sue Johnson. Finally, I am grateful to my meditation teachers: Anagarika Munindra-ji, Joseph Goldstein, Guy Armstrong, Chogyi Nyima Rinpoche, and Karen Kissel Wegela.

Outline

Week 1

Topic: Mindfulness of Self

Objectives:

1. Become acquainted with group members and the format of the program.
2. Connect with body in the moment through experiential practice.
3. Learn and practice mapping awareness.

Targeted skills: Awareness and acceptance of self, focusing on body sensations.

1. Opening Activity: Introduction

Time: 10 minutes

2. Experiential Activity: Mindful Eating

Time: 15 minutes

3. Mindfulness Activity: Body Scan

Time: 20 minutes

4. Educational Content: Mapping Awareness

Time: 15 minutes

5. Practice: Mapping Awareness

Time: 15 minutes

6. Homework

Time: 10 minutes

Self: Mapping, 3 Breaths, Body Scan

Couple: Mindful Appreciation, 5 Love Languages

7. Closing: Debrief in Dyads

Time: 5 minutes

Handouts: #1 - #6

Resources: Video from TedTalk - Let's talk parenting taboos: Rufus Griscom + Alisa Volkman
http://www.ted.com/talks/lang/eng/rufus_griscom_alisa_volkman_let_s_talk_parenting_taboos.html

Week 2

Topic: Mindfulness of Partner

Objectives:

1. Practice mindfulness meditation.
2. Learn concrete skills to manage conflict effectively.
3. Practice awareness of self and other in a moment of connection.

Targeted Skills: Emotional regulation, mindfulness.

1. Opening Activity: Review Homework and Check-in

Time: 10 minutes

2. Mindfulness Activity: Mindfulness Meditation – Mindfulness of the Breath

Time: 30 minutes

3. Educational Content: Increasing Awareness to Prevent Flooding

Time: 20 minutes

4. Demonstration: Understanding Reactivity and Acceptance

Time: 15 minutes

5. Experiential Activity and Practice: Mindful Eye Contact

Time: 15 minutes

6. Homework

Time: 10 minutes

Self activity: Time-Outs, Mindfulness of Breath

Couple activity: Time-Outs, Hug until Relaxed

7. Closing

Time: 5 minutes

Handouts: #7 - #12

Resources: TedTalk video, *Nigel Marsh: How to make work-life balance work*

http://www.ted.com/talks/lang/eng/nigel_marshall_how_to_make_work_life_balance_work.html

Week 3

Topic: Mindfulness of Relationship

Objectives:

1. Deepen experiential understanding of mindfulness – awareness and acceptance.
2. Understand the importance of needs and how to uncover them.
3. Learn and practice mindful listening skills.

Targeted Skills: Attunement and empathy, acceptance of partner, mindfulness

1. Opening Activity: Review Homework and Check-in

Time: 10 minutes

2. Mindfulness Activity: Mindful Meditation - Open Awareness

Time: 25 minutes

3. Educational Content: Mapping Awareness

Time: 15 minutes

4. Experiential Activity: Mindful and Mindless Communication

Time: 20 minutes

5. Homework

Time: 10 minutes

Self: Family of Origin Reflection, Mindfulness Meditation

Couple: Mindful Communication

Closing

Time: 5 minutes

Handouts: #13 - #19

Resources: The Happiness Project: <http://www.theyearsareshort.com/>

Week 4

Topic: Mindfulness of Family

Objectives:

1. Practice loving-kindness meditation.
2. Understand the potential stressors and prevention strategies for the transition to parenthood.
3. Increase understanding about partners' experience of this transition.

Targeted Skills: Attunement and empathy; awareness and acceptance

1. Opening Activity: Review of Homework and Check-in

Time: 15 minutes

2. Mindfulness Activity: Metta Practice

Time: 30 minutes

3. Educational Content: Transition to Parenthood

Time: 15 minutes

4. Experiential Activity: Becoming Mothers and Fathers

Time: 30 minutes

5. Homework

Time: 10 minutes

Self: Metta Meditation

Couple: Chore Checklist

Closing

Time: 5 minutes

Handouts: #20 - #26

Week 1

Topic: Mindfulness of Self

Objectives:

1. Become acquainted with group members and the format of the program.
2. Connect with body in the moment through experiential practice.
3. Learn and practice mapping.

Targeted skills: Awareness and acceptance of self, focusing on body sensations.

Handouts: #1 - #6

Resources: Video from TedTalk - *Let's talk parenting taboos: Rufus Griscom + Alisa Volkman*
http://www.ted.com/talks/lang/eng/rufus_griscom_alisa_volkman_let_s_talk_parenting_taboos.html

1. Opening Activity: Introduction (10 minutes)

Materials

Name tags

PowerPoint or flipchart paper with overview of program

Binders for participants that include schedule, handouts, homework assignments, resources, blank paper, etc.

Leader introduction: Leader will introduce self and give an overview of the 4-week program. Overview includes a basic look at the outline of the curriculum-including types of activities, the homework assignments, and general philosophy of the program.

Leader will normalize that the transition to parenthood can be exciting and stressful for couples, and that this program will help them to keep their relationship strong amid these changes. Main areas of emphasis in the program: mindfulness (acceptance and awareness), emotional awareness/regulation, and empathy as ways to improve individuals' and couples' flexibility and ability to adapt in the transition. The curriculum is based on research that shows mindfulness is linked to relationship satisfaction and improved relational functioning. Neuroscience supports these findings, as well. The leader may want to reference work by Kabat-Zinn (1990) or Siegel (2007).

Group introduction: Group members will introduce themselves by saying their names and one reason they are interested in participating in the program.

Reading:

(Please note that all readings are meant to be read by the leader to the group.)

Untitled by Kabir

*I said to the wanting-creature inside me:
What is this river you want to cross?
There are no travelers on the river-road, and no road.
Do you see anyone moving about on that bank, or resting?*

*There is no river at all, and no boat, and no boatman.
There is no tow rope either, and no one to pull it.
There is no ground, no sky, no time, no bank, no ford!*

*And there is no body, and no mind!
Do you believe there is some place that will make the
soul less thirsty?
In that great absence you will find nothing.*

*Be strong then, and enter into your own body;
there you have a solid place for your feet.
Think about it carefully!
Don't go off somewhere else!*

*Kabir says this: just throw away all thoughts of
imaginary things,
and stand firm in that which you are.*

2. Experiential Activity: Mindful Eating (15 min)

Materials

Enough food for participants – possibly a box of raisins and an individually wrapped chocolate

Leader will guide group members in mindful attention eating, including the five senses. Here is the script for mindful eating, based on Kabat-Zinn from Segal, Z. V., Williams, J. M. G., & Teasdale, J. D. (2002). *Mindfulness-Based Cognitive Therapy for Depression*. NY: Guilford. Note to facilitator: Pause for 10-second pause between phrases and speak at a slow but deliberate pace.

Intro: I'm going to go around the class and give you each a few objects. Now what I would like you to do is focus on one of the objects and just imagine that you have never seen anything like it before. Imagine you have just dropped in from Mars this moment and you have never seen anything like it before in your life.

Take one of these objects and hold it in the palm of your hand, or between your finger and thumb. (Pause) Paying attention to seeing it. (Pause) Looking at it carefully, as if you had never seen anything like this before. (Pause) Turning it over between your fingers, (Pause) Exploring its texture, how does it feel – hard, soft? Smooth, rough? (Pause) Letting your eyes explore every part of it, colors, peaks and valleys (Pause)

And if, while you are doing this any thoughts come to mind about “this is a strange thing to do” or “what is the point of this?” or “I don’t like these” or “I really want to eat this” then just note them as thoughts and bringing your awareness back to the object. (Pause) And now smelling the object, taking it and holding it beneath your nose, and with each in breath, carefully noticing the smell of it. (Pause) Exploring further, noticing if it has any sound. (Pause)

And now slowly taking the object to your mouth, maybe noticing how your hand and arm move, the sensations in your body and perhaps noticing your mouth watering as it comes up. (Pause) And continuing to move slowly, noticing any thoughts as you move it closer to your mouth, any anticipation. (Pause) And then gently placing the object in the mouth, noticing how it is “received” without biting it, just exploring the sensations of having it in your mouth. (Pause)

And when you are ready, very consciously taking a bite into it and noticing the tastes that it releases. (Pause) Slowly chewing it ... noticing the saliva in the mouth, ... the change in consistency of the object. (Pause) Then, when you feel ready to swallow, seeing if you can first detect the intention to swallow as it comes up, so that even this is experienced consciously before you actually swallow it. (Pause) Finally, seeing if you can follow the sensations of swallowing it, sensing it moving down to your stomach, and also realizing that your body is now exactly one bite of food heavier. Continue like this with the other objects.

3. Mindfulness Activity: Body Scan (20 minutes)

Materials

Blankets and small cushions, as needed for comfort

Bell or gong to begin and end activity

Leader will introduce body scanning as a mindfulness activity and guide a body scan practice. The body scan is a practice that involves paying attention to the sensations of the body—moving from the top of the head to the toes. It helps with concentration and mindfulness. Group members will lie on the ground during this activity. The script for the body scan will be a more detailed and expanded version of:

Lie on your back, close your eyes and focus on your breathing. Notice what is happening in your body: Working your way down from the top of your head, notice how your forehead, jaw, neck and shoulders are feeling at this moment. Focus on the sensations – hot/cold, heavy/light, tingly, tight, loose. Remember to keep breathing and, if your mind wanders, gently bring it back to the sensations in your body. Work your way down your body, noticing how your shoulders, arms, chest, stomach, hips, calves and toes feel right now in this moment.

The body scan will last 15 minutes, with 5 minutes following for questions and answers.

Points to emphasize:

1. Instead of “looking” at parts of your body in your mind’s eye, actually feel into the sensations in your body.
2. If you are struggling with sleepiness, try putting your arms at a 90 degree angle with elbows on the floor, or sit upright in a chair.
3. Don’t manufacture experiences or sensations. At times sensations are subtle or neutral and may be difficult to notice. If you don’t feel anything in particular in a part of your body that is fine, let that be your experience. Cultivate curiosity, what is it like to feel a subtle sensation?

Reading:

(From *Mindfulness in Plain English* by Bhante Gunaratana, 2002, p. 28)
Misconception 11: A couple of weeks of meditation and all my problems will go away. Sorry, meditation is not a quick cure-all. You will start seeing changes right away, but really profound effects are years down the line. That is just the way the universe is constructed. Nothing worthwhile is achieved overnight. Meditation is tough in some respects, requiring a long discipline and a sometimes painful process of practice. At each sitting you gain some results, but they are often very subtle. And if you are sitting there constantly looking for huge, instantaneous changes, you will miss the subtle shifts altogether. You will get discouraged, give up, and swear that no such changes could ever occur. Patience is the key. Patience. If you learn nothing else from meditation, you will learn patience. Patience is essential for any profound change.

4. Educational Content: Mapping Awareness (15 min)

Materials

Flipchart paper or PowerPoint to display Mapping diagram
Handouts #1 & #2 - mapping awareness model and example

The leader will give an introduction to the activity of mapping awareness which is an exercise to guide mindfulness in daily life. This model is a tool to guide participants in building awareness. This mapping activity will include the mind, body, and heart aspects of the diagram below (reactivity and needs will be discussed as the program develops).

The leader will explain the diagram, and how it can be used in a variety of situations for participants to bring attention to: behavior, body sensations, thoughts, beliefs, feelings, associations, and meanings. Though these elements are listed as separate, they are all interconnected. This is how to explain the various aspects of the awareness map, with reflecting questions to prompt participants towards awareness. Prompting questions can be used in relationship to any current situation about which an individual would like to gain more awareness.

Body:

The *body* refers to the physical body and sensations that occur within and the observable behavior of a person.

Behavior includes physical actions and speech. Prompting question: How would a fly on the wall describe what you are doing? What are some of the things you might say when you are in this situation?

I do _____.

Body sensations are how the body feels in the moment. Examples are: tightness in the stomach, heaviness in the head, clammy hands, and a racing heart. Prompting question: What do you notice happening inside?

I feel _____.

Mind:

The *mind* includes the content of what is happening in the mind, it can be images, words, and internal dialogue.

Thoughts are the running processes of the mind, these can be words or images. Prompting question: What are you telling yourself right now? What is happening in your mind?

I think _____.

Beliefs are more deeply held thoughts, similar to worldviews, and are often unconscious and unquestioned. It includes many statements we tell ourselves that include the words *always*, *never*, and *should*. In general it is how we think things have to be. Prompting question: Is this how the world/things should be? Why or why not? How should a person behave in this situation? Where does this belief come from?

I believe/I should _____.

Heart:

The *heart* includes emotions and feelings in the moment, and emotions that are tied to the past or the future.

Feelings are emotions like happy, sad, afraid, and angry. Prompting question: How do you feel when you are in this situation?

I feel _____.

Associations are memories of the past that are triggered in the moment. They often include deep patterns from childhood or past relationships. Prompting question: What does this remind you of? How was it to be (angry/disappointed/punished) in your family?

