2015

Insight Dialogue: Investigation of a Relational Meditation Practice

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INSIGHT DIALOGUE: INVESTIGATION OF A RELATIONAL MEDITATION PRACTICE

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Dissertation

presented in partial fulfillment of the requirements
for the degree of

Doctor of Philosophy
in in Clinical Psychology

The University of Montana
Missoula, MT

August 2015

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Acknowledgements

I would like to briefly express my sincere gratitude to the people who have directly and indirectly supported this work. Completion of this project could not have been accomplished without the help and encouragement of my family, my dissertation committee, my professors, my advisor, and my friends.

I would like to extend particular thanks to each of my committee members for their kind support and expertise: Dr. Bradley Clough; Dr. Lucian Conway; Dr. David Schuldberg; Dr. Jennifer Waltz; and my committee chair Dr. Christine Fiore. I deeply appreciate, not only the enhancement of this project through your shared knowledge, but also the opportunity to learn from you as professors, supervisors, and friends. To my mentor, Dr. Christine Fiore, thank you for taking a risk on me and for all the guidance and support you have given me throughout my graduate training.

I would also like to that the Metta Foundation for their support in coordinating multiple retreats, cooperating with me as I invited participants into the study, and providing access to Insight Dialogue teachers with whom I could discuss my findings.

To my family, you have sustained me in more ways than I could ever express. Jenelle Burd, my loving wife: Thank you for your immense patience, kindness, and support. Laoch, my son: thank you for making even the most difficult days wonderful. Lastly, thank you to my parents Gregory and Martha Kramer for the truly countless ways in which you made this and all things possible.

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Contemporary psychology has shown a strong and growing interest in Buddhist psychological (BP) theory and practice, which has informed numerous clinical interventions, influenced psychotherapeutic approach, and increasingly been the subject of empirical investigation (Goyal et al., 2014, Keng, Smoski, & Robins, 2011, Neff & Germer, 2012). This widespread adoption and adaptation of BP concepts, including mindfulness, self-compassion, and compassion, has primarily focused on the development of individual skills and internal change. However, despite the critical role relationship plays in human development, in the experience of distress, and in healing, the development of these skills and qualities in an explicitly relational context has not been investigated. Insight Dialogue (ID) is a meditation practice that brings into relationship BP concepts and practices typically constrained to individual silent practice. The purpose of the current study is: 1) to assess if participation in a ID meditation retreat results in the development of the skills and qualities of mindfulness, self-compassion, compassion, and well-being; 2) to examine the relationships between these variables; and 3) to provide an increased understanding of how the relational context affected the cultivation of these concepts. The sample consisted of men and women (N=100; Mean age = 55) who were recruited from five ID retreats conducted across North America. Data were collected immediately before (T1) and after (T2) the ID retreat. Repeated measures analyses were conducted to assess for main effects. A simple moderation analyses and a path analysis were used to test for indirect effects and to assess the utility of the hypothesized models. Several hypotheses were supported, including significant increases in mindfulness, self-compassion, and well-being. Additionally, after completion of an ID retreat, self-compassion was found to significantly moderate the relationship between mindfulness and well-being (95% [CI 0.239, 0.474]). The implications, limitations of these results and the current study, as well as directions for future research are discussed.

CHAPTER I

Introduction

In recent years there has been strong and growing attention paid to the development of integrative and holistic approaches to treatments for mental and physical disorders. The goals associated with these integrative approaches are to ameliorate suffering and improve well-being. In service of these goals, there has been an increasing interest in the integration of eastern thought and practices into western approaches. Buddhist thought in particular has been highly influential on contemporary psychological thought and intervention. Practices of meditation, in particular mindfulness, have been especially impactful (Goyal et al., 2014, Keng, Smoski, & Robins, 2011). However, to date these influences have largely been relegated to individual, internal change, and largely limited to mindfulness, defined below.

Insight Dialogue (ID) is meditation practice that takes Buddhist psychological practices typically consigned to individual silent meditation and brings them into the interpersonal domain (G. Kramer, 2007). ID is a relational practice in which participants cultivate mindfulness both individually and through interpersonal contact as they inquire into the dynamics of present moment experience. That is, mindfulness is cultivated in the context of relationship, which supports enhanced meditative practice as well as prepares the practitioner to be more mindful in daily relational contexts. The meditation practice is guided by traditional Buddhist methods, while the inquiry process is informed by an extensive and well-established Buddhist Psychological framework, which provides pragmatic and actionable concepts (to be discussed below). Contemplating relationship while in relationship may lead to a natural and effective means for cultivating compassion and self-compassion, two processes that are likely to be essential to well-being (Neff & Germer, 2012). With this foundation ID seeks to develop the

capacity to remain present with internal distress as a means of promoting deeper insight into this distress. This in turn provides the foundation for improved psychological well-being.

Humans are social organisms that possess a heightened sensitivity to each other, making social interaction inherently difficult while also providing a powerful means of addressing individual and interpersonal distress (Cozolino, 2010). The study of relationship and its role in health and well-being has long been the purview of social, developmental, personality, and clinical psychologists. Despite its recognized importance, directly addressing relationship has remained challenging, particularly because its multidimensional nature makes relationship difficult to fully measure. This has resulted in research using randomized clinical trials to assume the impact of relationship, and relegates the importance of relationship primarily to the nebulous realm of "clinical skill or nonspecific factors" (Norcross, 2001). This investigation of Insight Dialogue may provide support for the consideration of relationship as context, offer a framework from which to understand the development and impact of certain skills and qualities as they are established within a relational context, and contribute to a deepened understanding of how relationship dynamics might impact the cultivation of such skills and qualities.

Specifically, the purpose of this study is to 1) evaluate the impact of ID as a relational practice on the development of mindfulness, self-compassion, compassion, and ultimately well-being; 2) to investigate how these skills and concepts are developed in an explicitly relational context; 3) to identify relationships among these skills and concepts; and 4) to describe the change mechanisms present in ID.

This investigation of ID also provides insights into the cultivation of relatedness, the enhancement of relational capacities, the healing effects of interpersonal contact, and other substantial benefits drawn from Buddhist thought in the interpersonal arena. This study provides

information on the impacts of Buddhist psychology beyond mindfulness, and results that may inform the development of the ID and its use in cultivating relationship. The implications of these findings to clinical practice and to the possible development of interventions are considered.

The Structure of Insight Dialogue

The practice of Insight Dialogue (ID) consists of didactic components, experiential learning, skills training, and opportunities for continued engagement in practice. The purpose of ID is generally stated not in terms of developing meditative skills, but with an emphasis on the benefits of such skills in seeing how the mind functions. This in turn contributes to observing and releasing habitual thought and relational patterns, and integration of meditative qualities into everyday life. Such integration is intended to foster clarity of mind, ongoing inquiry into wholesome and unwholesome patterns, and harmonious, caring relations generally offered in the BP concepts.

In a structured retreat, or intensive practice format, ID is presented in a sequential and structured format and is centered on six guidelines informed by BP concepts (Appendix C). The three core guidelines provide the foundation of the practice and include *Pause*, *Relax*, and *Open*. Three additional guidelines are *Trust Emergence*, *Listen Deeply*, and *Speak the Truth*. These guidelines provide instructions that enhance adaptability by helping participants identify and accept impermanence. These guidelines also provide a way of developing and solidifying meditative qualities in the highly stimulating interpersonal context. Relational practice is most often dyadic, but as the retreat evolves, groups of three, four or more are formed. Whole group practice is also part of the retreat form.

The core guidelines are taught and practiced first. *Pause* and *Relax* are offered as guidelines for both individual practice and dyads. *Pause* helps to cultivate mindfulness while *Relax* is focused on calming the body and cultivating an attitude of acceptance. These guidelines are applicable to both silent meditation and practice that enfolds speaking and listening. The repeated focus on individual meditation is offered with the understanding that the ability to observe the mind in the simplicity of individual practice is a prerequisite to doing so amid the stimulation of interpersonal practice. After *Pause* and *Relax* have been practiced, the guideline *Open* provides support for sustaining the mindfulness and calm during relational engagement.

Each dialogue practice session is accompanied by instructions, which take the form of reminders and refinement of the guidelines. Also, topics are offered as contemplation themes. A contemplation in ID is a topic drawn from BP and chosen to highlight elements of the shared human experience. Examples of contemplation topics include aging, disease, and death; lovingkindness and compassion; and the hungers for pleasure, recognition, and escape. Regular interruptions of the practice serve as reminders to practice mindfulness and tranquility. The amount of time spent on the intrapersonal and interpersonal components varies depending on the guideline and how the practice is progressing generally.

The core guidelines, especially *Pause* and *Relax*, are continually revisited, providing stability of mindfulness and other skills, and linking the ongoing development of relational and individual practice. *Listening Deeply* and *Speaking the Truth* bring mindfulness and concentration in to active verbal engagement, which supports efforts to mitigate habitual, and often self focused habits of speech, and in doing so a bridges practice and an active, social world.

The practice of ID concludes with work to bring the silent and relational skills and qualities out of the structured retreat setting and into everyday life. This transition is presented

both in dyads and as a group, naming and leveraging the increasingly natural interpersonal dynamics that such structure provides.

CHAPTER II

Background

Arriving in the west in the twentieth century, Buddhism's psychological insights have proved a good fit with the modern west's interest in how the mind works. However, notwithstanding the recent and ongoing recognition of the considerable insights and methodologies Buddhist thought offers towards advancing our understanding and improving the human condition, the prevailing view of Buddhism in the west has been as a religion (Harvey, 1990). The institutionalization of early Buddhist thought has resulted in many iterations of Buddhism that may justly be considered religions.

The religious aspects of Buddhism are pervasive, and while an extensive review of the religious aspects of Buddhism is beyond the purview of the current study, the religious and psychological aspects of Buddhist teachings are not necessarily distinct (Appendix A). The features that serve religious functions are important in their own right. However, the present study is primarily concerned with a set of systematized and replicable teaching methods originally developed by the Buddha to help others achieve an improved psychological state. In this form, these teachings might be best conceptualized as a psychology (Thurman, 1997).

Buddhist Psychology

Buddhism preceded the genesis of contemporary western psychological science by more than two thousand years. Because of this, Buddhist psychology doesn't conform to a western psychological system. As such, Buddhist premises are distinct and offer both familiar and unfamiliar methods, tenets, values, and contributions to the understanding of the human experience. Before exploring the impacts of Buddhist psychology on Contemporary Psychology and its attempts to alleviate distress and improve functioning, it is important to establish what is

meant by a Buddhist psychology. Thus, the following review will explore what the engagement with such a system entails, what this systems understanding of mind might share with existing psychological frameworks, and how this understanding may differ.

Buddhist psychology shares several important features with Contemporary Psychology (CP). CP here refers to contemporary models of the mind and therapeutic practice whose roots were established in the late 19th century (Wundt, 1912) that now represent an array of perspectives on the human mind and behavior. Both systems of thought are intended to facilitate the understanding of mind and behavior, to alleviate human suffering, and to improve well-being.

Contemporary Psychology has been broadly defined as the study of the mind and behavior. The field of psychology is regarded as both an academic and applied discipline that strives to embrace all aspects of the human experience, both individual and shared, across all settings (APA, 2011). In the pursuit of understanding more deeply the vast complexities of human experience, the field of psychology has increasingly focused on the relationship between the mind and behavior (Moran, 2011). While an extensive history of psychology is also beyond the scope of the present study, it is generally accepted that the field has embraced an empirically based approach, in which underlying systems are accessed through the observation of measureable behavior and are primarily understood in terms of behavioral change.

This empirical approach offers an extremely important means to quantify the behavioral results of mental phenomena. At the same time, it leads to difficulties in establishing more comprehensive theoretical frameworks for explaining the mental systems that gave rise to the observed changes in behavior. As a result, many different models of mind and behavior have been posited, often addressing different aspects of human experience by focusing on a particular

set of behaviors. Although models begin with the same behavioral observations, different models ultimately assume explanatory foundations that suggest varying amounts of influence from cognition, biology, and the environment (Moran, 2011).

The breadth of these approaches can also be seen in the development of differing value systems as the science pushes its growing edge (e.g., the difference between the APA and APS, DSM and ICD-10). Contemporary psychology is often thought of as a relatively unified field, but just as there are competing theoretical models and methods, there are multiple organizing bodies (e.g., APA, APS), standards for care, ethical codes, and diagnostic standards.

Buddhist Psychology (BP) as it is defined here is also neither static or monolithic. While there is a body of traditional knowledge, there are also the inevitable variations, creative explorations, and accidental discoveries. As in Contemporary Psychology, these variations produce new practices and interpretations of existing knowledge, as well as new ways of working with or understanding traditional practices and theory. Indeed, it is precisely this foment that produced what are today considered "traditional" Buddhist practices and philosophy. We are now, as all people at all times have been, at the leading edge of history. Buddhism has come to the west, so its syncretic character is naturally engaging CP, neuroscience, and philosophy, not to mention art, economy, and culture as a whole. The engagement with CP is relatively new and there is no established means of interfacing these systems of thought. Responsible work in this field increasingly requires dedication to striking a balance between conservative respect for traditional knowledge, and careful adaptation based on scientific and cultural developments (Segall, 2003).

Just as Contemporary Psychology has an intricate theoretical system that has developed methodically and is based on real-world evidence, it is argued here that so to does Buddhist

Psychology. The primary research method has been a set of sophisticated phenomenological practices. The practices and their results have been validated across thousands of years by a system of peer review (Wilber, 2000). This system might be thought of as having an emic and etic review process. The emic reviewers have been the communities of dedicated practitioners that have primarily consisted of monastics, and more recently serious lay practitioners, who have dedicated their lives to meditation practice, study, and ethical behavior (Robinson, Johnson, & Thanissaro, 2005). This community of experts validates and crosschecks the methods and results: monastics in training are interviewed by accomplished monastics, who also observe their behavior inside and outside the monastery. Senior monastics, too, are subject to peer observation as part of the monastic protocol. The etic assessors are members of the lay population who are provided with the results in the form of ideas and guidance of the investigation conducted by the dedicated practitioners. Laypeople either experience benefits of the findings or they do not. Based on the impact of the findings—the behavior of the monastics, the quality of their teachings and life or meditation guidance—this community decides to provide continued funding in the form of food, clothing, and other essentials that maintain the monastic community. Additionally, it is argued that as BP teachings are ethically based and built upon guiding principles of self-effacement, austerity, relinquishment, generosity, humility and compassionate service, which results in benefits having their value and utility verified though the experiences of daily life and are thus more likely to be maintained over time. Although lacking in the scientific rigor of randomized-clinical trials or efficacy studies, schools of BP have developed and disseminated deep and highly impactful teachings in such ways.

This system of oversight is not immune to the individual, social, and broader political forces that might interfere with its ability to produce quality results. In this way, teachings may

be distorted by individuals who escape the scrutiny of the community of peers. As a whole, however, Buddhist psychology and practice has remained centered around its useful and systematic psychological and ethical system. Over time, practices and insight with enduring recognized benefit have emerged.

Buddhist Psychology (BP), as it is defined here, differs from Contemporary Psychology in several critical ways. Firstly, BP is distinguished by a perspective that there is no stable self construct, and by the view that humans have the potential to become freed from even what might be considered fundamental urges and instincts. Additionally, BP also differs from CP in that there is less of a distinction between the academic and applied branches. In Buddhism, method and theory are fully integrated. Also, CP does not maintain what a modern perspective might call a religious element. In Buddhism, the religious and psychological dimensions are integrated. In BP, the continuous search to understand the human experience in its impermanent form is not separate from the means to address the suffering brought about by human reaction to this fact of impermanence. BP might best be understood as a science of experience where meditation is the heart of methodical research technique. This science has been developed for millennia in Buddhism, but the nearest discipline that exists in the western philosophical tradition is phenomenology (Zahavi, 2012). The bolding below indicates components of Buddhist Psychology relevant to the present study.

Relevant Theory in Buddhist Psychology

- Four Noble Truths
  - First Noble Truth
  - Second Noble Truth
  - Third Noble Truth
  - Fourth Noble Truth
    - Eightfold Path
      - Wisdom
        - Right View
        - Right Intention
      - Ethics-Morality
        - Right Speech
        - Right Action
        - Right Livelihood.
      - Meditation-Concentration
        - Right Effort
        - **Mindfulness**
        - Concentration
  - Factors of Awakening
    - **Mindfulness**
    - *Investigation*
    - *Energy*
    - Joy
    - *Tranquility*
    - *Concentration*
    - **Equanimity**
  - Four Illimitables
    - Lovingkindness
    - **Compassion**
    - Sympathetic Joy
    - **Equanimity**

Buddhist Psychological theory is offered as an interrelated and cohesive whole (Appendix D). All of the BP concepts are theorized to play a role in ID; however the present study is primarily concerned with a subset of these components. Each component of the BP framework serves a primary purpose relevant to ID. The Four Noble Truths offer the reason the practice is undertaken, the Eightfold Path provides the ethical framework within which it is offered and towards which it leads, and the Factors of Awakening and Four Illimitables provide the detailed meditation instructions that, in traditional practice, are applied primarily in

individual practice. The BP framework also offers guidance for skillfully working with difficulties in practice and in the developments practice fosters, as well as ways of optimizing the efficacy of the meditative and cognitive elements.

Contemporary Psychology has selectively employed elements drawn from BP, often collapsing several practices or affordances into single constructs. For example, mindfulness has been defined as subsuming equanimity and tranquility as well as compassion (Keng, Smoski, & Robins, 2011). Mindfulness, often defined by Contemporary Psychology as present-moment awareness together with non-judgment, refers to remembering to pay attention to present experience, usually in reference to a specific quality. For example, the noticing of the body or breath as it changes in this present moment, or feelings or states of mind. In Buddhist Psychology, there is an extensive list of suggested frameworks that may be recalled in to the present moment. CP has largely focused on mindfulness-based approaches in terms of outcomes such as improved coping mechanisms, physiological symptom reduction, and quality of life improvements. The wider context implied by the Buddhist framework has been largely left unaddressed.

Insight Dialogue is intended to support the cultivation of a wide spectrum of meditative skills while relationally engaged. While all of the skills named above are intentionally developed, of particular note for this research are the skills that can be evaluated using psychometrically validated measurement instruments. Specifically, this study addresses **mindfulness**, **self-compassion**, **compassion**, and **equanimity**. The model proposed in this work suggests that any efficacy that may be associated with ID stems in part from the interaction of mindfulness, with several concepts beyond currently developed measurement capabilities, which include *investigation*, *energy*, *tranquility*, and *concentration*.

Impacts of Buddhist Psychology on Contemporary Psychology

Mindfulness in Contemporary Psychology.

Mindfulness has undergone extensive empirical investigation since its introduction to Contemporary Psychology over 40 years ago. During this time numerous definitions of mindfulness have been proposed, revised, and clarified, yet barriers still exist which contribute to difficulty in the operationalization of the concept (Brown, Ryan, & Creswell, 2007). These difficulties are due in part to mindfulness being both an outcome and a process (Shapiro & Carlson, 2009). Another difficulty encountered in Contemporary Psychological definitions of mindfulness has been the subsuming of other Buddhist psychological concepts under an overly broad category of mindfulness, largely in pragmatic attempts to utilize and secularize the concept (Grossman, 2008, Keng, Smoski, & Robins, 2011).