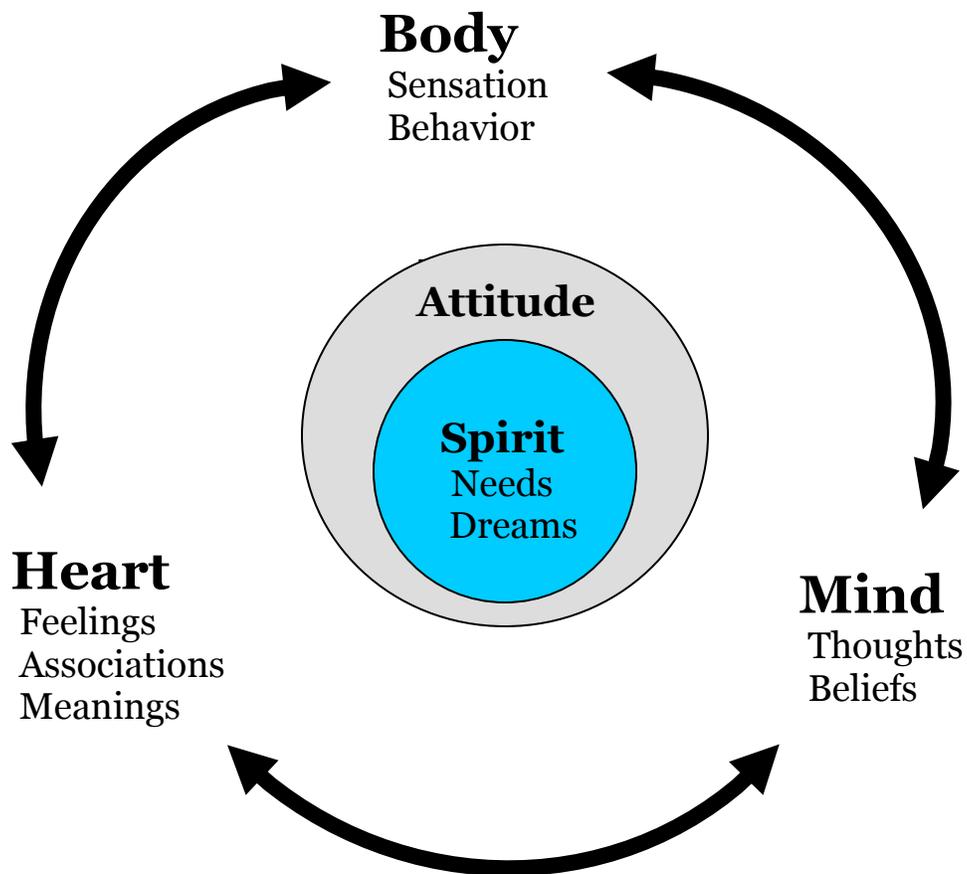
I remember _____.

Meanings are how one interprets a situation. It can have a future orientation, a sense of what a certain outcome could lead to or an assumption about the present. Meanings are not just cognitive thoughts, they carry deep emotional content. Prompting questions: What does this mean to you about who you are? What does this mean about your life? How do you interpret this behavior? If you accept this to be true, what do you fear could happen as a result?

This means _____.

Handout #1

Mapping Awareness: Tracking the Present Moment

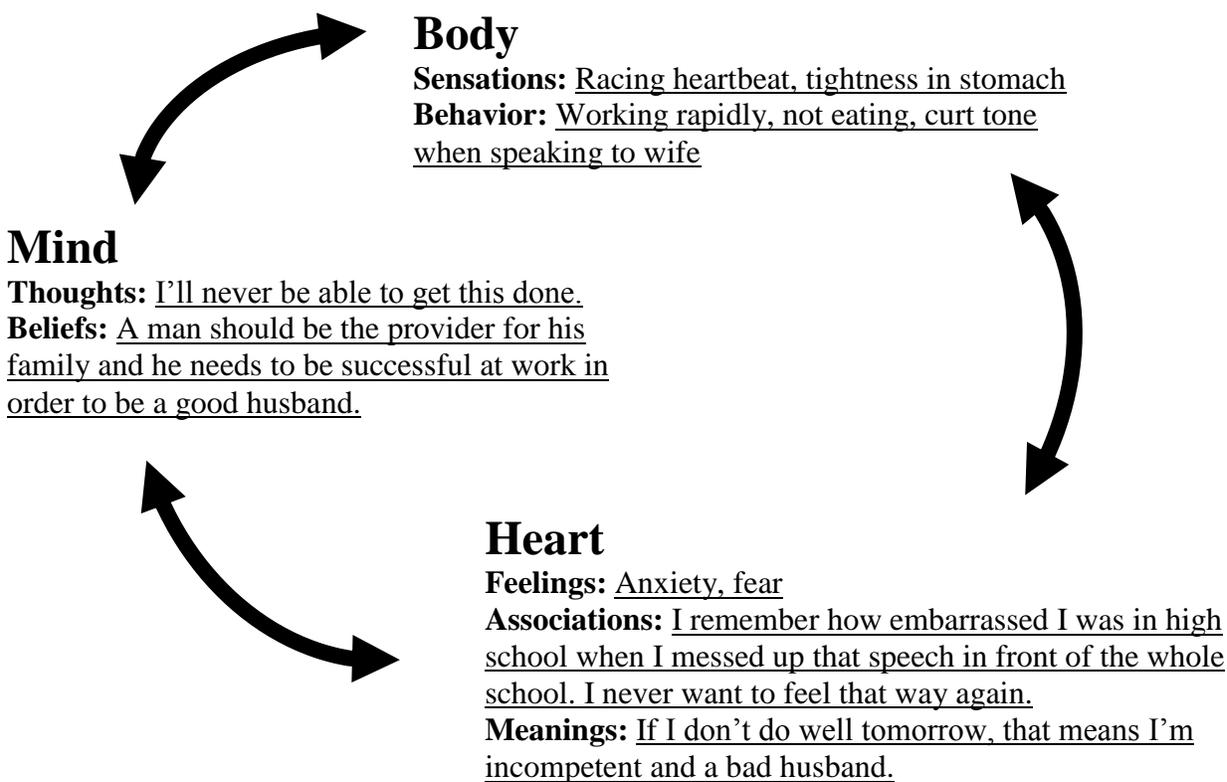


Handout #2

Mapping Awareness: Tracking the Present Moment

Example: Bob and work stress

The story: Bob has a big presentation due at work tomorrow. He is under a lot of stress and is nervous about how it is going to go. Usually when he is in this situation he works frantically, gets little sleep, and is generally grumpy with his wife and friends if they interrupt him. He notices that he is feeling stressed and would like gain more awareness of how this process unfolds for him, so he sits down with a pen and paper and fills out the blanks that guide him in increasing his awareness of what is happening, so that he is less carried away by his habitual responses and instead choose how to respond in this situation. Remember, he may not be able to change the external situation (he still has a presentation to give tomorrow) but he can find a new way of relating to this reality.



5. Practice: Mapping Awareness (15 minutes)

Materials

Flipchart paper for leader
Handout #3 - blank mapping awareness
Pens/pencils for participants

Mapping awareness is a way for participants to diagram out momentary processes, thereby granting increased awareness and distance through externalization. The leader will demonstrate mapping with a volunteer (10 min). Participants will then practice testing out mapping themselves (5 minutes).

To demonstrate, the leader will ask for a volunteer with an example of a minimally troubling current circumstance (about a 4 or 5 on a 1-10 scale). This allows for something with enough charge to demonstrate the process, but not too much to be overwhelming. Make sure it is a situation the volunteer feels comfortable discussing in front of the group, and have it be a situation that is not directly about their partner. Guide the volunteer to give a brief overview of the issue (about 1 minute, don't allow the story to go on too long) and then guide through the specific body, mind, heart aspects of the map. Use the "prompting questions" from the previous exercise as needed.

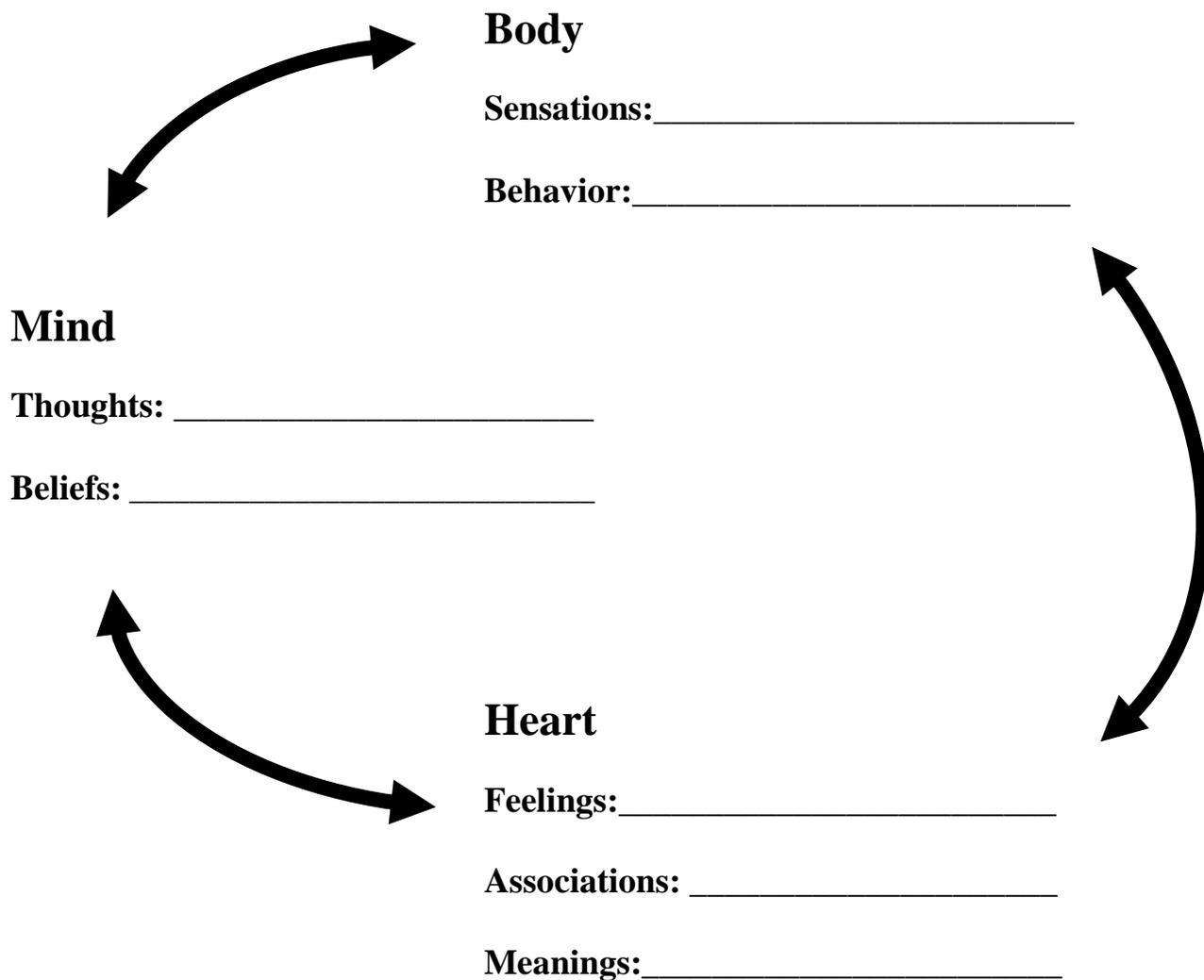
Pass out the handouts. Have participants choose a situation and fill in the worksheet individually. This is an essential activity to the program, so ensure that participants understand it and answer questions as needed about the mapping awareness model.

Additional Points:

1. Awareness cannot be forced, it is a process that we practice and get better at (i.e. if someone doesn't know, they don't know. We are only aware of what we're aware of.)
2. Not all aspects will be relevant in every situation (i.e. I may be washing the dishes and not have any deep beliefs, associations or emotions about it.)
3. Following from #2, neutral can be an acceptable and genuine response.
4. Remember an attitude of curiosity, exploration, and kindness in all awareness exercises. This is more important than being "right" or "good" at awareness.
5. Awareness is for awareness sake. It is not to change or fix or improve. Awareness is the goal and though other benefits may emerge as a result, right now we are just building the foundation of awareness.

Handout #3

Mapping Awareness: Tracking the Present Moment



Handout #4

Body, Mind, & Heart

Body:

The *body* refers to the physical body and sensations that occur within and the observable behavior of a person.

Behavior includes physical actions and speech. Prompting question: How would a fly on the wall describe what you are doing? What are some of the things you might say when you are in this situation?

I do/say _____.

Body sensations are how the body feels in the moment. Examples are: tightness in the stomach, heaviness in the head, clammy hands, and a racing heart. Prompting question: What do you notice happening inside?

I feel _____.

Mind:

The *mind* includes the content of what is happening in the mind.

Thoughts are the running processes of the mind, these can be words or images. Prompting question: What are you telling yourself right now? What is happening in your mind?

I think _____.

Beliefs are more deeply held thoughts, similar to worldviews, and are often unconscious and unquestioned. It includes many statements we tell ourselves that include the words *always*, *never*, and *should*. In general it is how we think things have to be. Prompting question: Is this how the world/things should be? Why or why not? What do you think a person should do in this situation? Where does this belief come from?

I believe/I should _____.

Heart:

The *heart* includes emotions and feelings in the moment, and emotions that are tied to the past or the future.

Feelings are emotions like happy, sad, afraid, and angry. Prompting question: How do you feel when you are in this situation?

I feel _____.

Associations are memories of the past that are triggered in the moment. They often include deep patterns from childhood or past relationships. Prompting question: What does this remind you of? How was it to be (angry/disappointed/_____) in your family?

I remember _____.

Meanings are how one interprets a situation. It can have a future orientation, a sense of what a certain outcome could lead to or an assumption about the present. Meanings are not just cognitive thoughts, they carry deep emotional content. Prompting questions: What does this mean about who you are? What does this mean about your life? How do you interpret this behavior? If you accept this, what do you fear could happen as a result?

This means _____.

6. Homework (10 minutes)

Materials

Handout #4 - describing homework assignments
CD of mindfulness activity (body scan)

Describe the homework assignments for the week. Emphasize the importance of practicing these skills in order to gain benefits from the program. Awareness will only improve through practice! Remind participants to record daily mindfulness practice on-line and to complete homework handouts in binder.

Self:

Mapping Awareness

Choose a situation in your life (again that's not too emotional, not too neutral) to practice mapping awareness. Fill out the worksheet in your binder.