Definitional issues notwithstanding, mindfulness has been theoretically and empirically linked to positive psychological effects including increases in well-being, positive affect, life satisfaction, and emotion regulation, as well as reductions in negative affect, emotional reactivity, and psychopathological symptoms (Baer, 2003, Keng, Smoski, & Robins, 2011). Physiological improvements linked to mindfulness, such as reduced pain and decreased physiological impairment, have also been extensively noted (Grossman, 2004). The development of interventions informed by mindfulness has grown rapidly over the past two decades. Interventions such as Mindfulness Based Stress Reduction (MBSR; Kabat-Zinn, 1990), Mindfulness Based Cognitive Therapy (MBCT; Segal, Williams, & Teasdale, 2002), Dialectical Behavior Therapy (DBT; Linehan, 1993a), and Acceptance and Commitment Therapy (ACT; Hayes et al., 1999) have been met with significant research interest and have offered broad and highly positive outcomes for physical and psychological health.

Surprisingly, while MBSR, MBCT, DBT and ACT all contain group treatment components, the development and use of mindfulness informed skills and qualities within the context of relationship is largely absent or underutilized. In DBT for example, arguably the most relational of the aforementioned interventions, the group modality is primarily used to achieve increased efficiency in the provision of skills and treatment, in vivo opportunities to address interpersonal behaviors from the individuals perspective, normalization, and social learning (Linehan, 1993b), rather than for intentional relational development of mindfulness based skills.

Perhaps even more surprisingly, with the notable exception of several studies on DBT that measured general social adjustment and interpersonal sensitivity, relational health outcomes are almost entirely absent from major peer-reviewed randomized controlled trials (Lynch et al. 2007, Keng, Smoski, & Robins, 2011). Cultivating mindfulness while in relationship appears to be logical next step for all of these well researched interventions. While it is beyond the scope of the present work to formulate and validate a scale measuring relational outcomes, combining the relational elements of existing measures of self-compassion, compassion, and well-being may provide an initial framework for the investigation of relational mindfulness.

Self-Compassion in Contemporary Psychology.

Self-compassion is a concept drawn from Buddhist psychology that broadly entails a compassion directed inward, with the understanding that self is a fluid construct. The most widely accepted operational definition of self-compassion is comprised of three interacting components: self-kindness versus self-judgment, a sense of common humanity versus isolation, and mindfulness versus over-identification (Neff, 2003). This definition of self-compassion involves an individual becoming aware of their own suffering, being moved by this suffering, and building a desire to lessen their suffering, particularly when confronting distressing self-

relevant thoughts and emotions (Neff & Germer, 2013). Importantly, this definition of self-compassion has been shown to differ from self-esteem and found to better predict certain aspects of well-being (Neff & Vonk, 2009).

Research on self-compassion has grown quickly, and recent findings suggest that it promotes psychological health, decreases negative affect, and fosters positive affect (Neff, Rude, & Killpatrick, 2007, Brach, 2003). Self-compassion has also been found to predict lower levels of depression and anxiety, and as an ability to self-sooth it has been found to reduce cortisol, and to increase the ability to cope with life stressors (Rockliff, Gilbert, McEwan, Lightman, & Glover, 2008). Self-Compassion also is related to a wide range of other positive outcomes (Neff & Germer, 2013).

Following the increasingly evident benefits of self-compassion, the Mindful Self-Compassion Program was developed (MSC; Neff & Germer, 2013). In many ways MSC can also be considered a mindfulness informed intervention, as the developers of the program state that mindfulness is required in order to experience self compassion. However, in MSC a distinction is made between the broader concept of mindfulness, which the authors suggest tends to focus on internal experiences, and mindfulness as it is employed in self-compassion, which they suggest is targeted towards the individual experiencer (Neff & Germer, 2013).

As with other mindfulness informed interventions, the Mindful Self-Compassion Program includes a group modality and has been found to be effective at increasing self-compassion, mindfulness, and life satisfaction, while also decreasing anxiety, depression, stress, and avoidance (Neff & Germer, 2013). Notwithstanding the clear benefits of self-compassion training, the concept of common humanity being a core theoretical component of self-compassion, and the findings that self-compassionate individuals have improved relationship

functioning (Neff, 2003, Neff & Germer, 2013), the development of self-compassion in an explicitly relational context appears underutilized. This perhaps contributes to the unexpected findings in the randomized clinical trial that social connectedness did not increase significantly in comparison to a control group (Neff & Germer, 2013).

Compassion in Contemporary Psychology.

Compassion is a wide-ranging concept that has been defined many ways. Western conceptualization of compassion has often been associated with morality and has variously included empathy, sympathy, and even pity (Gilbert, 2004). As previously described, compassion in Buddhist Psychology might be understood as an empathic response moderated by equanimity, thus preventing over identification or withdrawal.

Despite compassion often being spoken of as strongly held value in Contemporary Psychology (particularly in clinical psychology), it is only over the last decade that compassion has become a notable research focus (Gilbert, 2011). However, with growing attention being paid to understanding compassion and its related attributes, such as sympathetic capacity, empathetic understanding, and the ability to tolerate unpleasant emotions, many positive outcomes have emerged (Gilbert, 2010).

Compassion has been found to increase the ability to detect distress in others, increase positive emotions, social connectedness, feelings of kindness, and to lower stress linked immune responses (Gilbert, 2011). Furthermore, compassionate goals have been associated within increased well-being, improved social connections, and lower depressed, anxiety, and feelings of loneliness (Crocker & Canevello, 2008).

The most prominent intervention informed by compassion is Compassion-Focused Therapy (CFT; Gilbert, 2010). CFT is focused on the development of skills intended to facilitate

the recognition of internal distress and to address this distress by employing compassionate thoughts and behaviors. CFT also acts through provision of a model focused on how evolutionary development contributes to emotional reactivity. Compassion focused therapy is primarily intended for use during individual therapy, although a group modality is also used (Gilbert, 2010). While the utility of the group modality has been recognized from the inception of CFT for its ability to provide social support and facilitate the development of empathy and sympathy, it does not explicitly use the relational context to provide or develop skills (Gilbert & Proctor, 2006).

Relevant Variables in Contemporary Psychology

Well-Being.

Well-being is an expansive construct that is primarily concerned with positive human functioning. While most researchers agree that well-being is a multi-dimensional construct, several distinct approaches have emerged (Dodge, Daly, Huyton & Sanders, 2012). The two predominant approaches include the hedonic and eudemonic traditions. The hedonic tradition tends to emphasize subjective well-being and is primarily concerned with constructs such as happiness, life satisfaction and affect. The eudemonic tradition tends to accentuate positive psychological function and human development (Ryan & Deci, 2001).

While no comprehensive description or definition of well-being exists, the approach to well-being used in the present study primarily concerns positive psychological functioning, or psychological well-being. This conceptualization is relevant here both because of its wider impact on moving clinical psychology towards the adoption of a positive functioning, and because of the relatively well-established theoretical and empirical underpinnings (Ryff & Singer, 2008).

In nearly all conceptualizations of well-being, relational and social functioning is identified as a major component. (Dodge, Daly, Huyton & Sanders, 2012, World Health Organization, 1997). In addition to its intuitive appeal and its inclusion in nearly all human experience, Contemporary Psychology has long recognized the importance of the interpersonal to well-being (Maslow, 1968).

Relationship.

As stated earlier, humans are relational beings, dependent on others from before birth and until death. Humans are born into relationships, and develop as individuals within the context of relationships. From the beginning, the parent-child dyad shapes the brain through symbiotic interactions with parents and family groups (Winicott, 1962). Interactions with others also continually shape biology throughout an individual's life span. Early stressful social experiences have been linked to lower orbital frontal volume and increased volume in the amygdala, where as positive social interaction and interventions that target pro-social behaviors have been linked to attenuated neural response to shock and prenatal risk on hippocampal volume (Davidson & McEwen, 2012).

The desire for interpersonal attachments and the need to belong can in many ways be described as a fundamental human motivation, which if left unmet may lead to highly adverse consequences such as eating disorders and suicide (Baumeister, & Leary, 1995). Recognition of this human need for relationship, and the function of relationship in both understanding and addressing distress, are not new and have been prominently featured throughout the history of psychotherapy (e.g. Freud, 1930).

Because humans are social psychologically, physiology, and behaviorally it is inevitable that many complex and painful problems arise in relationship. This complexity also provides

motivation for the belief that such problems must be addressed in relationships—the ways in which humans relate to one another effects nearly every other domain of functioning. While this undoubtedly makes relationship an important and difficult domain to address, it is this very sensitivity that allows for much of human suffering to be understood and ameliorated in relationship (Cozolino, 2010).

Within the context of psychotherapy, it has been established that relationship is critical to the provision and action of treatment, and accounts for as much variance in outcomes as does a treatment method (Norcross, 2011). Notwithstanding the recognition of the essential role interdependence plays in human development, Contemporary Psychology, and in particular psychology in America, has often utilized the conceptualization of a separate and autonomous individual self (Hogan, 1975). The impacts of this conceptualization have had profound implications for health and psychopathology (Blatt, 2008), yet there are exceptions to this pattern such as Relational Cultural Theory and some systems-based family therapy, which place relatedness at the center of well-being and psychological health, have often been marginalized as radical or oppositional (Lebow, 2005, Jordan et al., 1991).

Relationships are an integral part of human experience, and are arguably the source of both our distress and our positive functioning. Additionally, research suggests there are certain qualities that can only be cultivated in relationship (Ranson & Urichuk, 2008). For example, perceptions, thoughts and behaviors designed to function during interpersonal contact—such as sensitivity to the complexity of facial expressions—can only fully function and be observed while in relationship. Similarly, our thought, symbolic or otherwise, has explicitly relational components, and these components can only be understood or iteratively enhanced in relationship.

Buddhist Psychological practices such as mindfulness and compassion may offer a means to cultivate the qualities or capacities that are integral to well functioning relationships, therapeutic or otherwise. Furthermore, relationship itself has been named as a modality for supporting and strengthening these qualities, perhaps using the language of attachment theory - through the provision of a secure base (Surrey & Kramer, 2013). The development of practices such as Insight Dialogue that foster mindfulness of self and other while relationally engaged might provide a means of further developing the skills and qualities that enhance relatedness.

Relationship, Compassion, and Self-Compassion.

There may be an inclination to see the delineation between individual and relational qualities as addressing separate domains of human functioning. That is, understanding the self as an individual unit, distinct and separate from others, may be taken as in opposition to understanding this human experience as fully relational and in no way individual. Such distinctions may be an artifact resulting from the process of self construction, which has been posited as both relational and individual (Baumeister, 1999). These distinctions also may provide a convenient and pragmatic approach to the complexity of the sensing and perceiving individual, and of two such individuals in relationship. In many instances, it may more useful to consider individual and relational qualities as parts of a unified whole. For this reason, both individual and relational suffering and well-being are addressed in the therapeutic relationship. Similarly, the BP qualities of self-compassion and compassion can be seen as fostering both individual and relational well-being, and can beneficially considered and cultivated in relational practices such as ID.

The development of self-compassion has been recently linked to activation of brain areas related to compassion, as well as those liked to kind and supportive behaviors in intimate interpersonal relationships. Specifically, fMRI results found that self-reassurance was associated with left temporal pole and insula activation, suggesting that efforts to be self-reassuring engaged similar regions to expressing compassion and empathy towards others. (Longe et al., 2009). Compassion has been linked to prosocial behaviors including increased volunteerism and altruistic behaviors in economic games (Saslow et al., 2013).

Self-compassion and compassion are interconnected concepts. Recent meta analysis assessing the relationship between compassion and psychopathology found that self-compassion and compassion were highly related, lending support to theoretical models which posit self-compassion as fundamental to the development of compassion (MacBeth, & Gumley, 2012).

For the present work, self-compassion and compassion are understood to be two facets of the same construct. Self-compassion refers to non-aversion and acceptance internally, of oneself; compassion refers to acceptance of other. Both qualities are taken to also entail care and empathy. Measures of self-compassion and compassion therefore might serve as proxy measures of relatedness or relational skill. Acceptance, kindness, and equanimous empathy towards self and of other are presumed to be indicators of or precursors to relational well-being.

The Practice of Insight Dialogue

Insight Dialogue (ID) is an interpersonal mediation practice (Kramer, 2007) that brings into relationship Buddhist psychological practice that is typically consigned to individual silent meditation. Relational consideration of the Four Noble Truths is fundamental to the understanding and practice of ID. The first Noble Truth is that life fundamentally includes suffering, and the way the mind and body of the untrained individual functions, vastly

compounded this suffering. As humans are inherently relational organisms, it follows that much of human suffering manifests in relation to others. Evidence for the relational aspects of suffering are readily found in everyday life: individuals experience interpersonal conflict, loss, discrimination, and desire, and further evidence is readily found in Contemporary Psychological literature (Cornes, & Frank, 1994, Kübler-Ross, 2005, Jordan et al, 1991).

The second Noble Truth that motivates and becomes evident in Insight Dialogue is that a nearly continual sense of lack, or wanting, is the key source of the suffering. Humans experience drives towards pleasure and away from pain and this, too, arguably manifests most prominently in relationship (Freud, 1922). This dynamic is evident in recent research suggesting the experience of social rejection shares many features with physical pain, and also provides a cogent reminder that the body and mind are inextricably tied (Kross et al., 2011).

The third Noble truth suggests that suffering can be diminished through understanding and working to relinquish these drives. Insight Dialogue is oriented towards this conceptualization of freedom: clearly seeing internal and external events and constructs as they are, moving away from painful urges, and inclining the mind towards contentment and kindness. The fourth Noble Truth, construed as the means through which movement towards this freedom is enacted, provides the factors on which ID acts upon relational and intrapersonal distress.

The Buddhist Psychological Framework and Insight Dialogue.

A key factor of this Buddhist path towards freedom is psychological and meditative development. Within the teachings on meditation, the Factors of Awakening and the Four Illimitables are named as both skillful quality of and desirable outcomes of Buddhist meditation. They are also understood as qualities that are inherently beneficial. For example, mindfulness as a mental quality brings ease and skill into an individual's life and, and as a practice, is something

that can be developed by training and fosters behavioral benefits. The Buddhist tradition, and its adaptations in Contemporary Psychology, have met with significant success by training people in these qualities and skills by the use of silent meditation practice (Baer, 2003, Germer & Neff, 2013). The value of these qualities in meditative insight has been copiously considered, and the contribution of these qualities to social harmony has also received attention (Koopmann-Holm, Ochs, & Tsai, 2013). While traditional silent meditation has yielded benefits in people's relational lives, those benefits may be considered indirect (Baer, 2005). That is, the qualities and skills that are developed in silent practice must be generalized by the individual from intrapersonal mindfulness and concentration to interpersonal situations.

Insight Dialogue may provide a means to develop the skills found in individual meditation while in interpersonal contact. Despite the discernible benefits of being mindful and calm while in relationship, it is relatively uncharted territory to develop these meditative qualities via interpersonal meditation practice. Insight Dialogue seeks to provide this relational skill development. The practice of ID is intended to develop mindfulness, self-compassion, compassion, and other BP concepts, while fully in relationship. Supported in initial empirical investigation (Ebert & Kramer, 2007), the practice has been observed to have direct benefits to people's personal development (G. Kramer, 2007).

Proposed Mechanisms of Insight Dialogue.

Insight Dialogue seeks to provide structured practice for developing, while in relationship, the skills and qualities of mindfulness, self-compassion, and compassion. ID also seeks to develop the other Buddhist Psychological factors previously described (e.g. concentration and tranquility). These factors may all play a role in the changes associated with the practice of ID. However, the complexity of a model including all of the BP concepts (e.g. the

Factors of Awakening and the Illimitables) is such that a complete investigation is impossible at this time. Instead, the goals of the present study are to investigate the outcomes of ID through the adoption of concepts already established in CP research. This research seeks to provide an initial understanding of the how mindfulness, self-compassion, and compassion may function as the mechanisms of action present in ID, both independently and in relation to one another.

Mindfulness, Self-Compassion, and Compassion have all been theoretically and empirically linked to increased well-being (Goyal et al., 2014, Keng, Smoski & Robins, 2011, Neff & Germer, 2012). Preliminary exploration of the outcomes associated with Insight Dialogue suggests that self-compassion may contribute to positive outcomes (Ebert & Kramer, 2007). However, the mechanisms of this action have remained largely untested.

The Insight Dialogue guideline *Pause* is posited to increase the skill and the naturally arising state of mindfulness. In a very direct way, *Pause* is taught as a reminder to mindfulness, in both individual and interpersonal meditation. The guideline *Relax* stabilizes the mindfulness while also helping to establish equanimity. In combination, *Pause*, *Relax*, and *Open* are proposed to develop compassion. *Pause* provides internally focused mindfulness, which offers increased awareness of reactivity (and other parallel processes) within the individual. At the same time, practicing *Pause* helps develop external, relationally focused mindfulness, which leads to increased awareness of the displayed reactions of the dyadic partner. The mindfulness of *Pause* is supported by *Relax*. *Relax* encompasses bodily calm and mental acceptance, resulting in the ability to meet reactivity with equanimity. This mitigates over identification and withdrawal. At the same time, the guideline *Open* establishes as a skill, and eventually a capacity, the ability to remain fully in relationship as the dyadic interaction unfolds. This cultivates a capacity to mindfully communicate these internal experiences to the dyadic partner and to more fully receive

their communications, all the while remaining mindful and equanimous. As a result, whatever suffering the partner is experiencing is noticed acutely and met with calm. This helps the individual to remain mindful and non-aversive in the face of the other's distress or elation.

For example, a dyad consisting of a heterosexual male partner in practice with a heterosexual female partner is likely to present the participants with highly salient mental and perceptual stimuli. This may result in a desire to be seen in a certain way by one another, the fear of not being seen this way, and the suffering that accompanies these processes. The Pause helps each individual remain aware of the pleasant sensations of stimulation, and the unpleasant sensations and thoughts associated with vulnerability. Relax invokes an active internal process of down regulation. Open invites the mindfulness and down regulation of the other into full awareness while maintaining the awareness of one's internal processes. As a result, in the dyad this suffering is seen, shared, and met without reactivity, thus supporting the co-arising of empathy and equanimity that, together, comprise compassion.

ID provides guidance and practice in developing the meditative qualities while simultaneously teaching, via the contemplations, a theoretical framework that motivates continued development mindfulness, self-compassion, and compassion and stabilizes the already developed components of these concepts. ID also fosters strength in the other Factors of Awakening, not covered by validated scales and therefore not explicit objects of study for the current research. For example, inquiry is fostered in mutual reflection and by the guideline Speak the Truth; concentration arises with the support of the guideline Relax, but also naturally as two or more people help each other to stay focused and to down-regulate; and lovingkindness is supported by *Relax*, *Open* and *Listen Deeply*, and naturally arises in the close and quiet proximity of a dyad.

As stated previously, self-compassion has been proposed as one of the primary mechanisms through which mindfulness informed interventions positively affect well-being (Baer, 2010), and Self-Compassion has been found to increase mindfulness (Neff & Germer, 2012). This suggests a relationship with a feedback loop. In the model presented here, mindfulness as measured by the Five Fact Mindfulness questionnaire, is theorized to provide increased insight into internal suffering, and thus will be positively related to increased self-compassion as measured by the SCS. In a recursive relationship, increased self-compassion is theorized to provide a foundation for increased in mindfulness. When there is an experience of judgment focused internally, the tension associated with this aversion, or self-hatred, and delusion, or belief that the self is real and the self is bad, causes the mind to be agitated. This can interfere with mindfulness. Conversely, when thoughts and feelings arise and are accepted, the body and mind calm down. When tranquility is established, mindfulness is more readily sustained. Attention can more easily be maintained on experience as thoughts and feelings rise and vanish.

Self-Compassion has also been found to be related to other-focused concern. Specifically, individuals that report higher levels of self compassion also report increased concern for others (Neff & Pommier, 2012). The connection between self-compassion and compassion is suggested to derive in part from the intimate and detailed experience of an individual's own suffering made possible by this combination of tranquility and mindfulness. Through experiencing firsthand the ubiquity of suffering—of both body and mind—it is suggested that an individual can more readily imagine, understand, and actually see external signs of similar suffering in others. Since the mind is theorized to be somewhat less reactive by training, the steadiness of compassion becomes accessible, not just the sadness or aversion

associated with reactive empathy. Also, because the trained individual has over time repeatedly yielded to the fact that discomfort, dissatisfaction and stress are not under their control, this fact too is mapped over to the other's experience: suffering is known to be not under their control either. Again, when the mind is calm and non-reactive, stable compassion is the natural result.

Difficulties in the Adoption of a Radical Framework

In advance of exploring the mechanisms and impact of Insight Dialogue, several critical concerns must be addressed. Insight Dialogue is based on a Buddhist psychological framework that is in many ways radically different than any contemporary psychological frameworks. As previously discussed, Buddhist psychology shares many goals with Contemporary Psychology, such as alleviating distress, improving functioning, and understanding the mind. Furthermore, the concepts of mindfulness, self-compassion, compassion, and well-being thus far addressed are well established in both traditions, are theoretically sound, and to a large degree, are empirically validated. That is, the outcomes associated with concepts have been observed, experienced, and often replicated. Nonetheless, several potential misspecifications of these concepts exist, and have been noted in previous research (Keng, Smoski, & Robins, 2011).

The feature of Buddhist Psychology most likely to cause difficulty with the adoption of the Contemporary Psychological concepts under consideration here, is *anatta*, or not self. The Buddhist understanding that there is no stable, constructed self, which is increasingly shared with viewpoints emerging from cognitive psychology and neuroscience (Cohen & Dennett, 2011), is discordant with much of Contemporary Psychological thought and practice. Contemporary Psychology generally embraces the constructed self (Winnicott, 1958, Cozolino, 2010) and seeks to improve this self's functioning and relieve its suffering. While worthy and often effective, this approach is problematic in that by addressing the constructed self in this way, it is further

reified and the construction remains intact and unquestioned. One reason this is problematic is that Buddhist Psychology holds it is the constant effort to stabilize and satisfy this constructed self that is the root source of suffering. Seeing through this construction of self, then, is understood as the fundamental key to happiness, well-being, and harmonious relations.

Difficulties stemming from positing an existing, enduring self are most prevalent in the adoption of the construct of well-being from Contemporary Psychology. Many of the factors included in well-being are concerned with mastery, autonomy, and other self-bound concepts. Furthermore, well-being often involves appraisals of cognitions and behaviors that directly encompass self construction. This concern is also present, although to a lesser extent, for the adoption of Self-Compassion. The theoretical underpinnings of Self-Compassion attempt to address these discrepancies (Neff, 2003). However, it is suggested here that this conceptualization of self-compassion ultimately is constrained by its primary goal of compassion directed towards the constructed self. Accordingly, the constructed self is yet again strengthened rather than recognized as constructed and then released.

Another feature of Buddhist psychology that may present difficulties in combining BP and CP frameworks, is the observation that all phenomena are impermanent. This is accompanied by attitudes that incline towards not attachment and dispassion. At its depths, BP's observations of impermanence point to the absence of an enduring self, a viewpoint that may be controversial in CP. Contemporary psychology and neuroscience increasingly embrace the fluidity of mind states, moods, personality, and memories, the language, but the theoretical underpinnings, and tacit belief systems associated with many therapeutic methods appear to suggest that the acquisition and maintenance of stable happiness is attainable. Relationships and life circumstances are unstable and contingent, but the belief remains that an enduring and

undisturbed contentment is possible. As a result, many Contemporary Psychological measures include questions that valorize the gaining of stability and often fail to address the possible stance of recognizing the transience and contingency inherent in the human experience. As it pertains to the concept of well-being for example, the widely held view of individuals as decision makers who have the possibility to become masterful, efficacious, and essentially to seek and acquire well-being (Seligman, 2002), and who must prepare for and defend their happiness (Csikszentmihalyi, 2002) is at odds with Buddhist psychological values. Furthermore, the Buddhist psychological framework presented here suggests that this construct of well-being, this grasping, greatly contributes to suffering.

Finally, some lesser concern exists with the concept of mindfulness as established in Contemporary Psychology. As previously mentioned, mindfulness has been conceptualized in such a way as to subsume many other features of well-being and skill as posited by Buddhist Psychology. This may contribute to a lack of clarity in the role of mindfulness in the present research. However, having been under investigation and revision within Contemporary Psychology for longer than other Buddhist psychological concepts, these issues are addressed to some degree in the existing literature (Keng, Smoski, & Robins, 2011).

Despite the above stated concerns, the theoretical underpinnings and existing empirical literature suggested that the concepts adopted by the present study were found to be adequate for the research.

Hypotheses

For this study eight primary hypotheses are predicted: First (H1), subjects who participated in Insight Dialogue are predicted to experience increased psychological well-being as evidenced by a significant increase in Total Well-being scores on the Ryff Scales of

Psychological Well-Being (RPWB) between T1 and T2. Subordinate to this hypothesis, significant increases in three subscales of the RPWB are predicted. Specifically, significant increases are expected in (H1a) relational well-being as evidenced by a significant increase in scores on the Positive Relations with Others subscale of the RPWB between T1 and T2, (H1b) in self-acceptance as evidenced by a significant increase in scores on the Self-Acceptance subscale of the RPWB between T1 and T2, and (H1c) in personal growth as evidenced by a significant increase in scores on the Personal Growth subscale of the RPWB between T1 and T2.

The second hypothesis (H2) predicted that subjects who participated in Insight Dialogue would experience increased mindfulness as evidenced by significantly higher Total scores on the Five Facet Mindfulness Questionnaire (FFMQ) between T1 and T2. Subordinate to this hypothesis, significant increases each of the subscales of the FFMQ were predicted. Specifically, significant increases between T1 and T2 were expected in each of the five facets of the FFMQ; including the (H1a) Observe, (H1b) Act with Awareness, (H1c) Non-Reactivity, (H1d) Describe, and (H1e) Non-Judge subscales.

The third hypothesis (H3) predicted that subjects who participated in Insight Dialogue would experience increased self-compassion as evidenced by significantly higher scores on the Self-Compassion Scale (SCS) between T1 and T2.

The fourth hypothesis (H4) predicted that subjects who participated in Insight Dialogue would experience increased compassion as evidenced by significantly higher scores on the Compassion Scale (CS) between T1 and T2.

The fifth hypothesis (H5) predicted that self-compassion, as measured by the SCS, would moderate the relationship between mindfulness as measured by the FFMQ, and well-being as measured by the RSPWB at T1 and T2 (Figure 1).

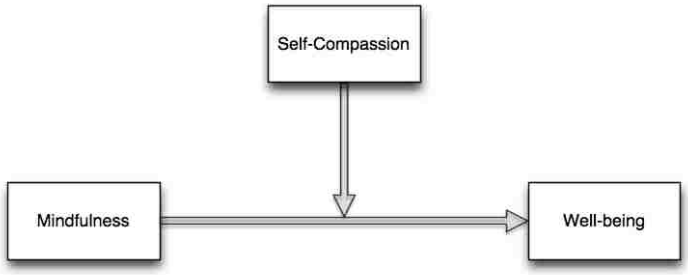

Figure 1.

The sixth hypothesis (H6) predicted that compassion, as measured by the CS, moderates the relationship between mindfulness as measured by the FFMQ, and well-being as measured by the RSPWB at T1 and T2 (Figure 2).

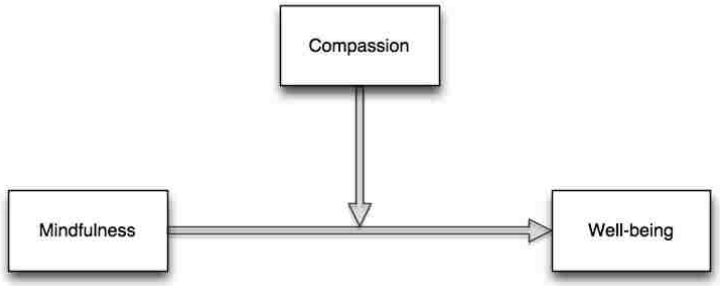

Figure 2.

The seventh hypothesis (H7) predicts that directional relationships between mindfulness, self-compassion, compassion, and well-being exist and can be described through the use of a simplified theoretically derived path model (Figure 3). The utility of this model in understanding the mechanisms of change present in Insight Dialogue was tested with the following hypotheses: (H7a) a significant positive relationship would exist between **Mindfulness** as measured by the FFMQ and **Well-Being** as measured by the RPWB, (H7b) a significant positive relationship would exist between **Self-Compassion** as measured by the SCS and **Well-Being** as measured by the RPWB, (H7c) there would be a significant positive correlation between **Mindfulness** as

measured by the FFMQ and **Self-Compassion** as measured by the SCS, (H7d) significant positive relationship would exist between **Mindfulness** as measured by the FFMQ and **Compassion** as measured by the CS, (H7e), significant positive relationship would exist between **Self-Compassion** as measured by the SCS and **Compassion** as measured by the CS, and (H7f), that a significant positive relationship would exist between **Compassion** as measured by the SCS and **Well-Being** as measured by the RPWB.

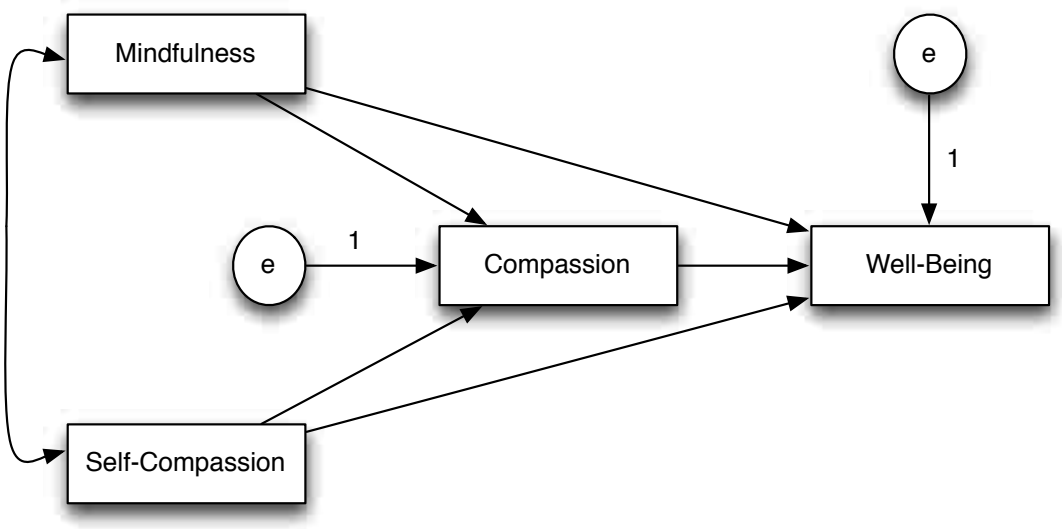

Figure 3. Hypothesis 7

The eighth hypothesis (H8) suggested that factor analysis of items on the RPWB could be used to provide a complementary measure of well-being in the event that difficulties related to the use of a Contemporary Psychological concept of well-being emerged. Specifically, this would provide a means of accessing a concept of well-being less dependent on strengthening a constructed self.

CHAPTER III

Method

Participants

Adults over the age of 18 who attended Insight Dialogue (ID) retreats were eligible to participate in this study. The demographic characteristics of the final sample (N = 100) was comprised of more females (76%) than males (24%) and ranged in age from 19 to 87 years of age total (M = 55.69, SD = 11.54). The sample primarily consisted of participant's who identified themselves as White/Non Hispanic (90%) with the remaining participants identifying as Asian or Pacific Islander (6%), Hispanic (2%), and two or more races (2%).

Information regarding previous participation in ID retreats and meditation history was also gathered. Of the participants in this sample 57% had previously attended an ID retreat, and 43% had not. For those that had attended an ID retreat the number of retreats attended ranged from 1 to 12 (M = 2.03 SD = 2.8). The sample was comprised of more people who had a history of practicing meditation (96%) than not (4%). The average meditation history was 162.85 months (13.3 years), however this statistic needs to be considered in light of the standard deviation of 147.49 months (12.3 years). Full demographic information from participants is displayed in Table 1.

Table 1.

Descriptive Statistics & Frequency

	M	*SD*	*Frequency/%*
Age	55.69	11.54	
Female			76
Male			24
White/Non-Hispanic			90
Asian or Pacific Islander			6
Hispanic			2
Two or more races			2
No meditation history			4
Previous meditation history			96
Duration of meditation history (months)	162.85	147.49	
Previous ID experience			57
No previous ID experience			47
Number of previous ID retreats	2.03	2.8	

Note. *N*=100

Sampling Procedure

Participants were recruited from five Insight Dialogue (ID) retreats scheduled as part of regularly offered ID trainings conducted in North America between October 2013 and August of 2014. Approval for the study was granted by the University of Montana's Human Subjects Protection Program as well as from the directors of each of the meditation retreats. Prior to data collection being conducted at any given retreat, the organizers of the ID retreat was informed about the nature of the study and subsequently provided information to individuals regarding the potential impacts and benefits of participation in the study. Upon arrival at the retreat and prior to any instruction the retreat individuals were again briefed regarding the study and then provided with the opportunity voluntarily participate.

Each person that expressed interest in the study was individually informed about the nature of the study by the principle investigator (PI) or by one of two other individuals who were trained on the data collection procedures by the PI. Retreat attendants that chose to participate in the study were provided with informed consent (Appendix E) and requirements for participation

were explained, along with the caveat that they could withdraw from the study at anytime without fear of penalty. Further instructions made explicit were that participation in the study would not affect their participation in the retreat and that data collection would not affect the implementation of the practice. Participants were then provided with a subject number and a de-identified packet of measures that requested demographic characteristics and self-report information concerning their present experience across a number of psychological domains. The number of participants recruited at each of the five retreats ranged from 14 to 32 (M = 21). Participants were not provided with financial or material compensation for participation, all participants were provided with information on how to access the results of the research in the future.

Sample Size and Power

Power analyses was conducted using G*Power (Buchner, Erdfelder, Faul, & Lang, 2009). Using highly conservative effect sizes estimates for Mindfulness, Self-Compassion, and Well-being, the program suggested sample sizes ranging from $N = 40$ to $N = 80$ for repeated measures ANOVA and repeated measures ANCOVA analysis which were well exceeded in the present study ($N = 100$). Sample size recommendations for conditional indirect effects such as moderation currently lack an extensive literature base and simulation has been regarded as a means of estimating power (Hays, 2013).

Sample size estimates for path analysis vary greatly and are highly dependent on the model under investigation. The model under consideration in this study was fully identified with 10 parameters, and as such the current sample size ($N = 100$) can be considered acceptable (Kline, 1998).

Finally, 100 subjects were required to conduct the exploratory factor analysis with the 10 questions from the RPWB that were identified as theoretical compatible with a Buddhist Psychological conceptualization of well-being. Overall, sample size of *N*= 100 was considered sufficient to test the a priori hypotheses.

Materials

Participants were provided with a packet of instruments, which contained the four dependent measures relevant to the present study as well as a demographic questionnaire created by the author for this study. These measure included the Scales of Psychological Well-Being (RPWB; Ryff & Keyes, 1995), the Five Facet Mindfulness Questionnaire (FFMQ; Baer, Smith, Hopkins, Krietemeyer, & Toney, 2006), the Self-Compassion Scale (SCS; Neff, 2003), and the Compassion Scale (CS; Pommier, 2011). These scales respectively measured the constructs of psychological well-being, mindfulness, self compassion, and compassion. The instruments were administered individually prior to the start of the insight dialogue retreats (T1) and immediately following the retreats (T2). Measures were completed in the order described here with the demographics placed first so as to maximize responses while not affecting the response rate for non-demographic variables (Teclaw, Price, & Osatuke, 2012). Given the five-day interval between the administration of the measures no counterbalancing was used. The instruments are described below.

Demographic Information.

The demographics questionnaire was administered in order determine to participants age, ethnic identification, religious preference, socioeconomic status, current occupation, gender, level of education, years of meditation experience, and relationship status. Research suggests that

the amount of meditation practice individual's have acquired influences the outcomes they experience (Carmody & Baer, 2007).

Psychological Well-Being.

Psychological Well-Being was assessed using the Scales of Psychological Well-Being (RPWB; Ryff & Keyes, 1995), which measures eudemonic well-being, and highlights positive psychological functioning and human development. The RPWB conceptualizes well-being as has having six dimensions: *autonomy*, *environmental mastery*, *personal growth*, *positive relations with others*, *purpose in life*, and *self-acceptance*. The *autonomy* dimension has good internal consistency (α =.83) and is described as pertaining to qualities such as self-determination, independence, and resistance to social pressures. The *environmental mastery* dimension also has good internal consistency (α =.86) and is concerned with qualities such as competence, and control. The *personal growth* dimension (α =.85) pertains to ongoing growth and development, and openness to new experiences. The *positive relations with others* dimension (α =.88) includes warmness, empathy, reciprocity, trust, and satisfaction in relationships. The *purpose in life* dimension (α =.88) relates to goals and direction in life, and sense of meaning. Finally, the *self-acceptance* dimension has excellent infernal reliability (α =.91) and includes qualities such as a positive attitude toward one's self, life, and past, including both the good and bad qualities (Ryff, 1989, Ryff & Keyes 1995).

The short form of the measure was used for the current study. The short form RPWB consists of 54 questions, with each of the six theoretically guided dimensions consisting of 9 item scales, that were originally derived from 14 item parent scales. This version of the scale has been found to have generally acceptable internal consistencies ranging from α =.61 to α =.83 (Ryff & Singer, 2008). Subjects were asked to report their present agreement or disagreement

with each question by using a 6-point Likert-type scale (1; Strongly Disagree, 6; Strongly Agree). This form of the measure has been found to have good psychometric properties, and its use to assess well-being in relation to interventions informed by Buddhist psychology has been well established (Baer, 2008).