3 Breaths

For one full day: choose an activity as a mindfulness bell that happens throughout the day (the phone ringing, eating, drinking water, checking e-mail). Every time you are about to do this activity, take three deep breaths first and connect with yourself in the moment. Then continue on with your day. If you forget, take three breaths when you remember. Again, this is a practice to improve mindfulness, don't worry about being perfect. Instead, remember an attitude of kindness towards yourself and practice nonjudgment.

Daily Body Scan - 15 minutes (guided activity on CD)

Leader should discuss beginning a daily meditation practice and include strategies and techniques. For example – choosing a set time everyday to practice, scheduling the practice time into a daily routine, and remember the motivation and potential benefits of practice.

Couple:

Mindful Appreciations

Plan a total of at least 20 minutes for this exercise. Sit facing each other. Take a couple deep breaths. One partner (the Giver) goes first, completing the sentence “Something I appreciate about you today is...” The other partner (the Receiver) should just take a few deep breaths to let that appreciation sink in, and then say “thank you”. The Receiver should *not* interrupt, laugh, dismiss, or respond with proof that the Giver is wrong about what he or she just said, or do anything else that pushes away the gift of appreciation. Just take it in and receive it as an expression of love. Then switch roles, and repeat. Do this three times. Then discuss this activity: Was this easy or difficult? What did you learn about yourself? Your partner? In what ways can you incorporate giving and receiving appreciation into your relationship more often?

Handout #5

Homework for Week 1

Individual Activity

- **Mapping Awareness**
Choose a situation in your life (one that's not too emotional, and not too neutral) to practice mapping awareness. Fill out the worksheet in your binder.
- **3 Breaths**
For one full day: choose an activity as a mindfulness bell that happens throughout the day (the phone ringing, eating, drinking water, checking e-mail). Every time you are about to do this activity, take three deep breaths first and connect with yourself in the moment. Then continue on with your day. If you forget, take three breaths when you remember. Again, this is a practice to improve mindfulness, don't worry about being perfect. Instead, remember an attitude of kindness towards yourself and practice nonjudgment.
- **Daily Body Scan**
Engage in the body scan mindfulness practice for 15 minutes everyday. Use the guided body scan on your CD to guide you. You may lay on the floor or sit in a chair, whichever posture most supports your mindfulness. Remember to record your practice daily on the on-line survey.

Couple Activity

- **Mindful Appreciations**
Plan a total of at least 20 minutes for this exercise. Sit facing each other. Take a couple deep breaths. One partner (the Giver) goes first, completing the sentence "Something I appreciate about you today is..." The other partner (the Receiver) should just take a few deep breaths to let that appreciation sink in, and then say "thank you". The Receiver should *not* interrupt, laugh, dismiss, or respond with proof that the Giver is wrong about what he or she just said, or do anything else that pushes away the gift of appreciation. Just take it in and receive it as an expression of love. Then switch roles, and repeat. Do this three times. Then discuss this activity: Was this easy or difficult? What did you learn about yourself? Your partner? In what ways can you incorporate giving and receiving appreciation into your relationship more often?

Handout #6

The 5 Love Languages

from: <http://www.5lovelanguages.com/>

Based on *The 5 Love Languages* by Dr. Gary Chapman

Words of Affirmation

Actions don't always speak louder than words. If this is your love language, unsolicited compliments mean the world to you. Hearing the words, "I love you," are important—hearing the reasons behind that love sends your spirits skyward. Insults can leave you shattered and are not easily forgotten.

Quality Time

In the vernacular of Quality Time, nothing says, "I love you," like full, undivided attention. Being there for this type of person is critical, but really being there—with the TV off, fork and knife down, and all chores and tasks on standby—makes your significant other feel truly special and loved. Distractions, postponed dates, or the failure to listen can be especially hurtful.

Receiving Gifts

Don't mistake this love language for materialism; the receiver of gifts thrives on the love, thoughtfulness, and effort behind the gift. If you speak this language, the perfect gift or gesture shows that you are known, you are cared for, and you are prized above whatever was sacrificed to bring the gift to you. A missed birthday, anniversary, or a hasty, thoughtless gift would be disastrous—so would the absence of everyday gestures.

Acts of Service

Can vacuuming the floors really be an expression of love? Absolutely! Anything you do to ease the burden of responsibilities weighing on an "Acts of Service" person will speak volumes. The words he or she most want to hear: "Let me do that for you." Laziness, broken commitments, and making more work for them tell speakers of this language their feelings don't matter.

Physical Touch

This language isn't all about the bedroom. A person whose primary language is Physical Touch is, not surprisingly, very touchy. Hugs, pats on the back, holding hands, and thoughtful touches on the arm, shoulder, or face—they can all be ways to show excitement, concern, care, and love. Physical presence and accessibility are crucial, while neglect or abuse can be unforgivable and destructive.

7. Closing (5 minutes)

Dyadic Debrief

Have participants break up into pairs with someone who they don't know. Give them a few minutes to discuss how today was for them. Some sample questions they could discuss: What was one insight you gained from today? How are you feeling about engaging in this 4 week program? What are your excitements and worries about the homework this week?

Reading:

*“Fathers and teachers,” wrote Dostoyevsky, “I ponder the question, ‘What is Hell?’ I maintain it is the suffering of being unable to love.” Too many of our citizens spend their lives in that purgatory, searching vainly for a redemption that eludes them. What don't they know? What doesn't our culture teach them? The simple equation of love. Like this: relationships live on time. They devour it in the way that bees feed on pollen or aerobic cells on oxygen: with an unbending singularity of purpose and no possibility of compromise or substitution. Relatedness is a physiologic process that, like digestion or bone growth, admits no plausible acceleration. And so the skill of becoming and remaining attuned to another's emotional rhythms requires a solid investment of years...The modern American is genuinely puzzled when affiliations evaporate from inattention. Every new second of togetherness reestablishes the terms of a relationships. But cultural mythology imbues social ties with the clumsy durability of things—once attained, always attainable; once established, easy to get back to weeks, months, years later. The truth is only slightly less dire than the words of playwright Jean Giraudoux: “If two people who love each other let a single instant wedge itself between them, it grows—it becomes a month, a year, a century; it becomes too late.” (Lewis, Amini & Lannon, 2000; *A General Theory of Love*, p. 204-205)*

Week 2

Topic: Mindfulness of Partner

Objectives:

1. Practice mindfulness meditation.
2. Learn concrete skills to manage conflict effectively.
3. Practice awareness of self and other in a moment of connection.

Targeted Skills: Emotional regulation, mindfulness

Handouts: #7 - #12

Resources: TedTalk video, *Nigel Marsh: How to make work-life balance work*

http://www.ted.com/talks/lang/eng/nigel_marshall_how_to_make_work_life_balance_work.html

1. Opening Activity: Review Homework and Check-in (10 minutes)

<p>Materials</p> <p>None</p>

Have participants break into dyads with someone they don't know (or someone they know the least). They will discuss their experience of doing homework this week (mapping awareness, body scan, sharing appreciations) including one good thing and one bad thing (also called happy/crappy) about the experience. Then dyads will be invited to share with the large group. If time allows, the leader can also answer specific questions about the body scan practice.

Reading:

With That Moon Language by Hafiz

Admit something:

Everyone you see, you say to them, "Love me."

Of course you do not do this out loud, otherwise someone would call the cops.

Still, though, think about this, this great pull in us to connect.

*Why not become the one who lives with a full moon in each eye
that is always saying,
with that sweet moon language,
what every other eye in this world is dying to hear?*

2. Mindfulness Activity: Mindfulness Meditation- Mindfulness of the Breath (30 minutes)

Materials

Cushions and chairs for participants to sit on while they meditate

Handout #7 – meditation postures

Mindfulness meditation practice will be guided by the leader, followed by time for question and answer. This introduction to mindfulness practice will focus on the sensations of the breath as it enters and leaves the body. The leader should start with an introduction to postures, for sitting in chairs and on cushions. This is a beginning mindfulness meditation exercise that helps to build concentration and mindfulness of sensations in the moment.

The script for this meditation will be similar to:

Begin by taking your posture – finding a place that is both alert and relaxed, the back straight, but not rigid. Imagine as if there is a string pulling from the crown of the head through the spine, elongating the back and neck. The arms, shoulders and hands are resting and relaxed, the head is upright with the chin ever so slightly tucked, and the tongue rests on the roof of the mouth. Close your eyes, if that feels comfortable for you, and begin to bring your awareness to your breath as it moves in and out of the body. Find one point to focus your attention, wherever the sensation of the breath that is strongest for you. This could be the breath entering and leaving the nose, the rising and falling of the chest, or the in and out of the belly. Continue to pay attention to this sensation with openness and curiosity, always returning, gently, to this anchor when the mind wanders. When you notice you are lost in thought, simply note “thinking” with gentleness and nonjudgment, and then allow your attention to naturally return to the focal point of the breath. Continue this process, always with kindness towards yourself.

This practice will last for 20 minutes, and then 10 minutes will be set aside for question and answer about the practice.

Reading:

Breathing, which seems so mundane and uninteresting at first glance, is actually an enormously complex and fascinating procedure. It is full of delicate variations, if you look. There is inhalation and exhalation, long breath and short breath, deep breath, shallow breath, smooth breath, and ragged breath. These categories combine with one another in subtle and intricate ways. Observe the breath closely. Really study it. You will find enormous variations and a constant cycle of repeated patterns. It is like a symphony.

(by Bhante Gunaratana in *Mindfulness in Plain English*, p. 74)

Points to emphasize:

1. **Sati (the word for mindfulness in Pali) means “to remember.”** Mindfulness is a practice of returning, not holding on to some imagined ideal state. Remember, there is no way to do this practice “perfect” and you will not be able to maintain your attention always on the breath, instead the practice is about continually returning.
2. **You can fight reality, but reality will always win.** Thoughts are not the enemy. Don’t try to get rid of thoughts, you won’t be able to! Instead, be with your present moment experience of your breath.
3. **Kindness over perfection.** If at any point you get lost or confused about the practice, focus instead on being kind to yourself. If all else fails, kindness and acceptance of self is the default. Cultivating this attitude will be beneficial to your meditation practice and your daily life.
4. **Meditation is simple, but not easy.** For most people, mindfulness is a radical departure from normal life. Have patience. It will take time to develop concentration and awareness.
5. **Let go.** Meditation is not about results, but our experience in the present moment. “In meditation, don't expect anything. Just sit back and see what happens. Treat the whole thing as an experiment. Take an active interest in the test itself, but don't get distracted by your expectations about the results. For that matter, don't be anxious for any result whatsoever.” Bhante Gunaratana (Mindfulness in Plain English)
6. **Meditation is about the attitude of the mind, not the content in the mind.** Contrary to popular opinion, mediation is not about just having pleasant experiences. Instead, it is being with what is, as it is, and not needing it to be something else. Sometimes meditation will be relaxing, other times anxiety ridden. That’s fine, just be with things as they, and cultivate an attitude of openness, kindness, and acceptance.

Handout # 7

Meditation Postures

These images were removed due to comply with copyright.

On a chair

Pregnant Women

3. Educational Content: Increasing Awareness to Prevent Flooding (20 minutes)

Materials

Flipchart paper and markers
Handout #10 – wallet reminder
Handout #12 – time outs

The leader will explain the concept of flooding and how to use awareness to prevent it: *“Flooding” is a state of physiological arousal that can be triggered in various situations, including conversations with our partners. Flooding is often related to the “fight, flight, or freeze” survival mechanism. At times we respond to situations with our partner as if they are life or death, our body literally secreting the same stress hormones as when we are in physical danger. The problem is when we are flooded we’re not using our whole brains. Instead, only our more primitive limbic system is activated which is emotional and irrational—not at flexibility and higher-order thinking and hence not good at solving problems or conflicts. This state is also very stressful and takes a toll on our health. No productive conversations can be had when one or both partners are flooded. Hence, we want to find ways to interrupt arguments when we get to this place, or even better to prevent it from happening. Awareness will help us to do this!*

The leader should draw (or use PowerPoint to demonstrate) the mapping awareness model and focus on the aspects of the body. Discuss how to know when you are getting “flooded” through body sensations and when to take a break. Have the group brainstorm various physiological reactions that are triggers for them for getting flooded, examples include: a racing heart, hotness in the head and hands, tightness in the chest or stomach, and feeling numb or cut-off from the body. To things to emphasize: narrowing of attention and feeling alone/disconnected from others. Individuals should spend some time this week paying attention to these cues and making note of them because they are unique to each person.

Taking time-outs are important to allow the body time to relax in order to have productive conflict. It is important to engage in self-soothing activities during the time out (taking a bath or a walk, meditating, etc.) to calm down the limbic system. Couples should agree on a time-out strategy that works for both of them, this could be a hand gesture or phrase as homework (see handouts #11 and #12). The time-out should also include a time to reconnect – at least 30 minutes, less than 24 hours. For example say: Tim, I’m feeling flooded right now and I need a break. Let’s come back together in an hour when I can better connect with what you’re saying.

Additional points: Conflict is okay, and even healthy, it just needs to be done in the right way and not when we are so activated – men tend to get physiologically reactive more easily than women in regards to emotional conversations. Be aware of this, it is stressful! Repair is essential in healthy relationships, how couples come back together matters more than the fighting itself.