Mindfulness.

Mindfulness was assessed using the Five Facet Mindfulness Questionnaire (FFMQ; Baer, Smith, Hopkins, Krietemeyer, & Toney, 2006), which measures the general tendency to be mindful. The FFMQ conceptualizes mindfulness as having five facets: *observing*, *describing*, *acting with awareness*, *non-judging of inner experience*, and *non-reactivity to inner experience*. *Observing* (α =.83) has good internal consistency and is described as the tendency to notice and attend to internal and external experiences including cognition, bodily sensations, emotions and sensory perceptual stimulation. *Describing* (α =.91) has excellent internal consistency and includes labeling observed experiences with words. *Acting with awareness* also has good internal reliability (α =.87) and pertains to attending to ongoing and habitual activity. *Nonjudging of inner experience* (α =.87) is described as taking a nonevaluative stance towards cognitions and emotions. *Nonreactivity to inner experience,* which has acceptable internal consistency (α =.75), is the tendency to allow cognitions and emotions to come and go, without over identifying. The global scale also has good internal consistency (α =.87).

The FFMQ consists of 39 items and is based on factor analysis of the combined item pool from five independently developed mindfulness questionnaires. The FFMQ has also been shown to have good internal consistency in a range of samples including experienced meditators, non-meditation community members, and students (Baer et al., 2006; Baer et al., 2008).

Self-Compassion.

Self-Compassion was assessed using the Self-Compassion Scale (SCS; Neff, 2003), which conceptualizes Self-Compassion as having three basic components that include self-kindness, common humanity, and mindfulness. The scale assesses six different aspects of self-compassion, which are divided into three positive factors of self-compassion, and three factors focusing on deficits in self-compassion. The positive factors include *Self-Kindness*, *Common Humanity*, *Mindfulness,* and the negative factors of *Self-Judgment*, *Isolation*, and *Over-Identification*. The 26 item SCS asks subjects to report agreement or disagreement with each question by using a 5-point Likert-type scale (1; Almost Always, 6; Almost Never). The SCS has good reliability with Cronbach's alphas ranging from .75 to .81 and excellent internal consistency reliability ($\alpha = .97$). The SCS has been found to have concurrent validity, convergent validity, discriminate validity, and test–retest reliability ($\alpha = .93$; Neff, 2003, 2005).

Compassion.

Compassion was assessed using the Compassion Scale (CS; Pommier, 2011), which shares a theoretical framework with the SCS. The CS conceptualizes compassion as having three basic components that include self-kindness, common humanity, and mindfulness. The scale assesses six different aspects of self-compassion, which include *Kindness*, *Indifference*, *Common Humanity*, *Separation*, *Mindfulness*, and *Disengagement*. The 24 item CS asks subjects to report agreement or disagreement with each question by using a 5-point Likert-type scale (1; Almost Always, 6; Almost Never). The CS has good internal consistency reliability ($\alpha = .90$).

CHAPTER IV

Results

Research Design

The present study's' combination of a repeated measures design and cross sectional designs was intended to both evaluate the outcomes associated with ID and to investigate the mechanisms of that contribute to these outcomes.

Statistics and Data Analysis

Addressing Missing data.

A total of 105 participants volunteered to complete the present study. Of the total subject pool five participants returned materials with missing data. Initial review indicated that four of these were considered missing at random, and one was considered missing not at random. In all cases (n =5) a listwise deletion method was chosen in accordance with a complete case analysis approach. In the final sample (N = 100) missing data analysis indicated that no single questions were missing in more than 2% of cases, indicating a highly complete data set.

Additional steps were taken to address missing data that resulted from a printing error that affected one question on the RSPWB at one retreat. The missing item was question number 17 on the RSPWB and it loaded onto the *Environmental Mastery* subscale. There were 35 participants affected by the missing item and mean substitution was chosen to address this missing data (Craig, 2010). Some concerns exist that mean substitution can reduce the variance of the variable under consideration (Cole, 2008), however as the question is one item on a nine item subscale that was not used in any primary analysis the estimated that the impact of the missing data was found to be minimal.

Preliminary analysis.

A z-score cut-off of 3.29 ($p < .001$) was used to identify any potential univariate outliers present in the variables under consideration in this study (Field, 2005; Tabachnick & Fidell, 2001). No outliers were identified using this approach, and consequently no cases were excluded from the analysis.

The Kolmogorov-Smirnov statistic (K-S test) was used to examine univariate normality. The results of the K-S test indicated that the distribution of scores for T1 Compassion (D = .133 df = 82 p = .001) and T2 Compassion (D = .157 df = 82 $p < .001$), and T1 (D = .109 df = 98 $p = .006$) and T2 (D = .15 df = 98 $p < .001$) *Positive Relations with Others* subscales of the RSPWB differed significantly from a normal distribution. Square root and Log10 transformations of positively skewed variables were considered; however, the choice was made not to rely on a data set affected by a transformation procedure. The results of the K-S tests indicated that for all other variables that the distributions did not differ significantly from a normal distribution. Additionally, histograms and values for skewness (S) and kurtosis (K) were used to evaluate the distribution of scores.

For all repeated measures analysis of variance (RM-ANOVA), normality and homogeneity of variance assumptions were assessed by examining histograms and the skewness and kurtosis for each of the dependent variables. Given the two time point design of the present study, sphericity and compound symmetry assumptions did not apply. Descriptive statistics for the variables of interest are presented in Table 1.

Control Variables.

The control variables of sex, age, income, have been identified by previous research as being generally associated with wellbeing (Ryff, 1989, Stones, Worobetz, & Brink, 2011).

Meditation history, age, and sex have also been recognized as being associated with mindfulness (Baer et al, 2006). Previous participation at ID retreats was also predicted to be related to the variable of interest and was included as a control variable. For these reasons, a correlation analysis including all five control variables was conducted to determine if any were significantly associated with the primary variables of interest. In the cases where significance was discovered the respective variable was included as a covariate in subsequent analyses.

Sex.

At T1 participants self identified sex was found to be correlated with the *Positive Relations with Others* subscale of the RPSWB (r =.296 p < .01), and with the *Non React* subscale of the FFMQ (r =-.210 p < .05). This suggested a negative relationship between identifying as female and scores on the *Non React* subscale.

At T2 participants self identified sex was found to be correlated with the *Positive Relations with Others* subscale of the RPSWB (r =.200 p < .05). This suggested a positive relationship between identifying as female and reporting higher *Positive Relations with Others.*

Age.

At T1 age was found to be positively correlated with the *Positive Relations with Others* subscale of the RPSWB (r =.173 p < .05), the *Describe* subscale of the FFMQ (r =.200 p < .05), the *Non Judge* subscale of the FFMQ (r =.277 p < .01) and the *Total Self-compassion* score from the SCS (r =.187 p < .05). At T2 age was found to be positively correlated the *Self Acceptance* subscale of the RPSWB (r =.205 p < .05), the *Describe* subscale of the FFMQ (r =.209 p < .05), the *Non Judge* subscale of the FFMQ (r =.232 p < .01), the *Total Mindfulness* score from the FFMQ (r =.208 p < .05), the *Total Self-Compassion* score from the SCS (r =.224 p < .05), and the *Total Compassion* score from the CS (r =.243 p < .05). Thus, a higher score on these scales

was correlated with increasing age, and age was used as a covariate where these variables were the subject of study.

As repeated measure ANCOVAs required mean centering and other transformations to address age as a covariate (Delaney & Maxwell, 1981), repeated measures ANOVAs were used for the primary analysis and where age was found to covary, split group analyses were chosen to assess the impact of age on the variables of interest. The decision was made to create and older and younger group divided at the age of 55, which is in accordance with the Census Bureau Older Population age band data and is sample mean (M = 55.6) was chosen both as to provide a way to account for the influence of age participant while preserving sample size (United States Census Bureau, 2012).

Meditation History.

At T1 participants *Meditation History* was found to be positively correlated *Self Acceptance* subscale of the RPSWB (r =.186 p < .05), the *Total Wellbeing* score on the RPSWB (r =.240 p < .05), the *Observe* subscale of the FFMQ (r =.299 p < .01), the *Act with Awareness* subscale of the FFMQ (r =.184 p < .05), the *Non Judge* subscale of the FFMQ (r =.251 p < .01), the *Non React* subscale of the FFMQ (r =.177 p < .05), the *Total Mindfulness* score on the FFMQ (r =.260 p < .01), and the *Total Self-Compassion* score on the SCS (r =.241 p < .01).

At T2 length of participants *Meditation History* was found to be positively correlated with *Self Acceptance* subscale of the RPSWB (r =.241 p < .01), *Total Well- being* score on the RPSWB (r =.198 p < .05), *Observe* subscale of the FFMQ (r =.304 p < .01), *Act with Awareness* subscale of the FFMQ (r =.193 p < .05), the *Non Judge* subscale of the FFMQ (r =.256 p < .01), the *Non React* subscale of the FFMQ (r =.245 p < .05), the *Total Mindfulness* score on the FFMQ (r =.282 p < .01), the *Total Self-Compassion* score on the SCS (r =.278 p < .01), and the

Total Compassion score on the CS (r =.168 $p < .05$). Thus, meditation history was used as a covariate where these variables were the subject of study.

Tests of Hypotheses

Total Well-Being.

H1: To assess the effect of participation in an *Insight Dialogue* retreat on subject's *Well-Being*, a one-way RM-ANOVA was performed between T1 and T2 *Total* scores on the RPWB. The results showed that participants in the ID retreat experienced a significant increase in their *Total* wellbeing scores over the course of an ID retreat, $F(1,85) = 7.151$, $p = .009$, $\eta^2 = .078$, which indicated that 7.8% of the variance in *Total Well-Being* scores can be accounted for by participation in an ID retreat.

Zero order correlation analysis indicated that participant's *Meditation History*, that is the length of time participants had practiced meditation prior to the ID retreat, was positively correlated with *Total Well-Being* scores at T1 and at T2. Thus, a subsequent RM-ANCOVA was performed to assess for the effect of participation in an ID retreat on *Total Well-Being* scores while controlling for *meditation history*.

The results of the RM-ANCOVA showed a significant main effect for *Total Well-Being* between T1 and T2, $F(1,85) = 6.286$, $p = .014$, $\eta^2 = .071$, and a non-significant interaction, indicating that while the significant change in *Total Well-Being* scores covaries with *meditation history*, the main effect for *Total Well-Being* is not dependent on *meditation history*. In this model, after accounting for the effect of *meditation history*, 7.1% of the variance in *Total Well-Being* scores can be accounted for by participation in an ID retreat.

Well-being Subscales.

H1a: To assess the effect of *Insight Dialogue* on the *Self-Acceptance* subscale of the RPWB a one-way RM-ANOVA was performed between T1 and T2 *Self-Acceptance* subscale scores. The results showed that participants in the ID retreat experienced a significant increase in *Self-Acceptance* scores on the over the course of an ID retreat, $F(1,90) = 16.332$, $p < .001$. $\eta^2 = .154$, which indicated that 15.4% of the variance in *Self-Acceptance* scores is accounted for by participation in an ID retreat.

Zero order correlation analysis indicated that the length of time participants had practiced meditation prior to the ID retreat, that is to say their *meditation history,* was positively correlated with *Self-Acceptance* scores at T1 and at T2. As such, a subsequent RM-ANCOVA was performed to assess for the effect of participation in an ID retreat on *Self-Acceptance* while controlling for *meditation history*.

The results of the RM-ANCOVA including *Self-Acceptance* scores and *Meditation History* showed a significant main effect for *Self-Acceptance* score between T1 and T2, $F(1,89) = 7.805$, $p = .006$, $\eta^2 = .08$, and a non-significant interaction, $F(1,89) = .02$, $p = 96$, indicating that while the significant change in *Self-Acceptance* scores covaries with *meditation history*, the main effect for *Self-Acceptance* is not dependent on *meditation history*. In this model, after accounting for the effect of *meditation history*, 8% of the variance in *Self-Acceptance* can be accounted for by participation in an ID retreat.

Zero order correlation analysis also indicated that *age* was positively correlated with *Self-Acceptance* scores at T2. As such, a subsequent RM-ANCOVA was performed to assess for the effect of participation in an ID retreat on *Self-Acceptance* while controlling for *Meditation History* for two different age groups, those above 55 years of age and those below 55.

The one-way RM-ANCOVA performed between T1 and T2 *Self-Acceptance* subscale scores for the *below 55* age group showed that participants in the ID retreat experienced a significant increase in *Self-Acceptance* scores the over the course of an ID retreat, $F(1,41)= 5.08$, $p < .05$. $\eta^2= .110$, which indicated that 11% of the variance in *Self-Acceptance* scores in this group is accounted for by participation in an ID retreat.

The one-way RM-ANCOVA performed between T1 and T2 *Self-Acceptance* subscale scores for the *above 55* age group showed that participants in the ID retreat also experienced a significant increase in *Self-Acceptance* scores the over the course of an ID retreat, $F(1,46)= 10.71$, $p < .002$. $\eta^2= .186$, which indicated that 18.6% of the variance in *Self-Acceptance* scores in this group is accounted for by participation in an ID retreat. Overall, the split group analyses indicated increased age is related to increased scores on the Self-Acceptance subscale as a result of participation in an ID retreat.

H1b: To assess the effect of *Insight Dialogue* on Personal Growth, as measured by the *Personal Growth* subscale on the RPWB a one-way RM-ANOVA was performed between T1 and T2 *Personal Growth* subscale scores. There was no significant increase in *Personal Growth* subscale scores over the course of an ID retreat, $F(1,97) = 3.083$, $p = .082$.

Zero order correlation analysis indicated that previous attendance at an ID retreat, that is to say *previous ID experience,* was negatively correlated with *Personal Growth* scores at T2 ($r =-.232$, $n =99$, $p =.021$). Suggesting that not having attended an ID retreat is negatively related to personal growth scores. As such, split group RM-ANOVAs were performed to assess for the effect of participation in an ID retreat on *Personal Growth*.

The one-way RM-ANOVA performed between T1 and T2 *Personal Growth* scores for those that *previously attended an ID retreat* showed that participants in the ID retreat

experienced a significant increase in *Personal Growth* scores the over the course of an ID retreat, $F(1,55)= 8.33$, $p < .01$. $\eta^2= .132$, which indicated that 13.2% of the variance in *Personal Growth* scores in this group is accounted for by participation in an ID retreat.

The one-way RM-ANOVA performed between T1 and T2 *Personal Growth* scores for those that had *not previously attended an ID retreat* was non significant and indicated that that participants this group did not experience a significant increase in *Personal Growth*. Overall, the split group analyses indicated that having previously attended an ID retreat is related to increased scores on the *Personal Growth* subscale.

H1c: To assess the effect of *Insight Dialogue* on the *Positive Relations with Others* subscale on the RPWB, a one-way RM-ANOVA was performed between T1 and T2 *Positive Relations with Others* subscale scores. There was no significant increase in *Positive Relations with Others* subscale scores over the course of an ID retreat, $F(1,97) = 1.285$, $p = .260$. As sex was found to be related to the *Positive Relations with Others* subscale of the RPSWB, a spilt group analyses was performed between groups. There was no significant increase in *Positive Relations with Others* subscale scores for males or females over the course of an ID retreat.

It should be noted that preliminary analysis indicated that both T1 and T2 *Positive Relations with Others* had distributions, which differed significantly from the normal distribution. The results of these analyses appear to suggest that a ceiling effect occurred. That is to say, the data suggests that high proportion of the participants in this sample have high scores on the *Positive Relations with Others* subscales and that reduced variability makes discrimination among these participants difficult.

Table 2.

Summary of Repeated Measures Results for Well-being

		Time 1		*Time 2*			
Hypothesis	Description	M	SD	M	SD	Significance	η^2
Hypothesis 1	Total Well-being	258	22	262	21	Significant***	.07
Hypothesis 1a	Self-Acceptance	43.9	6.7	45.5	5.4	Significant***	.08
	Self-Acceptance (Under age 55)	42.5	6.9	43.9	5.8	Significant**	.11
	Self-Acceptance (Over age 55)	45.2	6.2	46.9	4.7	Significant***	.18
Hypothesis 1b	Personal Growth (ID experience)	43.7	3.3	45.8	2.5	Significant***	.13
	Personal Growth (No ID experience)	43.5	3.1	43.5	3.2	Not Significant	
Hypothesis 1c	Positive Relations with Others	46	6.2	46.6	6.6	Not Significant	

Note. Significance is indicated by ***p < .001, ** p < .01, * p < .05
ANCOVA η^2 adjusted for covariates where required
η^2 Effect Sizes Small = .01 Medium = .06 Large = .14 (Miles & Shevlin, 2001)

Total Mindfulness

Research on FFMQ suggests that the use of a Total Mindfulness score may problematic (Baer, 2006). In particular, the Observe facet appears to more often behave as expected with trained and experienced meditators and has also been found to predict different outcomes (Baer, 2006, Consedine & Butler, 2013). However, the use of a total score as a broad measure of dispositional mindfulness has been established, although consideration of relationships between the scores on each of the five facets is recommended (Baer, 2006, Tomfohr et al., 2015). Given these concerns a correlation analysis of the five facets was conduced and the results suggested that the sample was found to have acceptable internal consistency.

H2: To assess the effect of *Insight Dialogue* on *Mindfulness*, as measured by the FFMQ a one-way RM-ANOVA was performed between T1 and T2 FFMQ *Total Mindfulness* scores. The results showed that participants in the ID retreat experienced a significant increase in their *Total*

Mindfulness scores over the course of an ID retreat, $F(1,95) = 44.052$, $p < .001$. $\eta^2 = .317$, which indicated that 31.7% of the variance in *Total Mindfulness* scores can be accounted for by participation in an ID retreat.

Zero order correlation analysis indicated that *meditation history*, that is the length of time participants had practiced meditation prior to the ID retreat, was positively correlated with *Total Mindfulness* scores at T1 and T2 ($r = .280$, $N = 95$ $p = .006$, and $r = .292$, $n = 97$, $p = .004$ respectively). As such, a subsequent RM-ANCOVA was performed to assess for the effect of participation in an ID retreat on *Total Mindfulness* while controlling for *meditation history*.

The results of the RM-ANCOVA showed a significant main effect for *Total Mindfulness* between T1 and T2, $F(1,92) = 19.67$, $p < .001$, $\eta^2 = .176$, and a non-significant interaction, indicating that while the significant change in Total Mindfulness scores covaries with *meditation history*, the main effect for *Total Mindfulness* is not dependent on *meditation history*. In this model, after accounting for the effect of *meditation history*, 17.6% of the variance in *Total Mindfulness* can be accounted for by participation in an ID retreat.

Zero order correlation analysis also indicated that *age* was positively correlated with *Total Mindfulness* scores at T2 ($r = .208$, $N = 99$ $p = .039$). As such, split group RM-ANOVAs were performed to assess for the effect age retreat on *Total Mindfulness* scores.

The one-way RM-ANOVA performed between T1 and T2 *Total Mindfulness* subscale scores for the *below 55* age group showed that participants in the ID retreat experienced a significant increase in *Total Mindfulness* scores the over the course of an ID retreat, $F(1,46) = 25.09$, $p < .01$. $\eta^2 = .353$, which indicated that 35.3% of the variance in *Total Mindfulness* scores in this group is accounted for by participation in an ID retreat.

The one-way RM-ANOVA performed between T1 and T2 *Total Mindfulness* subscale scores for the *above 55* age group showed that participants in the ID retreat also experienced a significant increase in *Total Mindfulness* scores the over the course of an ID retreat, $F(1,48)= 18.92$, $p < .001$. $\eta^2 = 2.83$, which indicated that 28.3% of the variance in *Total Mindfulness* scores in this group is accounted for by participation in an ID retreat. Overall, the split group analyses indicated both age groups reported significantly increased scores on *Total Mindfulness* subscale as a result of participation in an ID retreat, and that the lower age group reported larger increases scores on the *Total Mindfulness* subscale.

Mindfulness Subscales.

To assess the effect of *Insight Dialogue* on each of the mindfulness subscales, as measured by the FFMQ a one-way RM-ANOVA was performed between T1 and T2 FFMQ mindfulness subscale score scores.

H2a: To assess the effect of *Insight Dialogue* on the *Observe* facet of mindfulness, as measured by the *Observe* subscale on the FFMQ, a one-way RM-ANOVA was performed between T1 and T2 FFMQ *Observe* subscale scores. The results showed that participants in the ID retreat experienced a significant increase in their *Observe* subscale scores over the course of an ID retreat, $F(1,97) = 56.106$, $p < .001$. $\eta^2= .366$, which indicated that 36.6% of the variance in *Observe* subscale scores can be accounted for by participation in an ID retreat.

Zero order correlation analysis indicated that participants *Meditation History*, that is the length of time participants had practiced meditation prior to the ID retreat, was positively correlated with *Observe* scores at T1 and at T2. As such, a subsequent RM-ANCOVA was performed to assess for the effect of participation in an ID retreat on *Observe* scores while controlling for *meditation history*.

The results of the RM-ANCOVA including *Observe* scores and *Meditation History* showed a significant main effect for *Observe* scores between T1 and T2, $F(1,96) = 26.552$, $p < .001$, $\eta^2 = .217$, and a non-significant interaction, $F(1,96) = .036$, $p = 85$, indicating that while the significant change in *Observe* scores covaries with *meditation history*, the main effect for *Observe* not dependent on *meditation history*. In this model, after accounting for the effect of *meditation history*, 21.7% of the variance in *Observe* can be accounted for by participation in an ID retreat.

H2b: To assess the impact of *Insight Dialogue* on the *Act with Awareness* facet of mindfulness, as measured by the *Act with Awareness* subscale on the FFMQ, a one-way RM-ANOVA was performed between T1 and T2 FFMQ *Act with Awareness* subscale scores. The results showed that participants in the ID retreat experienced a significant increase in their *Act with Awareness* subscale scores over the course of an ID retreat, $F(1,99) = 27.472$, $p < .001$. $\eta^2 = .217$, which indicated that 21.7% of the variance in *Act with Awareness* subscale scores can be accounted for by participation in an ID retreat.

H2c: To assess the effect of *Insight Dialogue* on the *Non-Reactivity* facet of mindfulness, as measured by the *Non-Reactivity* subscale on the FFMQ, a one-way RM-ANOVA was performed between T1 and T2 FFMQ *Non-Reactivity* subscale scores. The results showed that participants in the ID retreat experienced a significant increase in their *Non-Reactivity* subscale scores over the course of an ID retreat, $F(1,99) = 19.373$, $p < .001$. $\eta^2 = .164$, which indicated that 16.4% of the variance in *Non-Reactivity* subscale scores can be accounted for by participation in an ID retreat.

H2d: To assess the effect of *Insight Dialogue* on the *Describe* facet of mindfulness, as measured by the *Describe* subscale on the FFMQ, a one-way RM-ANOVA was performed

between T1 and T2 FFMQ *Describe* subscale scores. The results showed that participants in the ID retreat experienced a significant increase in their *Describe* subscale scores over the course of an ID retreat, $F(1,99) = 16.724$, $p < .001$. $\eta^2 = .145$, which indicated that 14.5% of the variance in *Describe* subscale scores can be accounted for by participation in an ID retreat.

Zero order correlation analysis also indicated that *sex* was positively correlated with *Describe* scores at T2. As such, a subsequent RM-ANOVA was performed to assess for the effect of participation in an ID retreat on *Describe* for males and females separately.

The one-way RM-ANOVA performed between T1 and T2 *Describe* subscale scores for males showed that male participants in the ID retreat experienced a significant increase in *Describe* scores the over the course of an ID retreat, $F(1,23) = 10.18$, $p < .01$. $\eta^2 = .307$, which indicated that 30.7% of the variance in *Describe* scores in the male group is accounted for by participation in an ID retreat.

The one-way RM-ANOVA performed between T1 and T2 *Describe* subscale scores for females showed that female participants in the ID retreat experienced a significant increase in *Describe* scores the over the course of an ID retreat, $F(1,75) = 10.064$, $p < .01$. $\eta^2 = .118$, which indicated that 11.8% of the variance in *Describe* scores in the female group is accounted for by participation in an ID retreat. Overall, the split group analyses indicated sex is related to increased scores on the Describe subscale as a result of participation in an ID retreat and that males appear to experience greater increases in the *Describe* scores than do females.

H2e: To assess the effect of *Insight Dialogue* on the *Non-Judging* facet of mindfulness, as measured by the *Non-Judging* subscale on the FFMQ, a one-way RM-ANOVA was performed between T1 and T2 FFMQ *Non-Judging* subscale scores. The results showed that participants in the ID retreat experienced a significant increase in their *Non-Judging* subscale

scores over the course of an ID retreat, $F(1,97) = 15.534$, $p < .001$. $\eta^2 = .138$, which indicated that 13.8% of the variance in *Non-Judging* subscale scores can be accounted for by participation in an ID retreat.

Table 3.

Summary of Repeated Measures Results for Mindfulness

		Time 1		*Time 2*			
Hypothesis	Description	M	SD	M	SD	Significance	η^2
Hypothesis 2	Total Mindfulness	29.2	3.8	3.7	3.6	Significant***	.17
Hypothesis 2a	Observe	30.7	4.7	32.9	4.4	Significant***	.21
Hypothesis 2b	Act with Awareness	27.4	4.9	29.1	5.1	Significant***	.21
Hypothesis 2c	Non-Reactivity	24.4	4.5	25.9	4.1	Significant***	.16
Hypothesis 2d	Describe	31.3	5.1	32.6	5	Significant***	.14
	(Male) Describe	29.9	5.8	31.4	5.8	Significant***	.30
	(Female) Describe	31.7	4.8	33	4.7	Significant***	.11
Hypothesis 2e	Non-Judging	32	6	33.3	5.4	Significant***	.13

Note. Significance is indicated by ***p < .001, ** p < .01, * p < .05
ANCOVA η^2 adjusted for covariates where required
η^2 Effect Sizes Small = .01 Medium = .06 Large = .14 (Miles & Shevlin, 2001)

Self-Compassion

H3: To assess the effect of Insight Dialogue on *Self-Compassion*, as measured by the SCS a one-way repeated measures ANOVA was performed between T1 and T2 SCS *Total* scores. The repeated-measures analysis of variance revealed that participants in the ID retreat experienced a significant increase in *Total Self-Compassion* scores on the over the course of an ID retreat, $F(1,98) = 21.108$, $p < .001$. $\eta^2 = .177$ indicates that 17.7% of the variance in *Total Self-Compassion* is accounted for by participation in an ID retreat.

Zero order correlation analysis also indicated that *age* was positively correlated with *Total Self-Compassion* scores at T1 and at T2. As such, split group RM-ANOVAs were performed to assess for the effect age retreat on *Total Self-Compassion* scores.

The one-way RM-ANOVA performed between T1 and T2 *Total Self-Compassion* scores for the *below 55* age group showed that participants in the ID retreat experienced a significant increase in *Total Self-Compassion* scores the over the course of an ID retreat, $F(1,46)= 8.89$, $p < .01$. $\eta^2= .162$, which indicated that 16.2% of the variance in *Total Self-Compassion* scores in this group is accounted for by participation in an ID retreat.

The one-way RM-ANOVA performed between T1 and T2 *Total Self-Compassion* scores for the *above 55* age group showed that participants in the ID retreat also experienced a significant increase in *Total Self-Compassion* scores the over the course of an ID retreat, $F(1,51)= 12.16$, $p < .001$. $\eta^2= .193$, which indicated that 12.3% of the variance in *Total Self-Compassion* scores in this group is accounted for by participation in an ID retreat. Overall, the split group analyses indicated lower age is related to increased scores on the *Total Self-Compassion* subscale as a result of participation in an ID retreat.

Zero order correlation analysis indicated that the length of time participants had practiced meditation prior to the ID retreat, that is to say their *meditation history,* was positively correlated with *Self-Compassion* scores at T1 and at T2. As such, a subsequent RM-ANCOVA was performed to assess for the effect of participation in an ID retreat on *Self-Compassion* while controlling for *meditation history*.

The results of the RM-ANCOVA including *Self-Compassion* scores and *Meditation History* showed a significant main effect for *Self-Compassion* score between T1 and T2, $F(1,97) = 8.339$, $p = .005$, $\eta^2= .08$, and a non-significant interaction, $F(1,97) = .056$, $p = .81$, indicating that while the significant change in *Self-Compassion* scores covaries with *meditation history*, the main effect for *Self-Compassion* is not dependent on *meditation history*. In this model, after

accounting for the effect of *meditation history*, 8% of the variance in *Self-Compassion* can be accounted for by participation in an ID retreat.

A full model was also conducted to evaluate the effect of Insight Dialogue on Self-Compassion while controlling for meditation history and assessing the effect age. For the *lower age* group the results of the RM-ANCOVA including *Self-Compassion* scores and *Meditation History* showed a significant main effect for *Self-Compassion* score between T1 and T2, $F(1,45) = 7.418$, $p = .009$, $\eta^2 = .142$, and a non-significant interaction, $F(1,45) = 1.16$, $p = .28$, indicating that while the significant change in *Self-Compassion* scores covaries with *meditation history*, the main effect for *Self- Compassion* is not dependent on *meditation history* for the *lower age* group. In this model, after accounting for the effect of *meditation history*, 14.2% of the variance in *Self-Compassion* in the *lower age* group can be accounted for by participation in an ID retreat.

The results of the RM-ANCOVA including *Self-Compassion* scores and *Meditation History* for the *higher age* group were found to be non significant. Overall, the split group analyses indicated when *Meditation History* is controlled for *lower age* is related to increased scores on the *Total Self-Compassion* subscale as a result of participation in an ID retreat.

Compassion

H4: To assess the effect of Insight Dialogue on *Compassion*, as measured by the CS a one-way repeated measures ANOVA was performed between T1 and T2 CS Total scores. There was no significant increase in Compassion scores over the course of an ID retreat, $F(1,96) = 1.361$, $p = .246$. Analyses including *age* and *meditation history* also produced in non-significant results.

Subsequent analysis of the CS subscales indicated that the *Mindfulness* subscale of the CS was the only variable found to have undergone significant change. To assess the effect of

Insight Dialogue on the *Mindfulness* subscale of the CS, a one-way repeated measures ANOVA was performed between T1 and T2 *Mindfulness Compassion* scores. The repeated-measures analysis of variance revealed that participants in the ID retreat experienced a significant increase in *Mindfulness Compassion* scores on the over the course of an ID retreat, $F(1,99) = 3.928$, $p = .05$. $\eta^2 = .038$ indicates that 3.8% of the variance in *Mindfulness Compassion* as measured by the CS is accounted for by participation in an ID retreat.

The *Positive Relations with Others* subscale of the RSPWB, preliminary analysis indicated that both T1 and T2 *Compassion* scores were found to have distributions, which differed significantly from normal distributions. The results of these analyses appear to suggest that a ceiling effect occurred. That is to say, the data suggests that high proportion of the participants in this sample have high scores on the *Compassion* and that reduced variability makes discrimination among these participants difficult.

Table 4.

Summary of Repeated Measures Results for Self-Compassion & Compassion

		Time 1		*Time 2*			
Hypothesis	Description	M	SD	M	SD	Significance	η^2
Hypothesis 3	Total Self-Compassion	15	3	16	2	Significant***	.08
	Total Self-Compassion (Under age 55)	15	3	16	3	Significant***	.14
	Total Self-Compassion (Over age 55)	16	3	16	2	Not Significant	
Hypothesis 4	Compassion	17	1	17	1	Not Significant	

Note. Significance is indicated by ***p < .001, ** p < .01, * p < .05
ANCOVA η^2 adjusted for covariates where required
η^2 Effect Sizes Small = .01 Medium = .06 Large = .14 (Miles & Shevlin, 2001)

Moderation Analyses

Preliminary analysis indicated that the conditions necessary for the use of repeated measures indirect effects analyses were not met (Fields, 2013). While the use of change scores

to assess for indirect effects was considered to evaluate the most parsimonious models, only the proposed indirect effects models were modified and only the moderation analyses reported here were conducted. To maintain the ability to investigate temporal effects, two cross-sectional moderation analyses were conducted at T1 and T2 and the results were compared.

Self-Compassion as a moderator of the relation between Mindfulness and Well-Being

H5: To test the joint effects of Mindfulness and Self-Compassion in predicting Wellbeing, and specifically whether *Self-Compassion* moderated the relationship between *Mindfulness* and *Well-Being*, a moderation analysis was conducted using Hayes' PROCESS macro for SPSS (model 1 = simple moderation). The PROCESS macro relies on an ordinary least squares regression-based analysis to estimate moderation (Hayes, 2013). Additionally, the PROCESS macro provided the capacity to investigate interactions with simple slopes analysis and areas of significance in a moderating model. To investigate temporal changes between models two moderation analysis were conducted; the first using data from before the retreat (T1) and the second using data after the completion of the retreat (T2).

In the moderation analysis conducted on T1 data both Total Mindfulness (B = 1.93, $p <$ .05) and Total Self-Compassion (B = 2.94, $p < .001$) predicted Total Well-Being; however, the interaction term was found to be non significant (B = .199, 95% [CI -0.055, 0.453] t = 1.55), $p <$ .12, indicating that while both Mindfulness and Self-Compassion predicted a significant amount of the variance in Well-Being, the relationship between Mindfulness and Well-being before an ID retreat was not moderated by Self-Compassion.

In the moderation analysis conducted on T2 data (see Figure 4), both Mindfulness (B = 191, $p < .05$) and Self-Compassion (B = 3.03, $p < .001$) predicted Well-Being; and, these main effects were qualified by a significant interaction (B = .249, 95% [CI 0.239, 0.474] t = 2.19), $p <$

.05, indicating that the relationship between *Mindfulness* and *Well-being* was moderated by *Self-Compassion*. $R^2 = 50.67$.

Examination of the interaction plot showed the catalyzing moderation effect of Self-Compassion. Figure 5 depicts the interaction between Mindfulness and Self-Compassion predicting Well-Being using simple slopes of Self-Compassion at low, medium, and high degrees of Mindfulness. As shown in Figure 5 Self-Compassion had a significant robust effect on the degree to which individuals Mindfulness increased their levels of Well-Being whereby individuals with higher Self-Compassion saw significantly greater increases their Well-Being. Conversely, individuals with low (- 1 SD) Self-Compassion did not see significantly increased Well-Being as a result of their Mindfulness.

Figure 4.

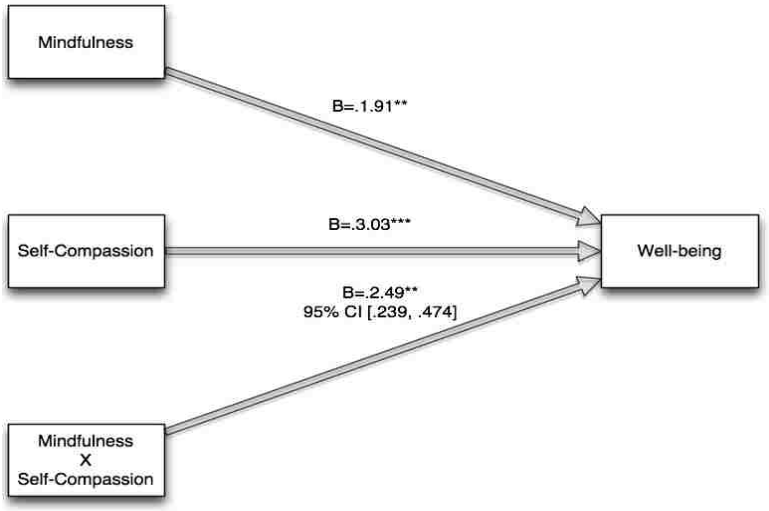

Figure 4. Statistical Diagram of model 1 (simple moderation), Conditional effect of X on Y = b1 + b3M. Self-compassion significantly moderated the relationship between Mindfulness and Well-being. Note N = 90, * < .05, ** < .01, *** < .001, estimates of the standardized regression weights (standard errors in parentheses; 95% bias corrected and accelerated confidence intervals [CI]) based on 5,000 bootstrapped resamples.

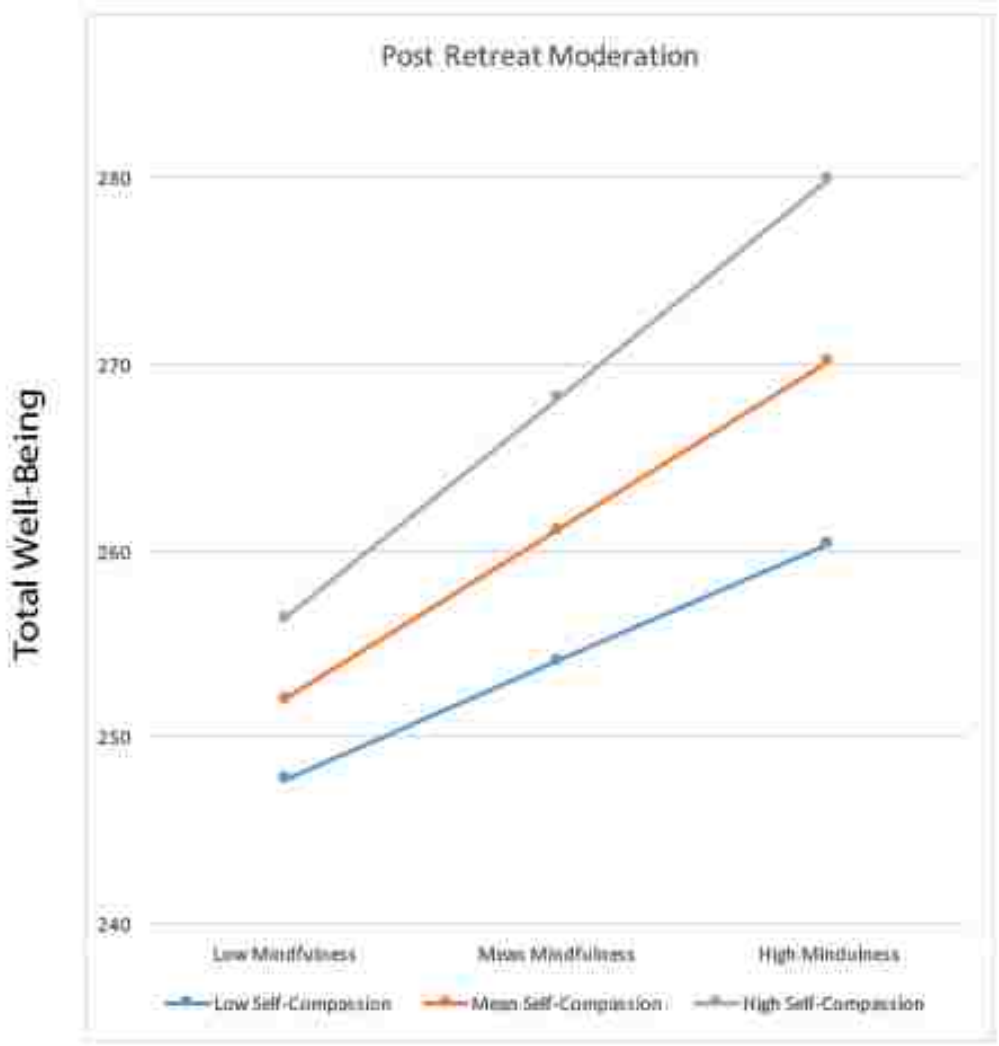

Figure 5.