4. Demonstration: Understanding Reactivity and Acceptance (15 minutes)

Materials

Flipchart paper and markers

Handout # 8 - mapping awareness

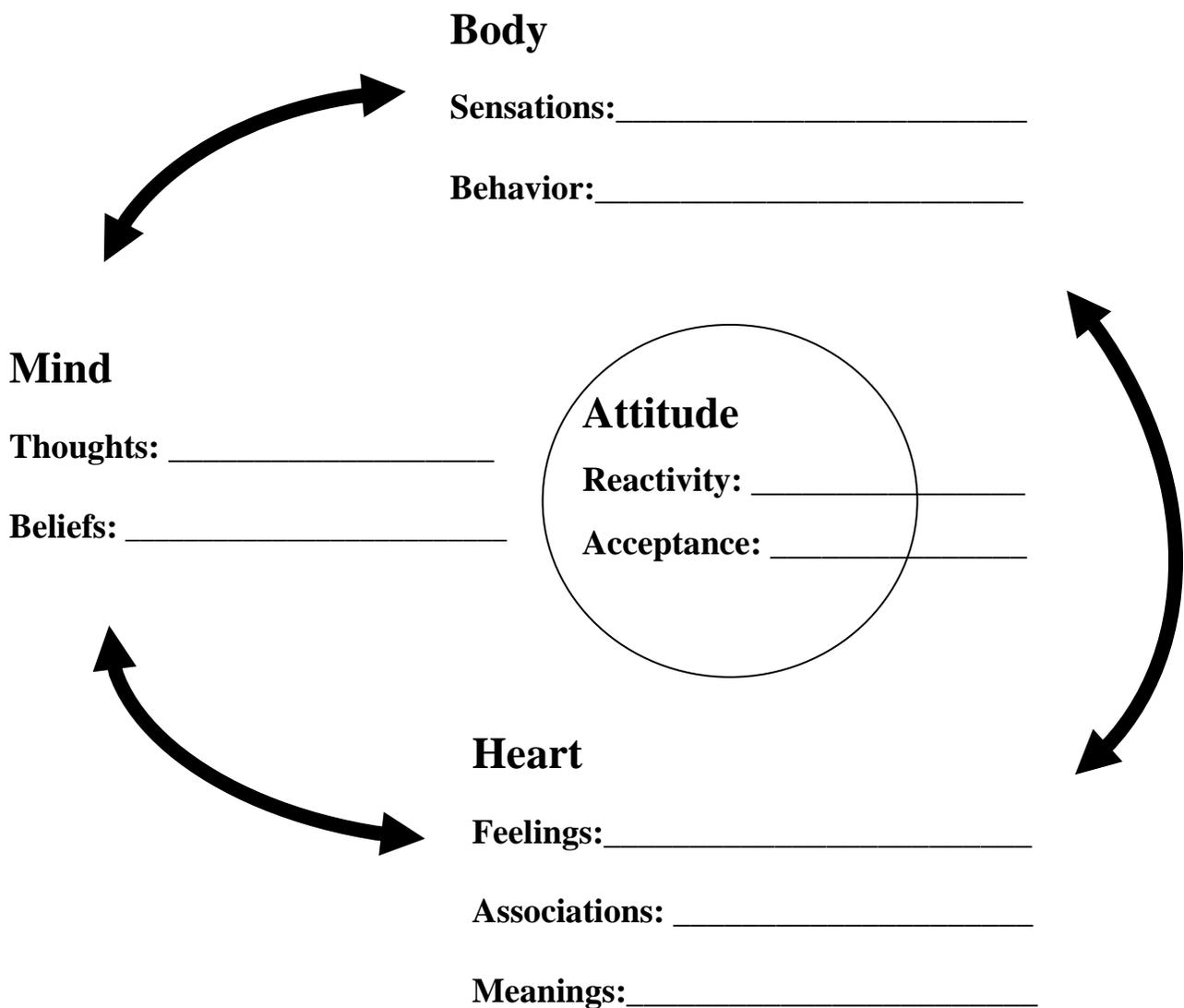
Handout # 9 - attitude

Select a volunteer from the group to share an experience of difficulty (not too difficult, about a 5 on a scale of 1-10) that occurred in the last week. Guide the volunteer through the mapping awareness activity, making notes on the board as he/she gives answers to the various parts. Pay special attention to attitude and helping the person to understand the three forms of reactivity and acceptance as an alternative to these. This demonstration should make it easier for members of the group to understand this process. Answer questions from the group at the end about the attitude component of the mapping awareness activity.

Notes: Remember to emphasize that acceptance is good on any level – if you can't accept that you're unemployed, can you accept how you feel about being unemployed? If you can't accept how you feel can you accept that you are feeling resistant to your feelings? We don't need to change any experience, just work to meet various levels with awareness, kindness, openness, and acceptance.

Handout #8

Mapping Awareness: Tracking the Present Moment



Handout #9

Attitude: Reactivity & Acceptance

Attitude is the response one has to the other aspects of experience. Often our attitude in the mind takes one of three stances: pushing away, holding on, or ignoring. Acceptance is the antidote to these ways of rejecting our experience, all of which lead to suffering. Mindfulness training helps us to change our attitude of mind toward our experience, not needing to change the experience itself. Prompting questions: How do you feel about feeling angry/sad/disappointed? Is there a part of you that is saying ‘this isn’t how it should be’? What is preventing you from accepting how things are? For just this moment, can you accept your judgment/lack of acceptance/reactivity/situation/partner/self? My attitude towards my experience is _____.

Reactivity (Inspired by Janet Surrey’s work on Relational Mindfulness)

1. Aversion/hatred – pushing away

Judgment, thoughts of “this isn’t how it should be,” anger, critical or harsh words, fighting against a reality, expending energy to make something other than what it is, not wanting something you do have, hatred towards others or ourselves, blaming, controlling

2. Desire/attachment/clinging – holding on

Getting lost or stuck in something – “it will always be this way” or “this is who I am” instead of seeing it as an aspect of you or a fleeting experience, getting lost in obsessive thoughts, making it bigger than it is, losing your perspective and being overwhelmed by it, not wanting to let go, wanting something you don’t have, wanting something you have to last forever and never change, anxious clinging/grasping, fear of isolation and disconnection

3. Delusion/ignorance – ignoring

Escaping from the situation, using drugs, alcohol, TV, food, sleep, sex or other actions/substances to not be present in the moment, refusing to acknowledge the truth, staying lost in a fantasy, losing awareness of the moment, usually thoughts return when ignorance has left of “where was I?” or “what was I doing?” there is little clarity of mind in the moment, not knowing what is true, not seeing our connection to others and how things are constantly changing, withdrawal, detachment, intellectualization, denial, shutting down

Acceptance (adapted from Tara Brach)

Acceptance has two main elements: an honest acknowledgment of what is going on inside you, and a courageous willingness to be with life in the present moment, just as it is. I sometimes simplify it to “recognizing” and “allowing.” You can accept an experience without liking it. In fact, let’s say you are feeling stuck in anxiety and disliking the feeling. Acceptance includes accepting both the feelings of anxiety *and* the aversion to it. In fact, acceptance is not real and not healing unless it honestly includes all aspects of your experience.

There is an increasingly well-known adage that says “What you resist, persists.” Your identity gets hitched to whatever you are not accepting. And the more you push something away or run from something, the more your sense of self is linked with that experience. This dynamic has been expressed as an equation: Pain X Resistance = Suffering. Typically when anxiety or anger or sadness arises, it is met with a form of resistance like judgment (such as the thought “This is bad, this shouldn’t be happening”), self-distraction or physical contraction. If instead you mindfully accept the difficult feeling and the dislike of how unpleasant it is, there is a shift in your relationship to the experience. That which is aware and accepting of the feelings is larger than the feelings. Your sense of Being is enlarged: While the unpleasantness might remain, it no longer is hitched to your sense of who you are. There is freedom, there is room for what is going on.

Handout #10 Wallet Reminder

The **Wallet Reminder** is a time-out strategy (from Thich Nhat Hanh's book *Creating True Peace*). Write one of these notes and put it in your pocket, then take it out when times are difficult and you need to reach out to your partner. It will help you communicate when you are flooded because you have pre-written it when you were in a good state of mind.

Hanh explains: "There are times when we are lucid and calm. We must take those opportunities to compose a peace note... We keep this piece of paper in our wallet. When we are carried away by our anger, by our irritation, we can pull this piece of paper out and read it to ourselves and to the one we are angry at. It means, I am aware of my anger. I am doing my best to practice, to calm myself, to embrace my anger, and to look deeply into the roots of my anger. I don't want to speak or act out of my anger and irritation, and I need your support, I need your help. These are words of love. These are words of peace... When you practice this way in times of conflict, it is a real victory, not only for you but for everyone" (p. 120-122).

Here are the general phrases:

Dear one, I suffer and I want you to know it.

Dear one, I am doing my best. Please help.

You may also want to compose a note that is more specific to your situation. Hanh uses this example for a difficult relationship a person has with a parent: "My mother is a good woman. She has compassion and love in her, yet sometimes she becomes unpleasant and difficult to deal with. I have to help her in these moments rather than hate or punish her."

A few suggestions:

- Whatever note you choose, make sure to write it when you are feeling calm and compassionate.
- Read each others' notes when you are in a good space to make sure that they will be helpful to yourself and your partner in difficult situations.
- Carry your note around and use it when needed.
- Honor your partner's note and the intention behind it.
- Practice, practice, practice – be kind to yourself and your partner when you forget to use this tool.

Handout #11

Homework for Week 2

Individual Activities:

Practicing Time-Outs

Use the agreed upon time-out strategies. Continue to increase awareness of body to prevent flooding, and self-soothing strategies to move towards repair. You may want to use a blank mapping awareness sheet to record your experiences of being flooded.

Mindfulness of Breath Meditation

Practice this mindfulness meditation, focusing on the breath, at least 15 minutes per day. Please remember to record your practice on the on-line survey. Use the guided meditation CD to assist your practice.

Couple Activities:

Agree on a Time-Out

Decide on a time-out strategy – a hand signal or phrase and how both people will agree to follow it. Allow at least 15 minutes of this activity and use Handout #8 to guide you.

Hug Until Relaxed

(from Scharnch's book *Passionate Marriage*)

Plan roughly 20 minutes for this activity - for the mindful hug and to discuss.

Prepare yourself by taking a few minutes to slow down, relax, and slow your heart rate. Then stand facing your partner a few feet away. Get a balanced, well-grounded stance over your own two feet. Close your eyes, take a breath, and relax again. Open your eyes, and when the two of you are ready, shuffle forward without losing your relaxed balanced position. Get close enough that you can easily put your arms around your partner without feeling off balance, or pulling or pushing your partner off-balance either. Shift your stance or position as needed to be physically comfortable. Let yourself relax into the hug and remember to breathe.

As you hug, notice any feelings about your partner, your relationship and yourself that surface. Note your resistances but don't give into them. Pay attention to the dynamics of the hug – Is this comfortable or uncomfortable? Who wants to pull away first? Does one of you lean on the other? What thoughts and emotional reactions do you notice? Does this remind you of other aspects of your relationship? Hug for as long as needed for you both to find a place of comfort and relaxation – a balance of connection with self and other.

Afterwards, talk about the experience with your partner. You may want to use the mapping awareness worksheet to debrief this exercise and to increase your understanding of the process. Also, you can try doing this hug a few times a week to see how dynamics shift and change, and increase your awareness of relational dynamics.

5. Experiential Activity: Mindful Eye Contact (15 minutes)

Materials

Paper and pens for participants
Bell to begin and end session
Handout #3 – mapping awareness

The purpose of this exercise is to learn to regulate connection and disconnection, to move between awareness of self and partner. This ebb and flow is natural in relationships, and being aware of these rhythms can help us to be more comfortable with them, instead of reactive (pushing away or holding on). It can promote awareness and acceptance of self and partner.

Participants should sit facing one another, in chairs or on cushions, in a meditation posture. *Begin with eyes closed, with a brief mindfulness of breath. Then, open your eyes and look at one another. Continue with the meditation, shifting awareness between your own experience (mind, body, heart), and expanding to include the eyes and face of your partner. If needed, take a break by gently closing your eyes and returning to the breath, then return to gazing softly at partner. Allow this movement to occur naturally, noticing what thoughts and body sensations arise when your partner looks at you or closes his/her eyes, what happens for you when you open/close your eyes? How does this process feel for you? Continue this process until you hear the bell. (5 minutes)*

Following this activity, lead partners in a debriefing about this process by having participants fill out the mapping awareness sheet with their partner. Focus on the “reactivity vs. acceptance” part of awareness. Then invite participants to share their experiences with the larger group (10 minutes).

6. Homework (10 minutes)

Materials

Handouts #11 & 12 – homework for week 2; time-out activity

Describe the homework assignments for the week. Emphasize the importance of practicing these skills in order to gain benefits from the program. Awareness will only improve through practice! Remind participants to record daily mindfulness practice on-line and to complete homework handouts in binder.

Individual:

Practicing Time-Outs

Use the agreed upon time-out strategies. Continue to increase awareness of body to prevent flooding, and self-soothing strategies to move towards repair.

Mindfulness of Breath Meditation

Check in with the group about how the daily practice is going. Remind them of the importance of daily practice.

Daily, 15 minutes of meditation (with CD)

Couple:

Time-Outs

Decide on a time-out strategy – a handsignal or phrase and how both people will agree to follow it. Use the Gottman handout from *And Baby Makes Three* on p. 87 (Handout #8).

Hug Until Relaxed

(from Scharnch's book *Passionate Marriage*)

Plan at least 20 minutes for this activity, 10 minutes for the mindful hug, and 10 minutes to discuss. Prepare yourself by taking a few minutes to slow down, relax, and slow your heart rate. Then stand facing your partner a few feet away. Get a balanced, well-grounded stance over your own two feet. Close your eyes, take a breath, and relax again. Open your eyes, and when the two of you are ready, shuffle forward without losing your relaxed balanced position. Get close enough that you can easily put your arms around your partner without feeling off balance, or pulling or pushing your partner off-balance either. Shift your stance or position as needed to be physically comfortable. Let yourself relax into the hug and remember to breathe. As you hug, notice any feelings about your partner, your relationship and yourself that surface. Note your resistances but don't give into them. Afterwards, talk about the experience with your partner. You may want to use the mapping awareness worksheet to debrief this exercise and to increase your understanding of their process.