Figure 5. Post-retreat self-compassion catalyzes the effect of Mindfulness on Well-being. Specifically, for individuals with average and high Self-compassion there is a robust positive relationship between Mindfulness and Well-being. However, for individuals with low Self-compassion, the relationship between Mindfulness and Well-being is non significant.

Compassion as a moderator of the relation between Mindfulness and Well-Being

H6: Given that Compassion was not significantly related to Well-being, this proposed moderation analysis was not conducted. However, since further exploration of the Compassion measure suggested that the participants experienced significant increases Mindfulness subscale,

an exploratory linear regression to analyzing the relationship between the Compassion Mindfulness and wellbeing was conducted as this is required prior to conducing a moderation analysis. The results of this regression (F (1, 88) = 6.483, p = .013 R^2 =-.069) suggested proceeding with the moderation analysis. Ultimately, the results of the moderation analyses found no evidence that Compassion moderated the relationship between Mindfulness and Well-being.

Path Analysis

H7: This hypothesis predicted that directional relationships between mindfulness, self-compassion, compassion, and well-being existed and could be described through the use of a simplified theoretically derived path model. Path analysis conducted via AMOS (Arbuckle, 2006) was used to analyze the relationships in the data predicted under the conceived theory present in the path diagram (Figure 6). Specifically, this model predicted that participants in an ID retreat would experience increased **Mindfulness** and increased **Self-Compassion** and that both would predict increases in **Compassion.** The model also predicted that increases in **Mindfulness**, **Self-Compassion** and **Compassion** would predict increased **Well-Being**. The utility of this model in understanding the mechanisms of change present in Insight Dialogue was tested with the following subordinate hypotheses.

H7a: A significant positive beta weight was predicted to exist between **Mindfulness** as measured by the FFMQ and **Well-Being** as measured by the RPWB. The results of the direct path reflect a path coefficient of $\beta = .31$ $p < .01$. This hypothesis was supported and the amount of variance accounted for in this relationship was 17.7%.

H7b: A significant positive beta weight was also expected to exist between **Self-Compassion** as measured by the SCS and **Well-Being** as measured by the RPWB. The results

of the direct path reflect a path coefficient of β =.39 $p < .01$. This hypothesis was supported and the amount of variance accounted for in this relationship was 27.5%.

H7c: The prediction that there would be a significant positive correlation between **Mindfulness** as measured by the FFMQ and **Self-Compassion** as measured by the SCS (r = 745) was supported.

H7d: A significant positive beta weight was anticipated to exist between **Mindfulness** as measured by the FFMQ and **Compassion** as measured by the CS; however, this hypothesis was not supported The results of the direct path reflect a path coefficient of β =.227 $p = .80$.

H7e: A significant positive beta weight was predicted to exist between **Self-Compassion** as measured by the SCS and **Compassion** as measured by the CS. The results of the direct path reflect a path coefficient of β =.32 $p < .05$. This hypothesis was supported and the amount of variance accounted for in this relationship was 1.7%.

H7f: Finally, a significant positive beta weight was expected to exist between **Compassion** as measured by the SCS and **Well-Being** as measured by the RPWB; however, this hypothesis was not supported. The results of the direct path reflect a path coefficient of β =.09 $p = .27$. Due to non-significant relationships between compassion and wellbeing, no indirect effects were examined.

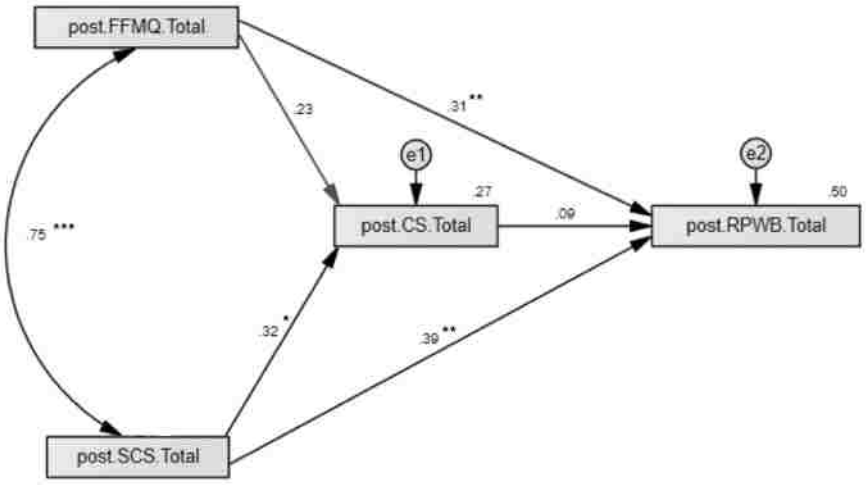

Figure 6.
Note. Significance is indicated by ***p < .001, **p < .01, *p < .05

Results for the hypothesized path model are summarized in Table 5. The common amount of variance accounted for by this model was 50%. However, the model was saturated and thus has no predictive utility, as it is unable to estimate variance beyond the interpolated data. Additionally, this precluded Chi-Square Goodness of Fit Test to test the model's fit with the data.

Table 5.
Summary of Path Analysis Results for Hypothesized Model Number One

Hypothesis	Description	Significance
Hypothesis 7a	Positive beta weight between MI and WB	Significant**
Hypothesis 7b	Positive beta weight between SCS and WB	Significant**
Hypothesis 7c	Positive correlation between MI and SCS	Significant***
Hypothesis 7d	Positive beta weight between MI and CS	Not Significant
Hypothesis 7e	Positive beta weight between SCS and CS	Significant*
Hypothesis 7f	Positive beta weight between CS and WB	Not Significant

Note. Significance is indicated by ***p < .001, ** p < .01, * p < .05
MI=Mindfulness
WB=Well-Being
SCS=Self-Compassion
CS=Compassion

Modified Path Model

To increase the parsimony of the model, paths that were not statistically significant removed from hypothesized model number one and a secondary model was developed which integrated previous findings. Specifically, prior analysis indicated non-significant relationships between **Compassion** scores and most variables of interest in the present study.

The results of the direct path between **Mindfulness** and **Well-Being** reflected a significant positive relationship ($\beta = .336$, $p = .003$), indicating that participants who experienced increased Mindfulness reported increased **Well-Being**. The variance accounted for by this path was 19.2%. The results of the direct path between **Self-Compassion** and **Well-Being** reflected a significant positive relationship ($\beta = .414$, $p < .001$), indicating that participants who experienced increased **Self-Compassion** reported increased **Well-Being**. The variance accounted for by this path was 29.7%. The results of the direct path between **Self-Compassion** and **Compassion** reflected a significant positive relationship ($\beta = .493$, $p < .001$), indicating that participants who experienced increased **Self-Compassion** reported increased **Compassion**. The variance accounted for by this path was 2.6%. Finally, results indicated that **Mindfulness** and **Self-Compassion** were correlated ($r = .746$).

The results for the modified model are the common amount of variance accounted for by the modified model was 49% and the chi-square test of overall model fit for the modified model number is $x^2 = 4.29$, df = 2, $p = .117$. The non-significant chi-square test suggests that the data is a good fit for modified model one. However, analysis of the RMSEA for modified the model (RMSEA = .108, 90% CI [.000, 12.46]), indicated that model failed to achieve a good fit and instead it was found to poorly fit (Browne & Cudeck, 1993).

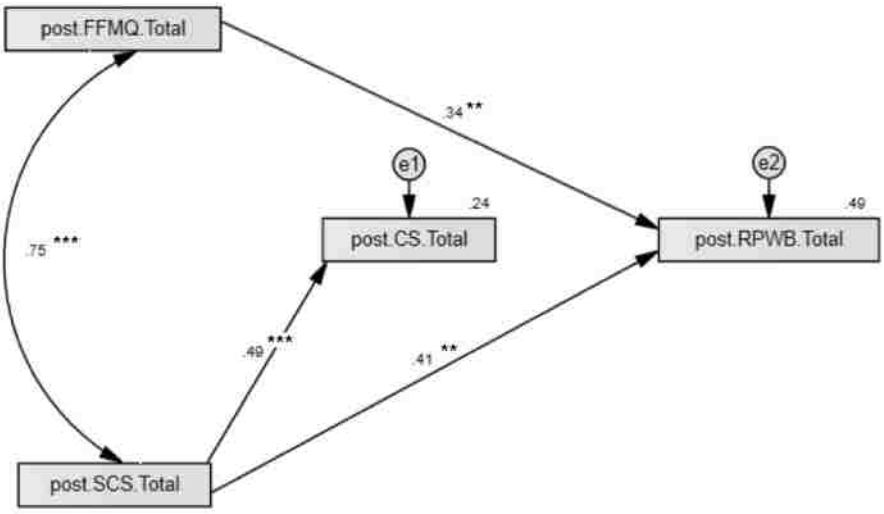

Figure 7.

Note. Significance is indicated by ***p < .001, **p < .01, *p < .05
Chi-square test df = 2 *p* = 4.29
RMSEA = .108

Exploratory Factor Analysis

H8: Exploratory Factor Analysis (EFA) was to be employed to assess for the presence of a factor structure that may be reflective of a Buddhist Psychological conception of well-being, one which was thought to be less constrained by a constructed self. However, prior analysis indicated that the western psychological concept of Well-being as operationalized by the RPSWB provided an adequate outcome measures.

Discussion

The present study investigated the relationships between participation in the relational practice of Insight Dialogue retreat specifically (ID), and the development of mindfulness, self-compassion, compassion, and ultimately well-being, in a sample of adults who participated in ID retreats across North America. Specifically, this study sought to determine if (a) participation in an ID retreat was related to meaningful increases in mindfulness, self-compassion, compassion, and wellbeing, (b) whether self-compassion and compassion each independently moderated the

relationships between mindfulness and well-being and to consider moderating effects temporally, and (c) to test the utility of a theoretically derived path model for describing and assessing the relationships between the mechanisms at work in an ID retreat.

Overall, evidence was found for significant increases in mindfulness, self-compassion, and well-being from pre-retreat to post-retreat (approximately 5 days). Support was also found for a self-compassion as a moderator of the relationship between mindfulness and well-being after participation in an ID retreat. A comparison of the cross sectional indirect effects analysis assessing the moderating effects of self-compassion on the relationship between mindfulness and well-being at T1 and T2 suggested that participation in ID strengthens the linkages between self-compassion and mindfulness. Furthermore, the results of the moderation models suggested that after participation in an ID retreat, the degree to which mindfulness is related to well-being is moderated by self-compassion. No evidence was found for increases in compassion as measured by the *Compassion* scale. However, analysis of the *Compassion* scale and *Positive Relations with Others* subscale of the RSPWB indicated that participants' responses on these measures were not normally distributed and appeared to indicate that participants in this sample reported higher scores on these measures before involvement in ID retreats. As a result of these ceiling effects the subsequent investigations involving these variables, and the examination of indirect effects and the path models in which compassion was a primary variable, were adversely affected and these analyses provided limited utility.

The results of the study's main hypotheses are discussed in detail below as well as the study's limitations, and its implications for research and practice are considered.

Discussion of Hypotheses

Hypothesis 1: Insight Dialogue and Wellbeing

A primary component of the present study was to examine the relationship between participation in ID and positive psychological functioning and the broader concept of eudemonic well-being. More specifically, this study sought to establish that participation in an ID retreat was associated with significant increases in overall report of psychological well-being. This hypothesis was supported. This finding suggests participation in an ID retreat may be an effective means of promoting psychological well-being. Furthermore, these increases in broad subjective well-being as measured by the Ryff Scales of Psychological Well-being (RSPWB) suggest that positive psychological change is likely to be evident across a range of domains, and that this improved well-being may in turn be indicative of an extensive array of positive health outcomes, including, among others, psychological, physical, and relational health (Ryff, 2014).

As in previous studies investigating MBIs, participants' meditation history was found to be positively correlated with well-being scores (Baer, 2008). After controlling for participants' meditation history, however, participation in an ID retreat was related to significant increases in well-being while meditation history alone was not. This somewhat surprising finding suggests that the well-established effects of long-term meditation practice are surpassed and overshadowed by the immediate gains seen after participating in an ID retreat. Although further research is needed to assess the durability of this effect (measures were taken immediately before and upon completion of the retreat only), one possible explanation for this finding is that that participation in an ID retreat provides an opportunity to generalize and extend individuals' existing experiences with personal silent practice into relationship and in this way allows participants to practice within a context that is increasingly relevant to their daily lives. That is

to say, ID provides individuals with a guided opportunity to apply the skills and qualities established by their meditation history while participating in activities of daily life such as navigating their external environment, contemplating challenging topics, and perhaps most importantly, relating to others. Thus, participants may experience and recognize increased success and satisfaction related to participant's self-regulated behavior, self acceptance, interpersonal relationships, sense of competency and meaning in life, and their ability to anticipate and manage their environment.

The finding that significant increases in psychological well-being are related to participation in ID is in agreement with existing research findings linking other BP informed interventions to increases in well-being across a range of studies. (Carmody & Baer, 2007, Baer et al., 2012, Bazzano et al., 2015). Furthermore, the findings that participation in an ID retreat was associated with increases on the RSPWB, with medium to large effect sizes that are comparable to other widely used and researched interventions such as Mindfulness Based Stress Reduction (MBSR), suggests that ID is likely to be an effective means of improving well-being (Carmody et al., 2009).

This finding is also in accordance with research indicating that other meditative practices that have been less adapted for implementation by Contemporary Psychology, such as intensive retreats that are focused on the development of qualities related to loving-kindness, empathetic joy, and equanimity, are also associated with increased psychological well-being on the RSPWB (Sahdra et al., 2011). In addition to providing increased evidence for the use of the RSPWB measure in assessing positive outcomes associated with BP informed practices, this may suggest that ID, a practice directly informed by traditional Buddhist teachings, may share a variety of

positive outcomes with other Buddhist practices that encompass components of BP not yet considered by CP.

Subscales of Well-being

In addition to the broad and correctly predicted increase in total well-being, a priori predictions of increases in several wellbeing subscales representative of distinct theoretical concepts were also found to be generally supported.

H1a: Self-Acceptance.

The hypothesis that participation in an ID retreat would be associated with significant increases in the *Self-Acceptance* subscale of the RSPWB was supported. As with total well-being scores, self-acceptance scores were found to be positively correlated with meditation history. The results of the model assessing the change in self-acceptance while taking into account participants' meditation history indicated that, as with total wellbeing, participation in an ID retreat was related to significant increases in self-acceptance while meditation history was not after being controlled for in the analysis. This finding suggests that the effects of long-term meditation practice are overshadowed by the immediate gains in self-acceptance seen after participating in an ID retreat. This further suggests that participation in an ID retreat may facilitate one to hold positive attitudes towards and acceptance of oneself and one's past. Furthermore, the finding that self-acceptance is fostered by an interpersonal practice such as ID are supported by findings that helping others and being with others is related to increased self acceptance (Schwartz et al., 2009).

The present study found that age was positively related to increases in self-acceptance. This is consistent with the existing research on well-being (Ryff, 2014). The analysis assessing the effects of age suggested that while both the older and younger groups experienced significant

increases in self-acceptance, the older participants in ID retreats saw higher increases in self-acceptance. While this finding is in keeping with the general trend that well-being increases with age, it also may suggest that outcomes related to participating in an ID retreat are effected by age. One possible explanation for this difference might be that the practice of ID directly addresses the topics of aging, illness and death through the use of contemplations. Participants may see a reduction in self-criticism for age-related difficulties and may experience an acceptance of the arc of ones life.

H1b: Personal Growth.

The hypothesis that participants in an ID retreat would experience significantly increased *Personal Growth* was not directly supported. At the same time, preliminary analysis indicated that previous experience at an ID retreat was found to be correlated with increased personal growth scores. Subsequent split group analysis found that participants in this sample who had previously attended an ID retreat experienced a significant increase in the personal growth subscale, while those with no previous ID experience saw no significant increases.

One possible explanation for these findings is that participants with previous ID experience may have been able to take their experiences from ID retreat back into their lives and seen positive changes unfold. That is, the personal growth will have been experienced and gradually confirmed in their everyday lives. This might imply that personal growth related to participation in an ID retreat takes longer than five days to emerge and be felt and identified by participants. This may also indicate that personal growth related to participation in ID could be more enduring. These results also suggest that participants who had not previously attended ID retreats might have responded to the challenges the practice presents, such as intimacy with others, sustaining mindfulness, and clearly seeing distressing relational patterns, by feeling like

they have significant work to do in these areas of personal growth. This may have resulted in recognition that there is room to grow which may have offset other increases in assessment of their personal growth. This is also in agreement with the theoretical underpinnings of the Personal Growth Subscale, the cardinal feature of which is continued growth. Thus, participation in an ID retreat can be jarring, and that while confronting new challenges or tasks may be critical to growth, it may also be difficult to release the idea of "achieving a fixed state wherein all problems are solved" (Ryff, 1989). Participants in ID retreats may be daunted by the repeated, in-depth contact with other people and by being asked to contemplate difficult topics, and may be challenged by aspects of retreat such as participation in upwards of eight hours of intensive interpersonal practice and additional hours of silent meditation. Participants may also discover that as they reintegrate into their lives they are more comfortable, acting more kindly, and feeling more courageous about personal change in the long run.

H1c: Positive Relations with Others.