Handout #11

Homework for Week 2

Individual Activities:

Practicing Time-Outs

Use the agreed upon time-out strategies. Continue to increase awareness of body to prevent flooding, and self-soothing strategies to move towards repair. You may want to use a blank mapping awareness sheet to record your experiences of being flooded.

Mindfulness of Breath Meditation

Practice this mindfulness meditation, focusing on the breath, at least 15 minutes per day. Please remember to record your practice on the on-line survey. Use the guided meditation CD to assist your practice.

Couple Activities:

Agree on a Time-Out

Decide on a time-out strategy – a hand signal or phrase and how both people will agree to follow it. Allow at least 15 minutes of this activity and use Handout #8 to guide you.

Hug Until Relaxed

(from Scharnch's book *Passionate Marriage*)

Plan at least 20 minutes for this activity, 10 minutes for the mindful hug, and 10 minutes to discuss.

Prepare yourself by taking a few minutes to slow down, relax, and slow your heart rate. Then stand facing your partner a few feet away. Get a balanced, well-grounded stance over your own two feet. Close your eyes, take a breath, and relax again. Open your eyes, and when the two of you are ready, shuffle forward without losing your relaxed balanced position. Get close enough that you can easily put your arms around your partner without feeling off balance, or pulling or pushing your partner off-balance either. Shift your stance or position as needed to be physically comfortable. Let yourself relax into the hug and remember to breathe. As you hug, notice any feelings about your partner, your relationship and yourself that surface. Note your resistances but don't give into them. Afterwards, talk about the experience with your partner. You may want to use the mapping awareness worksheet to debrief this exercise and to increase your understanding of their process.

Handout #12

Flooding: Develop a Break Ritual

(from Gottman & Gottman, *And Baby Makes Three*, p.87)

Instructions: The two of you need to agree on a signal you will use when one of you is flooded. Lots of people agree to use the time-out signal of football referees, or others, a hand held up to indicate “stop.” Whichever one you choose, make sure you both agree to it. When either one of you uses it, the other person needs to reply with words like “OK, you’re flooded. Let’s stop and take a break. See you in thirty minutes, all right?” That way, you’ll have an understanding that regardless of when or why, the break signal will be respected and followed. Take a few minutes to discuss each of the following questions.

- What nonverbal signal should we use for indicating we need to take a break? (no rude gestures, please)
- Can we commit to giving each other a break when the signal is given? Even if one of us is flooded while the other one is not?
- How should we handle setting a time to return and continue to talk? For example, should it be a given amount of time, like thirty minutes for every break, or should we decide at that moment how long we need?

Once you’ve decided on the details of your break ritual, also plan what you will do to self-soothe during the break time. During the break, it is important to bring your heart rate down to stop the flooding process before you reconvene. Mindfulness exercises (i.e. the body scan) or deep breathing can be great ways to calm yourself down to prepare to have a healthy conversation with your partner.

7. Closing (5 minutes)

One word: Have each participant say one word around in a circle summarizing how they are feeling at the end of the session.

Reading:

Snow Geese by Mary Oliver

*Oh, to love what is lovely, and will not last!
What a task
to ask
of anything, or anyone,
yet it is ours,
and not by the century or the year, but by the hours.*

*One fall day I heard
above me, and above the sting of the wind, a sound
I did not know, and my look shot upward; it was
a flock of snow geese, winging it
faster than the ones we usually see,
and, being the color of snow, catching the sun
so they were, in part at least, golden. I*

*held my breath
as we do
sometimes
to stop time
when something wonderful
has touched us*

*as with a match,
which is lit, and bright,
but does not hurt
in the common way,
but delightfully,
as if delight
were the most serious thing
you ever felt.*

*The geese
flew on,
I have never seen them again.*

*Maybe I will, someday, somewhere.
Maybe I won't.
It doesn't matter.
What matters
is that, when I saw them,
I saw them
as through the veil, secretly, joyfully, clearly.*

Week 3

Topic: Mindfulness of Relationship

Objectives:

1. Deepen experiential understanding of mindfulness – awareness and acceptance.
2. Understand the importance of needs and how to uncover them.
3. Learn and practice mindful listening skills.

Targeted Skills: Attunement and empathy, acceptance of partner mindfulness, mindsight

Handouts: #13 - #19

Resources: The Happiness Project: <http://www.theyearsareshort.com/>

1. Opening Activity: Review Homework and Check-in (10 minutes)

Materials None

Participants will discuss homework in dyads with someone they have yet to pair with. They will share learnings about time-outs, hugging until relaxed, and mindfulness meditation practice. Then they will share with the large group. (The reading follows on the next page.)

Reading:

Mindful by Mary Oliver

*Every day
I see or hear
something
that more or less*

*kills me
with delight,
that leaves me
like a needle*

*in the haystack
of light.
It was what I was born for -
to look, to listen,*

*to lose myself
inside this soft world -
to instruct myself
over and over*

*in joy,
and acclamation.
Nor am I talking
about the exceptional,*

*the fearful, the dreadful,
the very extravagant -
but of the ordinary,
the common, the very drab,*

*the daily presentations.
Oh, good scholar,
I say to myself,
how can you help*

*but grow wise
with such teachings
as these -
the untrimmable light*

*of the world,
the ocean's shine,
the prayers that are made
out of grass?*

2. Mindfulness Activity: Mindfulness Meditation Open Awareness (25 minutes)

Materials

Cushions and chairs for participants
Bell to begin and end meditation

Leader will guide meditation; question and answer about this meditation and home practice will follow. This meditation session will expand awareness from the breath to the body, and all senses (hearing, sight, smell, touch, and mind objects/thoughts.) This will be an open awareness practice in the vipassana style which allows for changing objects as the focus of meditation. The breath will be an anchor that participants can return their attention to as needed for concentration to develop. With developed concentration, mindfulness meditation can be practiced in a more sustained manner.

Read this quote to help explain this meditation process:

"Never mind what I have been taught. Forget about theories and prejudgments and stereotypes. I want to understand the true nature of life. I want to know what this experience of being alive really is. I want to apprehend the true and deepest qualities of life, and I don't want to just accept somebody else's explanation. I want to see it for myself." If you pursue your meditation practice with this attitude, you will succeed. You'll find yourself observing things objectively, exactly as they are--flowing and changing from moment to moment. Life then takes on an unbelievable richness which cannot be described. It has to be experienced." (by Bhante Guanaratana from *Mindfulness in Plain English*)

Meditation Instruction:

Begin by focusing your attention on the breath. Then expand your awareness to feeling your whole breath as it moves in and out of your body. Expand further to body sensations feeling your body as a whole – tightness and relaxation, points of heat or coolness, really senses the direct experience of your body. Expanding now to include any sights in your mind's eye, and images that may arise. Expanding further still to include the sounds around you, subtle and distinct. Not needing to investigate these sounds on a conceptual level, instead just noting their texture, their beginning, middle and end. Noting how easily and without effort you are aware of my voice, continue with that ease of awareness of all things. Also open to any smell you may notice. And then expanding your awareness to include your thoughts. Observe the flow of mental images and sensations just as they arise, without judgment. Rest in awareness, letting it naturally be with whatever sensation is strongest, moving quickly or slowly from object to object. If you get lost in thought, use the note of "thinking" and let your awareness return to the present moment experience. At anytime, you may return to your anchor of the breath to recollect your concentration. Once your mind is stabilized, you may expand your awareness again to include the whole of experience. Continue in this way: effortlessly, kindly, and continuing to let go of all concepts and judgments, letting go even of the idea of meditation itself.

Meditation will last for 15 minutes, followed by 10 minutes of question and answer time about this meditation practice.

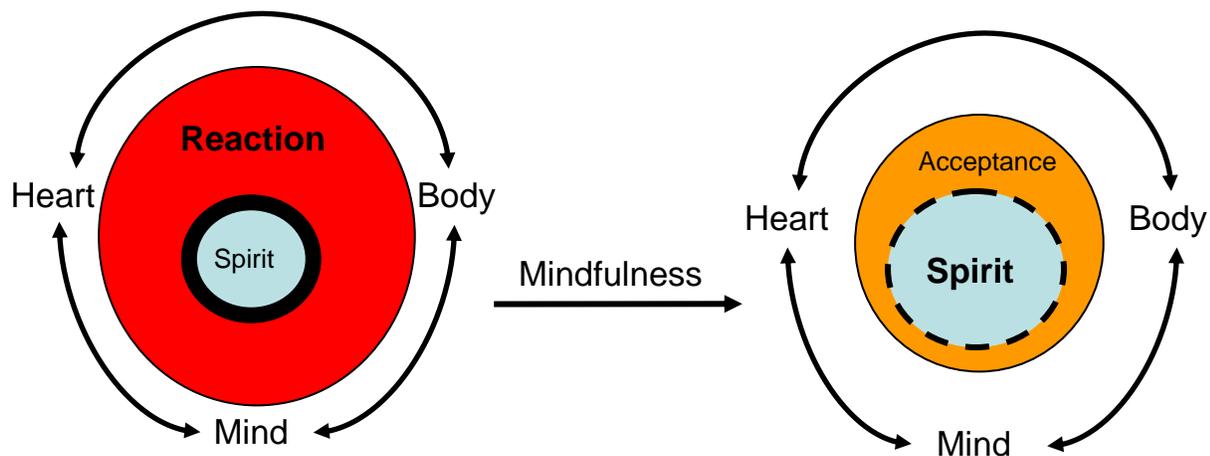
3. Educational Content: Mapping Awareness: Attitude and Needs (15 minutes)

Materials
 Video clip of couple fighting
 Handout #13 & 14 – mapping awareness with reactions and needs

The leader will discuss mindsight and how to connect with partner deep needs – connecting with partner beneath words. Mindsight – what allows people to see their own minds and the minds of others – is the combination of insight and empathy. All of our awareness practices have been building mindsight, and now we will apply this learning to the couple relationship. By discovering your own mental processes, you will gain understanding and compassion about others’ mental processes. Mindsight is the foundation for mindful communication and connection.

Mindfulness will allow needs to come to the forefront so that reactivity does not interfere with relationships and connecting to the moment (see diagram below). When one is guarding against needs, reactivity becomes a defense and it is difficult to connect authentically with a partner. For example, in order to prevent feeling vulnerable a person may react in anger and push a partner away. However, mindfulness allows needs to be seen clearly and accepted, thus lessening the barriers between individuals and their partners. In this case, a person accepts the discomfort of being vulnerable, expresses a need for connection and love, and interrupts previous cycles of conflict. This process will aid in the repair process after a fight (or in coming together after a time-out), as it promotes acceptance and awareness and lessens reactivity.

Changes in reactivity based on mindfulness practice



This week we will expand the Mapping Awareness activity from Week 2 to include the *dreams* and *needs* (Spirit) aspects of the model.

Spirit is deep inside us, it includes needs and dreams. Often these needs and dreams make us feel vulnerable and they get covered up through reactivity as a way to protect ourselves.

Dreams are more specific to individuals – though all people have dreams the dreams we have are based on our past, our families and our personalities. These are things we desire to have or be, hopes, aspirations, things that will bring us joy and give meaning to our lives. Examples are getting a specific job, having children, or traveling abroad. Prompting questions: What do you really want in this situation? When you were a child, what did you dream being a (mother/father/wife/adult) would be like?

I dream of _____.

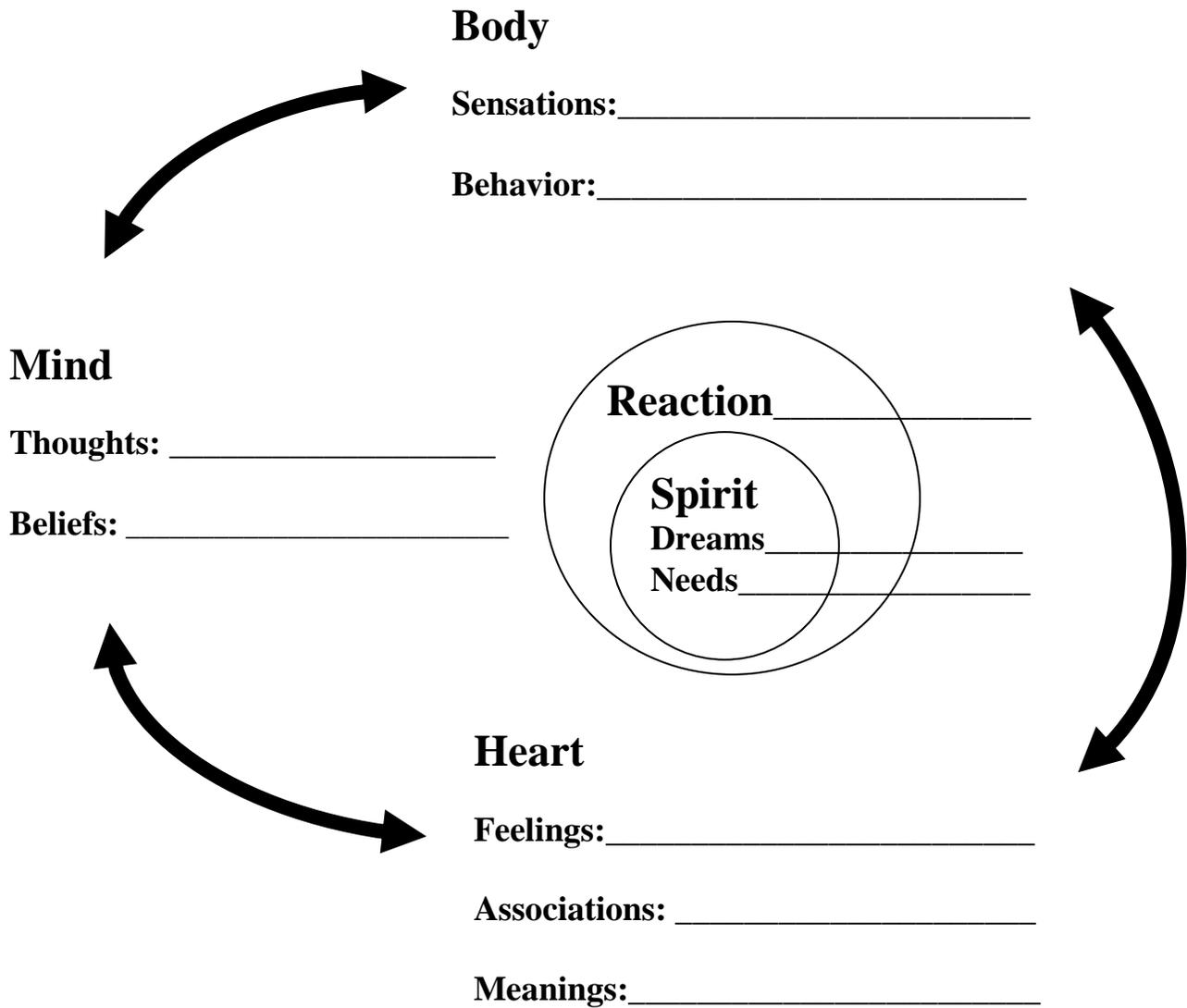
Needs are deeper than dreams, and are universal to all human beings. All human beings need to be loved, to feel independence, to be happy, to feel respected, to have a sense of purpose in life, and to belong. The specifics of how these needs are met vary from person to person, but we share common needs. Prompting questions: What is it that your deepest self really needs? What do you most need in this situation? If you allowed yourself to express your deepest need, what would it be?

I need _____.

Activity: Participants will practice using the mapping awareness model by watching a video clip of a reality TV fight and identifying attitudes and needs of the individuals in the video.

Handout #13

Mapping Awareness: Tracking the Present Moment



Handout #14

Spirit: Dreams and Needs

Spirit is deep inside us, it includes needs and dreams. Often these needs and dreams make us feel vulnerable and they get covered up through reactivity as a way to protect ourselves.

Dreams are more specific to individuals – though all people have dreams the dreams we have are based on our past, our families and our personalities. These are things we desire to have or be, hopes, aspirations, things that will bring us joy and give meaning to our lives. Examples are getting a specific job, having children, or traveling abroad. Prompting questions: What do you really want in this situation? When you were a child, what did you dream being a (mother/father/wife/adult) would be like?

I dream of _____.

Needs are deeper than dreams, and are universal to all human beings. All human beings need to be loved, to feel independence, to be happy, to feel respected, to have a sense of purpose in life, and to belong. The specifics of how these needs are met vary from person to person, but we share common needs. Prompting questions: What is it that your deepest self really needs? What do you most need in this situation? If you allowed yourself to express your deepest need, what would it be?

I need _____.

4. Experiential Activity and Practice: Mindful and Mindless Communication (20 minutes)

Materials

Handout about communication processes
Bell

The purpose of this activity is for couples to understand and experience the difference between mindful and mindless communication. First, the leader will discuss skills of mindful communication based upon the ‘explore-understand-join’ communication process skills from Siegel (2003, p. 89). Within this framework, healthy communication is about connecting in deep ways, both verbally and nonverbally, to another person. It is in contrast to common ways of communicating in the ‘interrogate-judge-fix’ process. One leads to collaboration, the other to disconnection. Through awareness of ourselves, we can communicate in an open way with others, through the collaborative communication style and mindfulness we can identify and meet the needs of our partners – thus interrupting past cycles of disconnection and working towards repair. (5 minutes)

Activity: to demonstrate the importance of attunement and mindful communication, couples will engage in an exercise in two parts – the first being purposefully mindless, the second being mindful. Couples will discuss some aspect of their day they would like to share with their partner. At first, partner A will share about his or her day, and partner B will try to be mindless, doing whatever he or she can to not connect with his/her partner (2 minutes). Then partners will switch roles. Finally, partners will practice the collaborative communication skills with being mindful. In this stage, partners will first close their eyes and take 3 deep breaths, then the talking will begin (2 minutes). Throughout this activity, the group leader may choose to ring a bell to bring participants into their bodies in the moment. Then partners will debrief this activity and share their insights with the group. (5 min)

Possible questions for debriefing: What did you notice during the mindless part of this activity? What did you do in order to remain mindless? Was it easy or difficult? How did it feel to be the partner sharing? How did it feel to be the partner listening? (Ask these same questions about being mindful.) How were the two conversations similar? different? Did either of these conversations remind you of specific relationships you have now or had in the past?

Handout #15 Communication Processes

Connection

Explore-Understand-Join + mindfulness = Attunement

Disconnection

Interrogate-Judge-Fix + mindlessness = Rupture

We cannot be connected, mindful, and attuned at all times, and this is why repair is an essential skill in maintaining and deepening relationships.

(Adapted from Siegel & Hartzell's book *Parenting from the Inside Out*.)

5. Homework (10 minutes)

Materials

Handouts #16, #17, & #18 – related to homework

Describe the homework assignments for the week. Emphasize the importance of practicing these skills in order to gain benefits from the program. Awareness will only improve through practice! Remind participants to record daily mindfulness practice on-line and to complete homework handouts in binder.

Individual Activities:

Family of Origin Reflection

Use questions in Handout #18 to reflect on various aspects of your family of origin. You may want to write down answers to these questions or find another creative way to respond to them. After you finish these questions, reflect on what you want to keep and change from family of origin for current family. What did you family do well that you would like to continue? What didn't work well in your family that you would like to do differently? How will you move these desires into action?

Mindfulness Meditation

15 minutes per day with CD, Leader check-in with group to see how daily practice is going and discuss the five hindrances as appropriate (i.e. doubt, restlessness, desire, ill-will, and sloth/torpor).

Couple Activities:

Mindful Communication

For this activity, practice using the communication skills of explore-understand-join by sharing needs that you have. To do this activity, put aside a minimum of 20 minutes of uninterrupted time with no distractions – turn off computers, TVs, music, cell phones, etc. Let one partner go first and share his/her needs, while the other partner focuses on being present and connecting with him/her. Do this for at least 5 minutes, then switch. Then discuss for at least 10 minutes what was like for each of you. This may take practice, just like all the other activities. If at any time during this activity you need a break, let your partner know and take close your eyes and take a few deep breaths. Make sure to appreciate your partner for being courageous enough to be present and vulnerable (in both roles). For sample questions, see Handout #19.

Leader: Emphasize the importance of being kind and patient with yourself and partner during this activity. Some people may need practice in order to do well at this, and encouragement and support (not judgment) is the way to promote growth in ourselves and our partners.

Mindful Approaches to Pain

See Handout #17 – this has mindful approaches to pain. Do this activity with one or two ice cubes, based on your pain tolerance. You can hold one ice cube in your hand, or for increased sensation try holding one against your wrist or one behind each ear. While nothing simulates childbirth, this can be a good introduction for how each of will might respond to pain – your own and your partner's.

Handout #16

Homework for Week 3

Individual Activities:

Family of Origin Reflection

Use questions in Handout #12 to reflect on various aspects of your family of origin. You may want to write down answers to these questions or find another creative way to respond to them. After you finish these questions, reflect on what you want to keep and change from family of origin for current family. What did your family do well that you would like to continue? What didn't work well in your family that you would like to do differently? How will you move these desires into action?

Mindfulness Meditation

15 minutes per day with CD

Couple Activities:

Mindful Communication

For this activity, practice using the communication skills of explore-understand-join by sharing needs that you have. To do this activity, put aside a minimum of 20 minutes of uninterrupted time with no distractions – turn off computers, TVs, music, cell phones, etc. Let one partner go first and share his/her needs, while the other partner focuses on being present and connecting with him/her. Do this for at least 5 minutes, then switch. Then discuss for at least 10 minutes what was like for each of you. This may take practice, just like all the other activities. If at any time during this activity you need a break, let your partner know and take close your eyes and take a few deep breaths. Make sure to appreciate your partner for being courageous enough to be present and vulnerable (in both roles). For sample questions, see Handout #19.

Mindful Approaches to Pain

This activity involves holding ice cubes and practicing various mindfulness techniques to cope with the pain. Plan roughly 20 minutes of this activity – 10 minutes to complete and 10 minutes to discuss. For this activity, the pregnant partner can choose one or two ice cubes to hold, based on pain threshold. You can hold one ice cube in your hand, or for increased sensation try holding one against your wrist or one behind each ear. The birthing partner will help to guide the mindfulness exercise, as you would during the birth process. While nothing simulates childbirth, this can be a good introduction for how each of you might respond to pain – your own and your partner's. Handout #17 gives a full description of this activity.

Handout #17

Mindful Approaches to Pain and Birthing

(Adapted from Birthing from Within by England and Horowitz)

For this activity, mothers will hold an ice cube in their hands for 60 seconds and then try these different mindfulness exercises. Partners will guide birth mothers through the process. At the beginning and of each technique, rate your pain on a scale from 1-10 and see if the technique reduces pain. Do this 5 times. Take a break between each one and discuss how it went.

Notes for Birth Mothers: There is no one right technique to use for pain relief. The key is to find what works for you in various situations. It is important to communicate with your partner about what is helpful and what isn't so your partner can best support you through this process.

Notes for Birth Partners: Listen to the guidance from your partner. Try not to take it personally if something you do isn't helpful. The pain she experiences will be more intense during childbirth and her reactions will probably be more intense as well. The best thing you can do is to keep yourself calm so that you can be there for your partner in a way that is helpful to her. You may want to take notes during this activity and write them on a note card to use during the birth. These notes could include helpful phrases to use, notes of reminder to yourself, etc.

Five Activities

1. Baseline Pain

Start by holding an ice cube in your hand while your partner times a 60-second "contraction". Rate your pain on a scale from 1-10 at the beginning and end. Concentrate on feeling the cold, burning, aching sensation of the ice and see how long a minute feels. This experiment works best if you allow yourself to make a fuss about it; complain and whine as much as you need to. Try not to distract yourself, even if you know how. When your partner announces "time's up," put the ice in a cup and talk about what you noticed and what your partner noticed. In particular, pay attention to how your mind looked for a way out.

2. Mindful Breath Awareness

Start by holding an ice cube in your hand while your partner times a 60-second "contraction". Rate your pain on a scale from 1-10 at the beginning and end. This time, focus your attention on breath, as we have done during the mindfulness activities. Bring your full awareness to your breathing – notice exactly when exhalation begins and ends. With curiosity, notice how the breath changes – is it long or short, deep or shallow, what does my belly feel like as I breathe? When time is up, put the ice cube away and discuss.

Tips: Add a visualization to go along with the breath like seeing a flower open or watching waves rise and fall.

Suggestions for coach: Try gently guiding your partner's attention to the breath. A variety of phrases can be used from simple "breathing in, breathing out" to more elaborate.

3. Mindful Open Awareness

Start as before, and again discuss at the end. This time, you will expand your awareness to all the senses. Begin by bringing your full attention to your outward breath. Then notice what you are seeing, hearing, thinking, touching, feeling, and smelling. Also, notice how the sensation is changing with each breath out.

Examples: I see sheets, white, shadows... I hear my breath, the clock, a bus... I feel my hand on my leg, my belly rising, my partner's touch, air moving on my skin...

Tips: At times focusing attention on the pain can make it more intense. You may want to shift your attention to various other sensations, instead of the pain.

Suggestions for coach: Try reading this in a soothing voice: "Bring your full attention to your next outward breath. Notice what you are hearing just outside your ears, the sounds at the edge of the room, in the next room, just outside the building, on the street. With you next breath, notice the sounds on the street, just outside the window, in the other room, in this room, right next to you, even listen within. Let go of the pain with the next outward breath."

4. Guided Visualization: Edge of Pain and Comfort

Begin and end as before. This time, you will immerse yourself into an exploration of the sensation of pain. As you breathe out be curious: What is this moment's pain? Notice exactly where it begins and end and how its location and intensity change. Alternatively, you can explore the edge of comfort. As you breathe out continue to be curious, notice where your body is soft and relaxed, bring full attention to areas of your body where there is no pain.

Tips: Bring in curiosity and openness, instead of try to fight against the pain or distract yourself from it. Notice the changes and movement from moment to moment of the pain or comfort. You can imagine looking at a sensation with a magnifying glass or microscope, zooming in and out as works for you.

Suggestions for coach: You may need to shift from edges of pain to edges of comfort, depending on what your partner is experiencing.

5. Guided Visualization: Centering

Begin and end as before. Then, bring your full attention to your outward breath. As you breath into the sensation, find its center. With each breath out notice how both the center and sensation are in constant movement. Focus your mind's eye on the center.

Tips: You can try imagining a tornado and being in the calm in the eye of the storm, or noticing how the center moves and changes with your breath.

Suggestions for coach: Try guiding your partner through a visualization of the tornado, from the chaos of the storm to the calm in the center. Again, this not about denying the pain, but finding a place of relaxation in the middle of it.

At the end of these five techniques, discuss both of your experiences overall. Questions for discussion: How was it for both of you? How is it to be in pain/watch your partner in pain? Did one technique help you more or less with the pain process? What could be more helpful? How might you use these during childbirth? What can help you as a birth coach to be present for your partner?