The hypothesis that participation in an ID retreat would be related to significant increases in *Positive Relations with Others* was not supported. Preliminary analysis indicated that participants' scores on the *Positive Relations with Others* subscale differed significantly from a normal distribution and was highly positively skewed. While this made further analysis difficult, it also suggested that participants in ID retreats likely came to the retreats with a self-identified high capacity for interpersonal relations and identification with others. This is not surprising given the targeted relational components of ID. Since ID is explicitly relational and entails a high level of interpersonal contact, it's not surprising that people who self select to attend an ID retreat are likely to be more comfortable interpersonally. Additionally, the opportunity to sit face to face with others for multiple days may attract people who are socially comfortable and

possibly even repel people who are not. This self-selection dynamic likely accounts for skew in Positive Relations with Others, but it may also be that any positive relational experiences encountered in Insight Dialogue that involved unusually high levels of mindfulness and concentration would not be captured by a subscale targeting a broad concept of relational well-being.

Hypothesis 2: Insight Dialogue and Mindfulness.

The hypotheses that participation in an ID retreat would be related to significant increases in *Total Mindfulness* was found to be supported. Specifically, significant increases were found for total mindfulness as well as for each of the five subscales. Research on the FFMQ has suggested that there are important distinctions between meditating and non-meditating samples (Baer et al., 2008). Recent research has replicated these findings and provided strong evidence that both a five-factor model and a five-factor hierarchical model fit the data in meditators, whereas a five-factor model and a four-factor hierarchical model fit the data in non-meditators (Williams et al., 2014). The sample in the present study can largely be considered as a meditating sample, with 94% of participants having endorsed that they have some form of meditation practice. As such, the use of the total score is in accordance with the existing research base and has, in fact, been used in several studies as a broad indicator of mindfulness (Tomfohr et al., 2015).

A wide range of studies has found that increased mindfulness on the FFMQ is related to decreased distress and increased positive outcomes for a range of populations, from students acclimating to college, to clinical samples, and parents (Chiesa et al., 2015, Parent et al., 2014, Ramler et al., 2015). Research also suggests strong relationships between mindfulness and attachment security and its correlates with positive outcomes (Shaver et al., 2007). The breadth

of the effects found assessing mindfulness using the FFMQ might suggest that participation in an ID retreat has the potential to produce similar outcomes for individuals extending beyond the sample under consideration here.

The results of present study suggested that retreat attendance and increased mindfulness were negatively associated with age. In other words, while older participants experienced significant increases in mindfulness, younger participants appeared to experience a greater increase. A review of the literature found inconsistent relationships between age and mindfulness and further research is needed to better understand this finding, but one possible explanation is that younger ID participants may have been in a more socially mutable or engaged phase of their lives, and so were impacted more heavily by interpersonal meditation practice than their older counterparts. The positive correlation between age and meditation history also appears to support the argument that younger participants may have had less extensive meditation histories and were thus more likely to report an experience of the initial increases in mindfulness as more impactful.

The finding that participating in an ID retreat is associated with a significant increase in mindfulness indicates that mindfulness is a critical mechanism of ID, and extends previous findings that suggest mindfulness is critical to other BP informed practices, often called Mindfulness Based Interventions (MBIs) (Baer, 2003). MBIs such as Mindfulness-Based Stress Reduction (MBSR; Kabat-Zinn, 1990, Baer, Carmody, & Hunsinger, 2012), Mindfulness-Based Cognitive Therapy (MBCT; Segal, Williams, & Teasdale, 2002), as well as psychological interventions such as Dialectical Behavior Therapy (DBT; Linehan, 1993) and Acceptance and Commitment Therapy (ACT; Hayes, Strosahl, & Wilson, 1999), have significant differences among them. Nevertheless, mindfulness has consistently been identified in all of these practices

as a foundational component. Furthermore, this finding is also in accordance with BP theory, which suggests that mindfulness is a cornerstone skill. The practice of mindfulness is listed as central to the five spiritual faculties and as the first of the seven factors of awakening. Mindfulness is named as the starting point that leads to all of these factors being developed to their fullest potential (Bodhi, 2000; AN 4.245)

The finding that participation in ID is related to increases in mindfulness after controlling for covariates, and that such participation results in large effect sizes, are critically important. These results suggest that mindfulness as measured by a scale developed to assess mindfulness as an individually developed skill, largely established through silent practice, can be developed within the relational context that is inherent to ID retreats. That significant increases in mindfulness can be developed while engaged in relationship, that is to say while talking and relating to another person, may suggest that offering MBIs such as those noted above—which are all designed to be taught in relational contexts—also may be of benefit to the teachers and therapists who offer and teach these interventions.

This study provides initial support for the possibility that not only can mindfulness be cultivated within a relational context, but it also explores the possibility that the relational context may provide a means to encourage the development of mindfulness. While further research is needed to understand the processes in which relational components contribute to and perhaps enhance mindfulness, this suggestion is consistent with concepts from major theoretical and empirical works including vicarious reinforcement and reciprocal determinism from social learning theory (Bandura, 1977), and co-regulation from attachment theory (Hazan & Shaver, 1994, Shaver et al., 2007).

The underlying mechanisms that promote and possibly enhance mindfulness in a relational practice such as ID cannot be determined from this study. However, ID practice utilizes social support by making mindful behaviors normative. A social environment is created where mindfulness is valued, which could encourage diligent practice. Also, it may be the case that co-practitioners remind each other to remain mindful of, to remember, the object of the individual's practice, which is a classical definition of mindfulness (Brown et al., 2015). In ID, this object could be the contemplation theme, the relationship between practitioners, or awareness itself.

The relational context may also facilitate the development of mindfulness by providing interpersonal support through the psychological and physical responses to repeatedly seeing others and being seen. That is, in ID, practitioners physically see each other up close and over a long period of time—up to an hour or more—and they also "see" each other in the sense of cognitive and emotional transparency, intimately sharing, perceiving, and remaining present with each other through both difficult and positive experiences in practice. This facilitates calming the body and the emotions in ways that might be associated with secure attachment (Shaver et al., 2007). The specificity provided by the contemplations may also help to maintain a shared engagement with the meditation object and the practice generally, providing for a consistent effort in the meditation. In this way interpersonal contact may also serve to sustain interest and energy for practice through processes similar to joint attention, where two individuals exhibit shared focus on an object (Moore, 1995). This finding is particularly relevant, as most widely implemented mindfulness trainings are undertaken in group formats, yet little to no attention has been given to the role or impact of interpersonal and group contact in the process of cultivating mindfulness.

Perhaps most important to applications of mindfulness as developed in ID practice, is that by cultivating mindfulness in relationship, the power of MBI's may be more skillfully and explicitly applied to interactions and contexts where relationships are important. This is particularly relevant to psychotherapy, where research suggests that the therapeutic relationship makes substantial and consistent contributions client's positive outcomes across psychotherapeutic interventions, and that being able to monitor, assess, and adapt the relationship further enhances effectiveness (Norcross, 2011). These findings may also extend beyond MBIs, to fields where the quality of relationships is known to have a large impact on outcomes. This would include but is not limited to: medicine (Golld & Lipkin, 1999), social service (Hennessey, 2011), law (Rosenberg, 2003), and even sales (Crosby et al., 1990).

Subscales of Mindfulness.

In addition to the broad and correctly predicted increase in total mindfulness, exploration of the mindfulness subscales indicated that there were significant increases in each of the five facets of mindfulness on the FFMQ. The results describing increases in each of the each of the subscales provide additional information regarding how participation in an ID retreat cultivates mindfulness.

Consistent with this sample largely consisting of individuals with a history meditation practice, the largest increases were seen in the *Observe* subscale of the FFMQ. As previously mentioned, the Observe facet has been found to not be a part of the hierarchical factor structure of mindfulness in non-meditating populations (Baer, 2006). In samples with a meditation history, such as the sample under consideration in this study, the Observe facet was found to be positively correlated with openness, emotional intelligence, and self-compassion (Baer, 2006). In non-meditating samples however, the Observe facet has been found to be positively correlated

with dissociation, absent-mindedness, psychological symptoms, and thought suppression (Baer, 2006). One possible explanation for the results of the current study specific to ID practice is that observing both internal and external experience is a foundational skill, or tendency, and, it is a critical component of mindfulness practice, especially in practices where present-moment experiences are internally labeled (Sayadaw, 1965). In ID, not only do participants observe and label their experiences, particularly in the practice guideline, "Speak the Truth" in which subjects are observing and sharing their subjective experiences, but by verbalizing these experiences they are asked to observe and codify these experiences in such a way that they are able to express to others what they have observed. This requires developing the observational skills sufficiently well to cogently identify and report often amorphous, yet sincere, feelings and thoughts.

Additionally, the skills and qualities associated with the Observe subscale may be developed or enhanced through the contemplations, which ask practitioners to consider present moment experience within the context of specific BP teachings. This form of inquiry, where the theme is held in mind at the same time experience is closely observed, provides guided practice in observing specific internal dynamics that may extend beyond those of self-directed observation. Observation may be further enhanced by the attentional support offered by having a partner in practice who is listening closely. For example, a participant may be motivated to be accurate and clear so that their partner will understand their experience. At the same time, the complimentary process of listening to others as they observe and verbalize present moment experience, with many different partners over the course of the retreat, may suggest to the listener new avenues for their observation.

The second largest effect from participation in an ID retreat was found in the *Act with Awareness* subscale. Research suggests that Acting with Awareness is most strongly and

positively correlated with emotional intelligence and self-compassion. *Act with Awareness* has been negatively correlated with a range of psychopathologies, with the strongest negative correlations found in the relationships between dissociation and absent-mindedness (Baer, 2006). One possible reason for the increase in *Act with Awareness* is that ID is functioning as an active meditation. That is to say, participants are not passively observing experience; they are being guided to speak, listen, consider contemplations, and relate to other people at the same time they are cultivating mindfulness. Additionally, during ID retreats, participants are taught and given time to practice complementary meditative practices that are intended to further support the application of mindfulness skills in daily life, such as walking meditation, and they are continually being encouraged to maintain mindfulness while eating, changing postures, and while participating in nearly all other activities.

The third largest effect for participation in an ID retreat was found in the *Non Reactivity* subscale of the FFMQ. This subscale has been found to have the strongest positive relationship with self-compassion and to also have positive correlations with emotional intelligence and openness (Baer, 2006). One explanation for this finding is that in ID participants are regularly practicing non-reactivity while confronting highly salient interpersonal stimuli. In particular, the guideline "Pause" may facilitate participants' ability to see their reactions before speaking, while the guideline "Relax" may help participant to hold and understand their reactivity while not acting on it.

The social context and the milieu structure used in ID may also contribute the development of non-reactivity by providing multiple opportunities for participants to witness decreases in other participants' reactivity which may serve to both interrupt automatic responses and provide an external model of non-reactivity in addition to reducing the amount of distressing

interpersonal stimuli. As non-reactivity increases across participants, it likely helps sustain those structures. Furthermore, repeated exposures to participants meeting each other's experience with diminished reactivity may contribute to the development of self-compassion.

The *Describe* subscale of the FFMQ, was the fourth largest in effect size of the FFMQ subscales pre and post ID retreat. Research suggests that *Describe* is positively correlated with emotional intelligence and has a strong negative correlation with alexithymia (Baer, 2006). The Describe facet is also notable as the only facet that was not predicative of decreased psychological symptoms (Baer, 2008). One possibility for the increase in *Describe* is that ID explicitly instructs participants to frequently identify, label, and describe their emotions. Repeatedly doing so, and hearing others do so, may strengthen not only the tendency to describe, but also the ability to do so clearly. The contemplations drawn from BP may also provide practitioners with support for *Describe* by offering a vocabulary and a conceptual framework for describing emotions, motivations, and sensations that may have previously been difficult to verbalize. The *Describe* skills may also be fostered in ID because participants are regularly practicing organizing, and classifying their internal experiences in such a way that it can be shared with others. This requires developing the Describe skills sufficiently well to coherently communicate often complex feelings and thoughts.

The *Non Judge* subscale was the fifth largest in effect size for ID retreat participation, and has also been found to be positively correlated with self-compassion (Baer, 2006). Research has suggested that the *Non Judge* scale is most negatively correlated with thought suppression and neuroticism (Baer, 2006). The increases participants reported on this scale may be facilitated by participants being provided with contemplations that specifically address, as a topic of dialogue, judgments of oneself and others, while at the same time providing guidance in how

participants might remain mindfully aware—and accepting—of the judging process. The social support from other participants, and trust in other participants, may also provide additional information regarding other people's judgments and how they approach releasing their judgmental tendencies. Contemplations on judgment are always associated with guidance to support the individual with the guidelines "Pause" and "Relax", which is also framed as mindfulness and acceptance (Kramer, 2007).

Lastly, ID may also address an important consideration suggested by BP: the existence of bidirectional pathways that are related to increases in mindfulness. Further research is certainly needed to investigate this possibility, but it may be that ID and other mindfulness practices increase mindfulness not only by developing and practicing mindfulness skills and qualities, but also by reducing the negative factors that could interfere with mindfulness. For example, if participants experiences with others over the course of an ID retreat lead to decreases in maladaptive tendencies that have been found to be negatively correlated with mindfulness, the decreased distraction and increased psychological resources may allow for the emergence of certain qualities of mindfulness such as non-judgment or acting with awareness. There is a structure in BP called the hindrances (*nivarana* in Pali) that provides additional information regarding this dynamic: reducing the five factors that hinder, or obscure, such wholesome qualities of mindfulness and concentration, will directly result in increases in these qualities. The hindrances are named as sensory desire, ill-will, laziness and sleepiness, restlessness and worry, and doubt (Thera, 1993). Examples of hindering factors for mindfulness drawn from CP include experiential avoidance, thought suppression and neuroticism (Baer, 2006).

Hypothesis 3: Insight Dialogue and Self-Compassion

The hypotheses predicting that participation in an ID retreat would be related to significant increases in *Self-Compassion* were supported. The concept of self-compassion on which the SCS is based has been defined as being comprised of three key components: (1) treating oneself kindly, (2) recognizing one's struggles as part of the shared human experience, and (3) holding one's painful thoughts and feelings in mindful awareness (Neff, 2003, Neff, 2009). One potential explanation for the reported increases self-compassion is that participants in ID become aware of the pain associated with self-judgment and, through practice, learn to release the judgments. Furthermore, this dynamic may be increased in relational practice because self-judgment is often exacerbated when one is relating to others (Klerman, 1984, Forgas, 2002), meaning that at a retreat participants would have ample opportunities to practice with it. Additionally, ID participants are continually exposed to intimate contact with participants whom they may have pre-judged when seeing or first meeting them. As a result of this intimate meeting, their expectations are challenged. This may serve to diminish belief in, or attachment to, their judgments. Eventually, non-self-judgment may increasingly replace judgment as a pattern of relating to oneself, and in the absence of reflexive self-judgment, inward tolerance and compassion may be more likely to develop. Consistent with the BP assertion that self-compassion is compassion directed inwards, development of self-compassion might also facilitate the extension of the pattern to relationships with others.

This finding that increased self-compassion is related to participation in an ID retreat may also suggest that relational practice is be well suited to fostering understanding of the shared aspects of the human experience. Repeatedly hearing others share their pain, self-judgment, and other struggles may provide participants with evidence of commonalities related to self-judgment

and rejection that are part of human experience. This is also consistent with research on self-compassion that suggests that it allows people to remain interconnected and to decrease self-centeredness without negating the self (Neff & Vonk, 2009). Additionally, practicing in relationship likely provides pathways for the communication of this shared experience that extend beyond language; communication is also conducted via changes in participants' faces, bodies and voices. This provides a pathway for information on the shared human experience as well as a direct pathway for empathic learning (Iacoboni, 2009). This learning can be emotionally compelling, and may serve to increase the depth of shared sensitivities, doubts, and insights (Ekman & Friesen, 2013).

Furthermore, participants' ability to hold painful thoughts and feelings in mindful awareness may be supported through repeatedly being met by others with kindness and acceptance, even when difficult emotions or past indiscretions have been shared. Over time, particularly within to context of the increased mindfulness skills developed in ID, this could support participants to remain present with these difficult emotions. The acceptance by participants' meditation partners may become, in this way, a model for how the individual can increasingly accept himself or herself.

The finding that older participants did not report significantly increased self-compassion after controlling for meditation history was unexpected. Given that older participants reported higher increases in self-acceptance, it seems probable that any gains in self-compassion were overshadowed by the effect of their meditation history.

Hypothesis 4: Insight Dialogue and Compassion

The hypothesis that participation in an ID retreat would be related to significant increases in *Compassion* was not supported. However, preliminary analysis indicated that participants'

scores on the subscale differed significantly from a normal distribution: it was highly positively skewed, which appeared to indicate a ceiling effect. While this made further analysis difficult, it also was in concordance with findings from the *Positive Relations with Others* subscale of the RSPWB, and appears to provide additional support for the possibility that participants in ID retreats likely came to the retreats reporting increased capacity for compassionate interpersonal relations.

The *Compassion Scale* was developed as a dissertation and at the time the present study was completed, the literature base consisted of fewer than five publications citing the scale. The present results suggest that the sensitivity of the measure may be insufficient with the sample under consideration. While additional research is needed to explore these results, use of the CS with similar populations should be approached with caution.

Hypothesis 5: Self-Compassion as a moderator of the relation between Mindfulness and Well-being.

The hypothesis that *Self-Compassion* would moderate the relationship between *Mindfulness* and *Well-being* after participation in an ID retreat (T2) was supported. This hypothesis was tested using Hayes' PROCESS macro for SPSS (model 1 = simple moderation; Hayes, 2013). In this moderation analysis, both *Mindfulness* and *Self-Compassion* predicted *Well-being*; however, these main effects were qualified by a significant interaction (95% [CI 0.239, 0.474]).

A graph of this interaction showed the robust positive moderation effect of Self-Compassion. The prerequisite analyses before testing the moderation model indicated that there were significant positive relationships between both mindfulness (predictor) and well-being and between self-compassion (moderator) and well-being. These results extend previous findings

from two recent meta-analyses on mindfulness and self-compassion that suggest there are strong connections between both self-compassion and well-being (MacBeth & Gumley, 2012) and mindfulness and wellbeing (Keng et al., 2011), as well as between these variables and other indicators of mental health. The results of the full moderation model assessing the effect of self-compassion on the relationship between mindfulness and well-being provided information on how these variables may act together to impact well-being. The results also extend support for self-compassion and mindfulness as important predictors of well-being and positive psychological outcomes.

The results of the present study suggest that, after participating in and ID retreat, (a) participants with the highest levels of self-compassion saw the greatest increases in their well-being as a result of increased mindfulness; that (b) at average levels of self-compassion, individuals still experienced significant increases in well-being as a result of increased mindfulness, albeit to a lesser degree; but that (c) at the lowest levels of self-compassion, the relationship between mindfulness and well-being is non-significant. Consequently, the moderating effect of self-compassion is such that individuals who do not experience sufficient self-compassion may not experience the increases in well-being associated with increased mindfulness. While research has indicated that self-compassion training is a viable construct to incorporate into mindfulness-based interventions (Van Dam et al., 2010), the present study suggests specifically that it may be a vital component in the linkage between mindfulness and well-being.