Handout #18

Questions for Self-Reflection

(Adapted from Siegel & Hartzell, *Parenting from the Inside Out*, p. 133)

Quote to reflect on: *Each of us represents the family we've come from. And each of our families embodies a culture, that unique set of symbols, values, and rituals. When we become partners and new parents together, we merge not only our families but those cultures as well, and so we create a new culture together. With our baby's arrival, we face a profound decision: From the cultures we've inherited and the new one we've created, what should we keep and transmit to our offspring, and what should we leave behind?...By the daily choices we make we create a legacy for our children. Our master couples have shown us that by making these choices with purposeful awareness and intention, our children inherit the best from us. Above all...our most important message is this: The greatest gift you can give your baby is a happy and strong relationship between the two of you. (Gottman & Gottman, *And Baby Makes Three*, p. 27).*

1. What was it like growing up in your family?
2. How did you get along with your parents early in your childhood?
3. How did your relationship with your mother and father differ and how were they similar? Are there ways in which you try to be like, or try not to be like, each of your parents?
4. What rules were in your family, both explicit and implicit? What happened when someone broke one of these rules?
5. Did you ever feel rejected or threatened by your parents? Were there other experiences you had that felt overwhelming or traumatizing? Do any of these experiences still feel very much alive? Do they continue to influence your life?
6. How did your parents discipline you as a child? What impact did that have on your childhood and how do you imagine it might affect your role as a parent?
7. How did your parents communicate with you when you were happy and excited? Did they join with you in your enthusiasm? When you were distressed or unhappy as a child, what would happen? Did your father and mother respond differently to you during these emotional times? How?
8. How have your childhood experiences influenced your relationships with other as an adult? Do you find yourself trying not to behave in certain ways because of what happened to you as a child? Do you have patterns of behavior that you'd like to alter but have difficulty changing?
9. What impact do you think your childhood has had on your adult life in general, including the ways in which you think of yourself and the ways you relate to your partner? What would you like to change about the way you understand yourself and relate to others?
10. What strengths does your family have? What does your family do well? What are your family traditions? Rituals? Holidays? How would you like to continue these with your family?
11. How is your family of origin similar to that of your partner? How are they different? How do you imagine these similarities and differences may impact your views of parenting?

Handout #19

The Need Underneath

(Adapted from Gottman & Gottman, *And Baby Makes Three*, p. 141)

Speaker: As you listen to your partner's questions, describe the need that lies behind your position on this issue. What do you really want? Why is it important to you? Do you have personal history that relate to your position? Try to make your partner understand. Don't argue; just explain how you see things. Try to be as honest, open, and clear as you can.

Listener: You have to make your partner feel safe enough to tell you about the need behind their position on the issue. It is your job to listen, the way a friend would listen (remember the explore-understand-join skills). Only ask questions, one at a time, like the ones listed below, and listen to your partner's answers. Don't try to solve the problem. Also, don't judge your partner, or bring up your own point of view. You'll get your chance when it's your turn to speak. Instead, tell your partner that you want to hear his or her point of view and the need and story behind it. Then, if you can, tell your partner that you support the need and will try to make it happen in your lives.

Questions to ask if you're the listener

1. What does that mean to you?
2. What do you wish for or hope for? What do you need?
3. Is there a story behind this for you?
4. Does this relate to your history in some way?
5. Tell me, why is this important to you?
6. What all are you feelings about this?
7. Are there any feelings you have left out here?
8. What do you wish for here?
9. Is there a deeper purpose or goal in this for you?
10. Does this relate to some belief or value?
11. Is there is a fear or disaster scenario in not having this need honored?
12. What do you imagine things would be like if you got what you wanted?

Sample needs for speaker:

Freedom, peace, exploration, adventure, spirituality, justice, honor, power, forgiveness, competence, order, purpose, atonement, love, safety, closure, reflection, awareness, creativity, sense of belongingness, respect

6. Closing (5 minutes)

One Need

Participants will stand in a circle and each person will say one need that they have and are willing to share with the group in one or two words.

Reading:

Guest House by Rumi

*This being human is a guest house.
Every morning a new arrival.
A joy, a depression, a meanness,
some momentary awareness comes as an unexpected visitor.
Welcome and entertain them all!
Even if they're a crowd of sorrows,
who violently sweep your house
empty of its furniture,
still, treat each guest honorably.
He may be clearing you out
for some new delight.
The dark thought the shame, the malice,
meet them at the door laughing,
and invite them in.
Be grateful for whoever comes,
because each has been sent as a guide from beyond.*

Week 4

Topic: Mindfulness of Family

Objectives:

1. Practice loving-kindness meditation.
2. Understand the potential stressors and prevention strategies for the transition to parenthood.
3. Increase understanding about partners' experience of this transition.

Targeted Skills: Attunement and empathy; awareness and acceptance of family

Handouts: #14 - #18

1. Opening Activity: Review of Homework and Check-in (15 minutes)

Materials

Post-its and flipchart paper

First participants will get into groups of four to discuss their homework about reflections on their families of origin. Then, everyone will write two post-its about what they would like to keep and what they want to change from their family of origin and add it to a large board. A group discuss can follow if the time allows.

Reading:

Even After All This Time by Hafiz

*Even after all this time
The sun never says to the earth,
"You owe Me."
Look what happens with
A love like that,
It lights the Whole Sky.*

2. Mindfulness Activity: Metta Practice (30 minutes)

Materials

Handout #14 – loving-kindness phrases
 Bell to begin and end meditation
 Cushions and chairs for meditation as needed

Leader will guide the group in an introduction to *metta* or loving-kindness practice. This will be followed by question and answer (10 minutes).

Metta practice is a common practice in Buddhism, and has been used in many mindfulness-based programs in the West. It is a practice to develop qualities of kindness towards self and others, with the ultimate goal of feeling equal amounts of loving-kindness towards all beings. This practice also builds concentration, which is a support of mindfulness practice. Traditionally this practice involves moving from easy to increasingly more difficult people (i.e. starting with a benefactor and then moving to strangers and difficult people). However, in order to be successful, this movement should occur over time. For this program, participants will bring to mind various people—themselves, their future baby, their partner—and repeat these phrases while imagining sending loving-kindness to an image of the person. This practice will be guided by the leader, by saying the phrases below.

To begin, participants take your meditation posture – upright and relaxed. Take a few breaths to connect to yourself in this moment. Begin by bringing to mind a felt sense of yourself, you may want to imagine connecting to your heart center and dropping these phrases gently into your heart. Or, you may bring to mind an image of yourself as a young child, whatever will allow you to connect with a sense of loving-kindness most easily. Then begin by repeating each phrase to yourself with a genuine intention for it to be true. Feel free to change the wording of these phrases so that they resonate with you.

May I be happy

May I be safe and secure

May I be healthy and strong

May I live with ease and care for myself happily.

May I love and accept myself just as I am in this moment.

Next expand out to an image of your unborn child, however it allows you to connect with him or her. And send these wishes to your child:

May you be happy

May you be safe and secure

May you be healthy and strong

May you live with ease and care for yourself happily.

May you love and accept yourself just as you are.

And next move to your partner. Again bringing to mind an image of him or her, perhaps doing an activity that brings your partner a lot of joy.

*May you be happy
 May you be safe and secure
 May you be healthy and strong
 May you live with ease and care for yourself happily.
 May you love and accept yourself just as you are in this moment.*

And finally, offer this intention to all beings, everywhere. Perhaps begin by offering metta to those in this room and then expanding to those in this building, and this town, this state, this country, and finally all over the world. From ants, to dogs, to babies, and the elderly. Wishing that all beings may be happy and well, healthy, free, and safe, and including yourself in this wish for all beings.

*May we all be happy
 May we all be safe and secure
 May we all be healthy and strong
 May we all live with ease and care for ourselves happily.
 May we all love and accept ourselves just as we are in this moment.*

To close, return to your heart center and take a few deep breaths. Connecting with yourself and these wishes for all beings.

Additional Points:

1. Traditionally this practice begins with the self, which is eastern cultures was the easiest for practitioners to begin. In the west, this is often not the case. Begin with whoever you naturally and easily feel loving-kindness for, and then work to develop it for others.
2. In this practice, the phrases are your anchor (like the breath in mindfulness meditation) so continue to return to them, gently, if your mind wanders.
3. Difficult emotions may arise during this practice, which is normal. This practice is often referred to as a purification practice, in that doing it will bring to the surface all that is the opposite of loving-kindness in order to be transformed. However, if these difficult emotions ever become overwhelming, then take a break from the phrases and return your attention to the emotion itself or to the breath, whatever is needed for you in the moment.
4. Don't try to force a "loving-kindness" feeling, you can't and forcing will just make the practice more frustrating and difficult. Instead, bring to mind the person, repeat the phrases with an intention of metta, and continue the practice in this manner while letting go of attachment to results.
5. It is important to recognize that although these wishes are genuine, they are not enough to control another's decisions or path in life. It is best to offer them whole-heartedly and then to let go of results. For example, even though we wish our partner to be happy and healthy, we recognize that it is not realistic for this to be true at all times. However, this reality does not prevent us from having this pure wish for them.

Handout # 14 Metta Phrases

Phrases for self:

May I be happy

May I be safe and secure

May I be healthy and strong

May I live with ease and care for myself happily.

May I love and accept myself just as I am in this moment.

Phrases for your child and your partner:

May you be happy

May you be safe and secure

May you be healthy and strong

May you live with ease and care for yourself happily.

May you love and accept yourself just as you are in this moment.

Phrases for all beings:

May we all be happy

May we all be safe and secure

May we all be healthy and strong

May we all live with ease and care for ourselves happily.

May we all love and accept ourselves just as we are in this moment.

Please note that these phrases are just suggestions. Feel free to change the wording to find something that resonates for you.

3. Educational Content: Transition to Parenthood (15 minutes)

Materials

Handout #15 – resources for mindful relationships

Handout #21 – couples transition to parenthood

Leader will discuss research on the transition to parenthood – how it impacts couples both positively and negatively, and how to best prepare for this transition. Themes to discuss: changing gender roles, father involvement, post-partum depression, increased stress, lack of sleep, and sexuality. Normalizing the transition will be an overarching theme. (See Handout #21.)

Leader will also discuss the impact of parental conflict on children’s development and prevention. The leader will explain how the various skills of emotionally connecting with partners can translate to successful attunement with children and healthy child development. Finally, the leader will give resources for mindful parenting and relationships, for couples to continue work on their own.

Reading:

From *Everyday Blessings* by Kabat-Zinn & Kabat-Zinn, p. 81

My ten-year-old daughter, in bed, lights out, says to me:

“Mommy, I feel so confused.”

I reply: “What are you confused about?”

She says: “I don’t know, I just feel confused.”

I struggle with my urge to make it better... “It’s okay to feel confused.”

She says: “It is?”

I say: “Yes, it is.”

She is silent and drifts off to sleep.

She didn’t need a discussion or a solution in that moment. Feeling held by me, she could accept uncertainty, confusion. My acceptance led her to an acceptance in herself.

Handout #21

Couples in the Transition to Parenthood

Common experiences and what to do about them

Common sources of conflict

1. Housework
2. Money/finances
3. Sex, affection, quality time
4. In-laws
5. Parenting

Common issues that contribute to stress

1. Sleep deprivation
2. Increased emotionality, irritability, and/or emotional withdrawal (often related to #1)
3. Post-partum depression (for men and women)
4. Role/identity shifts
5. Increased conflict in marital/couple relationship
6. Busyness – balancing work, parenting, family, couple
7. Less sex, romance, and affection; lower sex drive

Successful couples

1. Spend time together
2. Appreciate each other
3. Are mindful with words and actions
4. Forgive self and partner when mistakes happen
5. Prioritize the couple relationship and are committed to making it work
6. Share housework fairly
7. Embrace active and warm fathering
8. Develop and use support systems (including family, friends, groups, agencies, therapists)
9. Can interrupt escalating arguments, prevent flooding, and repair the relationship after fights

Additional tips

1. Schedule and plan – time together, sleep, sex, work, fun activities, quality time with baby
2. Be flexible and have self-compassion – let go of some control, be kind to yourself
3. Get sleep!
4. Difficulties are normal - you are not alone, hard times are not an indicator of a failure of self or the relationship, the stress of this transition will not last forever.
5. Keep child/ren out of the middle of conflict and fighting
6. Practice self-care – meditate/mindfulness practices, exercise, eat right, stress management and relaxation, fun times for self and couple, quality time with children, time to recharge

Information on this handout is a collection from a variety of sources including my own research and that of Gottman & Gottman, and Cowan & Cowan.

Handout #22

Resources for Relational Mindfulness

My ten-year-old daughter, in bed, lights out, says to me:

“Mommy, I feel so confused.”

I reply: “What are you confused about?”

She says: “I don’t know, I just feel confused.”

I struggle with my urge to make it better... “It’s okay to feel confused.”

She says: “It is?”

I say: “Yes, it is.”

She is silent and drifts off to sleep.

She didn’t need a discussion or a solution in that moment. Feeling held by me, she could accept uncertainty, confusion. My acceptance led her to an acceptance in herself.

(From *Everyday Blessings* by Kabat-Zinn & Kabat-Zinn, p. 81)

Books I recommend:

Couples

And Baby Makes Three by Gottman & Gottman

Hold Me Tight by Johnson

Parenting

Everyday Blessings: The inner work of mindful parenting by Kabat-Zinn

Raising an Emotionally Intelligent Child by Gottman

Parenting from the Inside Out by Siegel

Childbirth

Birthing from Within: An extra-ordinary guide to childbirth preparation by England and Horowitz

The Birth Partner: A Complete Guide to Childbirth for Dads, Doulas, and All Other Labor

Companions by Simkin

Mindfulness

Insight Meditation by Goldstein

Mindfulness in Plain English by Bhante Gunaratana

Teachings on Love by Thich Nhat Hanh

Creating True Peace by Thich Nhat Hanh

Be the Person You Want to Find by Huber

Radical Acceptance by Brach

General

A General Theory of Love by Lewis, Amini, & Lannon

The New Peoplemaking by Satir

Mindsight by Siegel

Dharmaseed.org is a great resource for guided meditations and talks available for free.

4. Experiential Activity: Becoming Mothers and Fathers (30 minutes)

Materials

Flip chart paper to write questions for the groups to discuss

This activity will involve breaking up into groups of men and women. Each group will discuss for 10 minutes the following questions: How do you feel about the transition to being a father/mother? What are your hopes and fears? What do you want women/men to know about your feelings, thoughts, and experiences?

Then, the groups will engage in fishbowls to discuss the answers to these questions with the other group observing and listening. For example, women will sit in a circle inside a circle of men and discuss their thoughts about becoming mothers and what this means to them. Men will have a few minutes to react to this conversation. Then the groups will switch. The leader will emphasize the mindful communication strategies of keeping in mind needs and the ‘explore-understand-join’ process as a means of listening to the other group’s conversation. This will serve as the final activity for the program, so a large group discussion will complete this activity.

5. Homework (10 minutes)

Materials

Handouts #16 & #17 & #18 – chore checklist; baby signals; 5 magic hours

Couples will be encouraged to maintain activities that they found to be useful.

Reading:

From A General Theory of Love (p. 208-209)

Mutuality has tumbled into undeserved obscurity by the primacy our society places on the art of the deal. The prevailing myth reaching most contemporary ears is this: relationships are 50-50. When one person does a nice thing the other, he is entitled to an equally pleasing benefit—the sooner the better, under the terms of this erroneous dictum. The physiology of love is no barter. Love is simultaneous mutual regulation, wherein each person meets the needs of the other, because neither can provide for his own. Such a relationship is not 50-50—it's 100-100. Each takes perpetual care of the other, and, within concurrent reciprocity, both thrive. For those who attain it, the benefits of deep attachment are powerful—regulated people feel whole, centered alive. With their physiology stabilized from the proper source, they are resilient to the stresses of daily life, or even to those of extraordinary circumstance.

Because relationships are mutual, partners share a single fate: no action benefits one and harms the other. The hard bargainer, who thinks he can win by convincing his partner to meet his needs while circumventing hers, is doomed. Withholding reciprocation cripples a healthy partner's ability to nourish him; it poisons the well from which she draws sustenance she means to give. A couple shares one process, one dance, one story. Whatever improves that one benefits both; whatever detracts hurts and weakens both lives.

Individual Activity:

Loving-kindness meditation with CD

Couple Activity:

Chore checklist, which can help tasks be fairly distributed.

Handout # 23 Chore Checklist

Use this schedule to distribute chores in a fair manner.

Housecleaning Schedule

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday/Sunday

This is a monthly schedule. It is simple to use.

- Write the numeral of the Weekly Task in the correct day-of-the-week block. For example, if you clean your kitchen on Mondays and Fridays, write "1" in the Monday and Friday blocks.
- Add notes for clarification. For example, if you vacuum your bedroom and teenager's bedroom on Wednesday, then write "11" and "Master/teen" in the Wednesday block.
- Repeat with the Occasional Tasks, adding the date you plan on working on that task. For example, if you want to clean your garage on the final weekend of the month, you would write "B" and the date of the weekend in question, such as 23-24th.
- Finally, add any Customized Tasks unique to your own household.
- If you prefer, you can easily write your numbered and lettered tasks on a normal wall calendar, also.

Customized Tasks

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____
- f. _____
- g. _____
- h. _____
- i. _____

Weekly tasks

1. Clean kitchen
2. Clean living room
3. Clean dining room
4. Clean family room
5. Clean playroom
6. Clean office
7. Clean bedroom
8. Clean bath
9. Clean porch/patio/mudroom
10. Pick up clutter
11. Vacuum
12. Sweep
13. Laundry
14. Ironing
15. Dust
16. Change bed linens
17. _____
18. _____
19. _____
20. _____

Occasional tasks

- A. Clean garage
- B. Clean basement
- C. Clean refrigerator
- D. Clean oven
- E. Clean drawer
- F. Clean closet
- G. Wash windows inside
- H. Wash windows outside
- I. Sort seasonal clothing
- J. Vacuum drapery
- K. Clean ceiling fans
- L. Hunt down cobwebs
- M. Minor repairs
- N. _____
- O. _____
- P. _____
- Q. _____

Handout #24

What is my baby saying?

By Pinky McKay

<http://www.bellybelly.com.au/articles/baby/what-is-my-baby-saying>

Cues are your baby's way of trying to tell you what he or she needs. Although it may take a few weeks to get to know your baby's cues, or non-verbal language, if you do some baby-watching, you will be amazed at how even very young babies can give clear signals that they want to interact, would prefer to be given a break from play, are tired or hungry.

Responding to your baby's cues (day and night), will help your baby develop a sense of trust in his ability to influence his environment and will help him form a secure attachment to you. These are important prerequisites for later emotional development and relationships. Your responsiveness will also help your baby learn what psychologists call 'emotional regulation' which is the capacity to understand that we have control over our emotions. As you soothe your baby, you are teaching him that when he is upset, he can calm down. When babies' signals are ignored, and they escalate to cries that are not responded to, the baby fails to develop the understanding that he can regulate his own emotions.

I'm hungry

Babies give a lot of subtle cues that they are ready to feed, long before they begin to cry – from rooting with their mouths to making sucking noises and trying to suck on their fists, as well as little noises that say, 'I'm working up to a cry'. If these signals are ignored, they will yell. Crying is a late hunger cue and when we repeatedly wait until a young baby cries (sometimes it is unavoidable), we can set ourselves on a path to unnecessary feeding problems. Notice where your baby's tongue is when she is yelling – a baby can't latch on to feed when her tongue is up against the roof of her mouth, and if you do manage to calm her enough to latch on and feed, her suck is likely to be disorganised, or she may be exhausted from crying and only take a small feed before falling asleep. This, of course, means that she will probably sleep for a very short time then wake for another feed as her tiny tummy quickly empties.

Play with me

Tiny babies have very short periods where they can actually 'engage' and interact with you, but as she grows, your little one will be able to play for longer periods and her signals will become much clearer. When your baby wants you to play, her eyes will become wide and bright and she may purse her tiny lips as though she is saying 'ooh' as she turns towards your voice or looks at your face. Movements of her arms and legs will be smooth (as opposed to jerky) as she reaches out to you – she might grasp your finger or hold onto you. If you respond, your baby will make eye contact and smile, coo, babble or talk. These signals, or 'engagement cues' are your baby's way of saying, 'Please play with me.'

Give me a break

When your baby needs a break from what she is doing, she will give very clear ‘disengaging’ signals such as looking away (little babies can only maintain eye contact for short periods so may look away then continue gazing at you after a break) or turning her head away, squirming or kicking, coughing, spitting up or arching her back. Some babies will even put up their hand in a sort of ‘stop’ sign.

More subtle cues that your baby is tiring from playing or needs a change of pace or perhaps a change of activity, may be yawning, wrinkling her forehead or frowning, and hiccuping. If you keep playing when your baby tries to tell you she wants to stop, she will become agitated and make thrashing movements, or she will start fussing and crying.

I’m sleepy

None of us like being kept awake when we are craving sleep, so rather than waiting until your baby is ‘past it’, put her to bed as soon as she shows sleepy signs such as becoming quiet, losing interest in people and toys, making jerky movements (in small babies) or becoming very still (these babies relax and fall asleep easily), yawning, frowning or knotting her eyebrows, clenching her fists into tight balls, rubbing her eyes and ears and fussing. If you miss this window of opportunity, your baby is likely to become grumpy and find it difficult to settle. If you miss your baby’s tired signs, she may become hyped up and will be much harder to settle.

Although these cues are typical signs that most babies use to elicit the care they need, individual babies will not use all of these cues all of the time. Each baby will develop his own mix of signals. For instance, one tired baby may lie still and watch her tiny fist as she becomes increasingly drowsy, another may have less control over his movements which could be jerky if he is young, or seemingly uncoordinated if he is already mobile, and yet another baby may rub his eyes and fuss.

As you play with your baby you will often notice a mixture of engagement and disengagement signals, so take your time getting to know your baby’s way of communicating when she is enjoying playing, when she is feeling a bit overwhelmed and needs a break, and when she is becoming hungry or tired. Your baby’s signals may seem unclear but by spending lots of time just watching your baby and being present with her, along with some trial and error working out what your baby is telling you, you will soon become attuned to each other. Your baby will develop his own unique way of communicating with each person in his world and you and your partner will learn to respond in just the way that suits your baby.

Handout #25

The Magic 5 Hours a Week

(Adapted from *The Seven Principles for Making Marriage Work* by Gottman & Silver, 1995)

- **Partings:** Before these couples say good-bye every morning, they find out one thing that each is going to do that day, showing interest and support to the other. (2 min X 5 days/week = 10 min)

- **Reunions:** At the end of each workday these couples have a 20min. low-stress reunion conversation about the highs and lows of their day. They look forward to this time and don't allow other diversions to interfere with it. (20 min X 5 days/week = 1 hr 40 min)

- **Admiration** and appreciation: Every day genuine verbal appreciation given to each other at least once. (5 min X 7 days=35 min)

- **Affection:** A few moments of touching, holding, kissing, hugging or cuddling—all laced with tenderness, reconnection and, if needed, forgiveness. (5 min X 7 days = 35 min)

- **One Weekly Date:** In a relaxed atmosphere, these couples have a date, just the two of them, renewing their connection, good will and playfulness. A fun shared experience. . . a suspension in the daily grind to appreciate, laugh, play and explore new and old activities with each other. (2 hours once a week). note: This is not a time to discuss areas of conflict - that should be planned at another time during the week to problem-solve.

This adds up to 5 hours a week. These simple rituals can make a huge difference in the climate of your ongoing relationship by giving you daily positive connection that helps you better weather the stressful moments in life and recover more quickly following conflict.

Handout #26

The Five Key Steps to Emotion Coaching

Paraphrased from *Raising an Emotionally Intelligent Child: The Heart of Parenting* by John Gottman 1997

- 1. Become aware of the child’s emotion.** To do this, parents must first be aware of and comfortable with their own emotions. This can be scary or intimidating, but is crucial in allowing for all feelings in a nonjudgmental way.
- 2. Recognize the emotion as an opportunity for intimacy and teaching.** As parents, we can teach empathy, build intimacy with our children, and teach our children ways to handle their feelings. Here, negative emotions are not threats to our authority or something else we need to fix. When you talk to your kids when problems are big or small, you show that you are their ally, and that together you can face their difficulties. They realize don’t have to do it alone!
- 3. Listen empathetically, validating the child’s feelings.** Listen in many different ways, with your ears for information, with your eyes for physical evidence of emotion, with your imagination to see the situation from the child’s perspective, and with your words to reflect back what they are hearing and to help label emotions. Most importantly, use your heart to feel what the child is feeling. Simple observations may work better than probing questions in making a connection. Also, avoid questions to which you already know the answer. Don’t set up mistrust or ask them to lie.
- 4. Help the child find words to label the emotion s/he is having.** This goes hand in hand with empathy. Saying to a child who is in tears “You feel very sad, don’t you?” not only shows understanding, but helps the child to describe this intense feeling. This is labeling only what *is*, and not telling what kids *should* feel. This is more helpful than saying “you’re okay” or “don’t be sad.” Be as precise with the child as possible. Often a child is not just angry, but he/she could be frustrated, jealous, enraged, or confused. It is important to allow for several, often contradictory feelings at once. Also, allow your child to correct you if you mislabel an emotion. This is a good learning opportunity for both of you.
- 5. Set limits while exploring strategies to solve the problem at hand.** There are five steps to this.

 - 1. Set Limits.** Set limits on the behaviors or actions, not the feelings or wishes. Clearly state what is not appropriate about what happened. Provide consequences that are fair, consistent, and related to the misbehavior.
 - 2. Identify Goals.** Work with your child to figure out what he/she would like to accomplish related to the problem at hand, whether it’s accepting the loss that led to the anger, or fixing the broken item that led to the tantrum.
 - 3. Think of Possible Solutions.** What can get you toward the goal? Have the child come up with as many solutions as possible. Direct older children toward past successes, with younger children guide them more in brainstorming several solutions.
 - 4. Evaluate your Proposed Solutions Based on your Family’s Values.** Validate their ideas, and perhaps use these questions: Is the solution fair? Will this solution work? Is it safe? How am I likely to feel? How are other people likely to feel?
 - 5. Help Your Child Choose a Solution.** Encourage them to choose, but be involved. Tell how you solved a problem like this and what you learned from it. At times, it may be helpful to allow your child to pick a solution that you don’t think will work, and encourage them toward another if it fails. Make this into a learning process and show that failures don’t mean all is lost.

6. Closing (5 minutes)

Reading:

One Regret by Hafiz

*One regret that I am determined not to have
when I am lying upon my
death bed*

*is that we did not kiss
enough.*

One Commitment

For this final closing activity, the group will stand in a circle and each member will say one thing that they will commit to doing to support their relationship – remember taking care of ourselves is a way to improve our ability to connect with others.

Additional Readings

1. How to Meditate

From: <http://www.tarabrach.com/howtomeditate.html>

2. Mindfulness Training Busts Stress

From: <http://www.cnn.com/2009/HEALTH/06/01/mindfulness.training.stress/index.html>

3. Mindfulness Meditation Helps Relationships

From: <http://www.news-medical.net/news/2005/02/07/7660.aspx?page=2>

4. What is a Doula?

From: <http://www.dona.org>

5. New Parents: Getting the Sleep You Need

From Mayo Clinic staff, <http://www.mayoclinic.com>

6. FAQs about Postpartum Depression

From <http://www.womenshealth.gov>

7. Paternal Postnatal Depression

By Shirley S. Wang, from

<http://online.wsj.com/article/SB10001424052748703957904575252263501070290.html>

8. New Dad Basics

From: National Fatherhood Initiative, <http://www.fatherhood.org>