The results of this model indicate that being mindful while also having low levels of self-compassion results in a non significant relationship between mindfulness and wellbeing. This finding may help to contextualize the discrepant findings related to the *Observe* facet on the

FFMQ, which suggest that higher levels of *Observe* skills and qualities are related to increased symptoms of psychopathology in non meditating populations, and related to increased openness and self-compassion in populations with meditation backgrounds (Baer, 2006). Although, the present results do not test whether there are negative outcomes associated with increased mindfulness at low levels of self-compassion, it does suggest that the degree to which mindfulness is related to increased well-being is a function of self-compassion, and that even in more experienced populations, increased mindfulness alone may not be sufficient for increases in well-being.

Testing the same moderation model conducted with cross sectional data collected prior to participation in an ID retreat (T1) indicated that while *Mindfulness* and *Self-Compassion* were both found to be positively related to *Well-being*, *Self-Compassion* did not serve as a moderator. This suggests that ID may activate linkages between self-compassion and mindfulness, and that the significant increases in well-being seen after participation in an ID retreat can be described in terms of the relationship between these two concepts and well-being. Support for these relationships appears to be evident in research suggesting that mindfulness, and particularly *Non-Reactivity*, is highly correlated with self-compassion (Baer, 2006), and a study suggesting that *Non-Reactivity* was the only mindfulness facet that mediated the relationship between mindfulness history and well-being (Josefsson et al., 2011). This may indicate a connection between mindful non-reactivity and self-compassion, which appears to correspond well to the mechanisms of ID.

ID could activate the moderating effect of self-compassion on the relationship between mindfulness and well-being by simultaneously increasing mindfulness and self-compassion. Mindfulness cultivated during ID may facilitate actively identifying, contemplating, and

communicating distressing qualities such as self-doubt and fear. With increased mindfulness, these distressing qualities are met with equanimity and decreased reactivity. The increased self-compassion cultivated through participation in ID requires the identification of these difficult qualities as well; however, self-compassion may catalyze the acceptance of these distressing qualities while also facilitating practitioners' contemplation of their own virtues, such their now evident kindness and generosity. The increased mindfulness then allows for the positive cognitions and affect associated with increased self-compassion to be readily accessible through mindful awareness. Thus, well-being may emerge both through the mindful awareness of diminished distress as well as through the happiness resulting from increased recognition and experience of one's positive qualities.

Hypothesis 6: Compassion as a moderator of the relation between Mindfulness and Well-being.

The hypothesis that compassion would moderate the relationship between mindfulness and well-being could not be tested since no relationship was found between compassion and well-being.

Hypothesis 7: Path Analysis

The hypothesized path analysis investigated here examined the direct and indirect relationships between Total Mindfulness, Self-Compassion, and Compassion as predictors of levels of Well-being after participation in an ID retreat. The present study sought to test a model derived from BP theory, to assess its utility in understanding the relationship between these skills and traits and overall well-being, and to help in discerning the processes at work in ID. First, the saturated model was analyzed, and despite having no predictive validity, it provided a base from which to assess the assumptions in the model. Secondly, to increase the parsimony of the

hypothesized model, statistically insignificant paths were removed. After removing compassion, which had limited predictive capability, likely due to non-normal distribution in this subject pool, the modified model was approaching liberal standards indicative of a good fit (Schermelleh-Engel et al., 2003). Overall, the model under consideration failed to achieve a good fit. As such, this model does not present itself as effective for understanding the relationships between self-compassion, compassion, and well-being; however, the individual relationships described below provide support for the previously discussed findings.

In the modified path model it was first hypothesized that mindfulness and self-compassion would be correlated and that both would be associated with well-being. These hypotheses were supported and are similar to findings from previous studies that document the individual relationships between these variables (Baer et al., 2012, MacBeth & Gumley, 2012, Van Dam et al., 2010). These findings are also in agreement with the previous analysis of indirect effects found in the present study and suggest that after participating in an ID retreat, participants' mindfulness and self-compassion are related and that this relationship is important in predicting participants' well-being.

Overall, the modified model required the elimination of theoretically important relationships between mindfulness and compassion, and between compassion and well-being. As such, the path analysis provided minimal ability to describe the relationships under investigation, and it appears that the previously discussed moderation model offers increased descriptive and predictive utility and should be considered instead.

Hypothesis 8: Factor Analysis

An exploratory factor analysis of items on the RPWB was proposed to provide the option to explore an alternate wellbeing measure in cases where difficulties may have emerged related

to using a well-being measure that might be dependent on strengthening a constructed self. The results of the previous analysis indicated that the RPWB was adequate and rendered the development of a complementary measure of well-being as unnecessary for the present study.

Limitations

There are several significant limitations to this study. The sample under consideration largely consisted of older (age M=55) white (90%), females (74%), with some form of meditation history (96%). Furthermore, while income was not found to be related to any of the primary variables, after taking outliers into account, the mean annual income for participants was approximately $75,000, which likely facilitated their ability to attend a five-day long ID retreat. Notwithstanding the strengths of the sample, such as broad geographical representation and a balance of individuals with and without previous ID experience (57%/43%), caution is warranted in generalizing these results to broader populations. Secondly, all of the measures used in the present study were self-report in nature and subject to the associated challenges including response bias, impression management, and variance in an introspective ability. Furthermore, the non normal distribution on the compassion measure limited the ability to quantitatively explore a number of theoretically critical relationships. Additionally, there is arguably conceptual overlap between the variables included in this study. The third and perhaps most central limitation is that there was no control in the present study, and although steps were taken to partially address this limitation, e.g. by combining both repeated measures and cross sectional designs, the lack of a control group and the inclusion of only two time points makes it difficult to differentiate the effects of the relational and silent components of ID and may leave the conclusions susceptible to threats including placebo and history effects. As all of the retreats were facilitated with the developer of ID as one of the two lead teachers, conclusions may be

impacted by allegiance effects as well. Finally, it is important to disclose that the author of this study is related to the developer of ID. Extensive counter measures were employed to limit experimenter bias during all phases of the study, including methodological and design consultation, data collection procedures intended to minimize unconscious bias and address observer-expectancy effects, data entry verification, and institutional oversight, nonetheless, conclusions may still be susceptible to such threats.

Despite these limitations, the results of this study represent an important contribution to the understanding of Insight Dialogue and the relationships between mindfulness, self-compassion, and well-being across mindfulness based practices, particularly as they are beginning to be developed and applied beyond the context of individual practice.

Future Research and Implications

This research has established initial support for a relationship between participation in an Insight Dialogue retreat and meaningful increases in well-being, mindfulness, and self-compassion. While additional research and replication is needed to better understand and confirm these relationships, the results of this study suggest that for certain populations, ID should be considered as a means to promote well-being and psychological health. In doing so, particular attention should be given to the prospects for increasing self-acceptance in older individuals and the possibility that participation in an ID retreat may present some challenges for novices in terms of the short term personal growth. The findings that participation in ID may be both an effective means of increasing self-compassion, and also serve to activate the catalyzing effects of self-compassion on the relationship between mindfulness and well-being, may also have implications for offerings of mindfulness where self-compassion or well-being are desired

results: a component of ID, or equivalent structured interpersonal meditation practice, may bolster the benefits of the training.

The results of this study also support consideration of ID as an effective means of increasing mindfulness. Future research is recommended to better understand how the development of mindfulness in ID may differ from the development of mindfulness in individual practices; however, the results of this study provide initial support for developing mindfulness, a skill that is typically trained individually, in relationship. The cultivation of mindfulness while in an active relational context has particular implications for other MBIs in which teaching mindfulness requires mindfulness on the part of the teacher (Crane et al., 2010).

If future research validates ID as a means of developing of mindfulness that is robust across a variety of relational activities, this would have implications reaching beyond just teaching mindfulness teachers. A host of interpersonal endeavors could be supported by ID practice, or by the introduction of portions of ID training into other instruction frameworks. For example, it may benefit intimate couples and other close partners, assist social service providers in working more effectively and with less risk of compassion fatigue, and help psychotherapists improve the therapeutic relationship.

Mindfulness is widely practiced and is increasingly offered as a component of therapeutic interventions. The overarching intention of these interventions could be summarized as being to help people reduce suffering and improve psychological health. Research has consistently supported the value of mindfulness in just these ways. This study offers the first steps towards exploring the effective development of mindfulness in an interpersonal practice. Moreover, it offers support for the assertion that the links to the Buddhist psychology tradition from which mindfulness was derived need not be jettisoned for the practice to be effective; indeed, the

understandings and ethics inherent in Buddhist teachings likely contribute to the efficacy of ID. With much of human distress and suffering associated with interpersonal contact, ID—or any practice that opens the doorway between mindfulness and the direct application to relationships—will potentially have substantial implications for the development of new interventions, improvement of current interventions, and promotion of health and well-being.

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Appendix A

History of Buddhism

Gautama, the Buddha-to-be, was born the son of a chieftain of the Sakyan tribe in Northern India in the fifth century BC. Documentation of his experiences cites that he saw the emptiness present in his relatively comfortable life and the certainty that it would end in illness and death. This moved him to leave home to join the *samana*, or wanderers, a movement common in his time. After six years of austerities and meditation practices with the masters of his time, Gautama left his teachers and applied himself in meditation to investigating what he saw as the unnecessary suffering of living (Bodhi, 2005). Gautama reported that as a result of a deeply cultivated, remarkable stillness and clarity of mind, Gautama discovered what he described as the hunger and grasping behind the grossest and most subtle suffering. This insight developed into a pragmatic wisdom that brought about in him a natural way of living his life without a constant grasping for experiences, including most importantly the constructions of his own mind. The result was psychophysical well-being and great peace.

Guatama further documents in his works that through this deep psychological and bodily peace, and the attitude of non-attachment to thoughts and objects, he could see very clearly the workings of his own mind and of society. He witnessed the formidable and unnecessary suffering that came with the natural and often adaptive reflexive resistance to bodily pain and mental anguish, and the constrictions that flow from constant self-reference.

Ostensibly, Gautama attained a stability of clear awareness about these things, and the teachings he left behind indicate an extraordinary number of insights that continue to be validated by and, more recently, to inform contemporary psychology, phenomenology, cognitive science, and neuroscience.

Based on his communications, and respect for the effectiveness with which he communicated his ability to accomplish clarity and peace, Gautama was thereafter referred to as the Buddha, the awakened one. The Buddha, spent the next forty-five years traveling northern India, teachings to all classes of people, evolving a sophisticated psychology and philosophy, and teaching what he called the Noble Eightfold Path. This ethical and contemplative way of living was intended to help people accomplish what he himself had accomplished: the mitigation, and more radically the eradication of the suffering based upon ignorance and craving (Mahāthera, 1998).

At his death, the Buddha left a large monastic community, the Sangha that carried his teachings around Asia and eventually across the globe. The earliest teachings were carried by the Theravada, concentrated in Southeast Asia—Sri Lanka, Thailand, Burma, and regionally. Buddhism subsequently mostly died out in India but took root in China as Mahayana Buddhism, notably Chan, and in Korea and Japan as Zen. Buddhism also spread north to Tibet and surrounding countries, where it blended with indigenous traditions to form Vajrayana Buddhism. These cultures carried Buddhism for two thousand years, leaving their imprint on its rituals, philosophies, and practices. The original austere and psychologically sophisticated teachings had evolved into a rainbow of religions. In each case, the syncretic nature of Buddhism helped it to adapt and survive.

Appendix B

Buddhism as Religion

Religions may be thought to contain several features that make them distinct from the other systems of thought with which they share a certain other features, such as philosophy or psychology. These include faith, or belief beyond rational understanding, a separation between the sacred and the profane, and ritual. Many definitions of religion also refer to belief in a deity. Religions and psychologies both aim to improve people's lives, institute and sustain wholesome behavior, and provide some sense of direction to this human life.

The Theravada monastic tradition is the world's oldest monastic tradition. The Theravada monastic tradition is clearly a religious construct, and in this form it may provide insights as to the teachings on morality and meditation (Wijayaratna, 1990). However, to understand the framework used in the present study, understanding of or respect for the monastic community is not required. Additionally, it is suggested here that much of what might be considered religious in Buddhism is the result of the practical concepts established during the Buddha's time to carry and protect the teachings. Those concepts were heavily elaborated through time, leading to current ritual practices in Southeast Asian Buddhism. Despite these outer forms of devotional religion, in his time, and in the Theravada teachings to this day, the Buddha was not considered a prophet, a god, or in any way distant from the human experience. Rather he was a man who, through radical internal transformation and direct observation of self and reality, achieved a state of consciousness free from suffering, and who systematized a set of replicable teaching methods to help others achieve an improved psychological state. As such, his dispensation might be best conceptualized as a psychology (Thurman, 1997). Early Buddhist

teachings, as recorded in the Pali suttas, can be understood as more of a psychology and practical way of living than a religious belief system.

Appendix C

Insight Dialogue Guidelines

Six meditation instructions, or guidelines provide the infrastructure for Insight Dialogue (Kramer, 1999; Kramer 2007; www.metta.org). These guidelines, combined with contemplations drawn from Buddhist Psychology, form the body of the practice. The six instructions are Pause, Relax, Open, Trust Emergence, Listen Deeply, and Speak the Truth. In summary, Pause refers to mindfulness. Relax refers to bodily calm and mental acceptance. Open refers to the engagement of mindfulness internally in oneself, externally on or with others, and both internally and externally, or attention to the relationship itself. Trust Emergence indicates giving attention to impermanence and to cultivating adaptability of attention. Listen Deeply suggests listening internally and externally with receptivity and concentration. Speak the Truth refers to genuineness and deep subjective investigation.

Pause.

Pause is the first guideline provided. The instruction offered with *Pause* involves interrupting the flow of habitual thought patterns and relational behaviors, so that the activities of the body and mind can be observed. As automatic functioning is common and persistent, and because it is often a source of pain and confusion, engaging the *Pause* is seen as a necessary first step and fundamental base for the practice. The *Pause* guideline brings about a return to the observing state even as practitioners are confronted momentum of their own and their partners emotions, narratives, and other internal and external events. In this way the *Pause* guideline cultivates **Mindfulness**. This Mindfulness is the foundation for all future work in ID and is practiced and strengthened through practice throughout the training. As the *Pause* guideline is repeated, the return to an observing state becomes increasingly easier, or steadier. Also, it

increasingly yields clarity of what is being observed. In this way **Investigation** of mental phenomena is cultivated. This investigation provides a focus that eases the return to mindfulness and a sharpness of presence that increases engagement with the practice and with the meditation partner. This engagement is **Energy** as previously defined.

Pause can generally be thought of as cultivating both the skill and state of mindfulness, yet in ID, *Pause* is also the first link between silent practice and relational practice. Pausing from normal activity, which is often relationally oriented, immediately associates the intrapersonal and interpersonal. In this way mindfulness is further stabilized through the use of *Pause*. As *Pause* is brought into relationship through practice dyads, the skill component is again strengthened as each individual pause provides a mutual reminder of the guideline. This pause may be seen in speech when, for example, one member of a dyad stops speaking to reflect before continuing. *Pause* may show itself in a halting of movement, or in the facial expression of a listener as they are drawn back to mindful attention. Over time, gaps in conversations that may under normal social circumstances be considered awkward, become normative. Conversations often slow down, allowing more ease and time for mindful reflection internally and with others. The Pause, supported in mutual practice, becomes more frequent and focused.

The *Pause* guideline in Insight Dialogue shares many features with the broad concept of mindfulness as it has been used in contemporary psychology, but makes an important departure from conventional definitions of mindfulness. Mindfulness has generally been defined in most mindfulness based interventions as fully encompassing kindness and especially equanimity (Shapiro, 2009). In ID, these and other qualities are delineated in such a way that they can be developed to a higher degree as they are facilitated by targeted intentionality as the practice progresses. The mindfulness established in *Pause* provides an initial balance in the face of the

ongoing flow of conceptual and emotional reaction and proliferation. In this sense, mindfulness appears, at the outset, to fully encompass **equanimity**. While the modicum of equanimity that emerges with mindfulness can be quite impactful and is sufficient for early practice, equanimity can be developed much further by way of mental culture, particularly meditation and a calm, inwardly inquisitive way of living. Relational practice would logically support the development of equanimity while in relationship. Additionally, the mirroring and compassion that often manifest in relational meditation help people experience the emotional balance and unidentified awareness that conduce to equanimity. In light of the equanimity born of life experience and meditative insight, mindfulness in ID is seen as a gateway to equanimity, with the maturation of equanimity understood as finding support in other ID guidelines and by how the practice unfolds over time.

Relax.

The second guideline is *Relax*. The instructions for *Relax* are offered progressively and first involve *Pause*, which facilitates becoming increasingly aware of the inevitable experience of tension in the body. As awareness increases, the recognition of this unavoidable tension increases. *Relax* provides a way to meet this tension and in this way flows naturally from *Pause*. This process is then extended from bodily tension to noticing discomfort in the mind or emotional resistance. *Relax*, which begins with tangible relaxation in the body, is taught as Relax-Accept, so the "skill" has a bodily and mental component. *Relax* includes the very basic instruction to offer an internally directed invitation to relax and to volitionally do so. As with any learning process, this ultimately becomes less intentional and volitional, and follows more naturally from mindfulness. However, Relax does not always expect or require a successful release of tension in the body or mind. However, when tension is recognized, whether or not it is

met with relaxation and released, it serves as an opportunity for mindfulness and stabilizes the non-identified, present moment awareness, thusly strengthening *Pause*.

In terms of the Buddhist Psychological factors, as *Relax* fosters disentanglement from constructed bodily and psychological stress, **Tranquility** is developed and strengthened. Increasingly freed from this tension, **Concentration** naturally arises. Importantly, this concentration stems from an absence of activity, or in this case an absence of tension. That is, concentration is not construed as holding the mind to an object by force of will. *Relax* also facilitates the factor of **Equanimity**. The increased awareness and ability to meet tension with relaxation and acceptance is the grounding that allows for the non-judgmental recognition of habitual mental patterns. The mind can then meet experience without identification or withdrawal.

Because *Relax* is being practiced during ongoing interpersonal contact, the skill of steadying the body and mind are being cultivated even in highly dynamic situations, thereby providing ample opportunities for practice, and easing the application of this skill in future relational context. Practitioners learn to be mindful and alert (*Pause*) while remaining calm and balanced (*Relax*) in response to other people's distress, excitement, and social convention. Social contact is inherently stimulating, which is why meditation is usually practiced intrapersonally. With the support of formal practice and the intention and commitment of the community of practitioners, the usual trajectory towards up regulation upon interpersonal contact can be reversed. If one member of a dyad or group is calm, supported by frequent formal instructed pauses and internal pauses coupled with the guideline *Relax*, that individual's calmness will often help their partner calm down. This may be transmitted via empathic response to a calm

face or voice, or it may be in response to the actual reports of tranquility being shared by a partner.

Open.

When *Pause* and *Relax* are established, the guideline *Open* is offered. This is the explicit transition into relationality as an intentional part of the meditation practice. *Open* rests on the foundation of mindfulness and tranquility; the introduction to interpersonal meditation can be difficult and the intentional Pause and Relax help to stabilize the practice. This then become an interpersonal practice as *Open* provides opportunities to explore the internal, external, and relational aspects of the previously established meditative qualities. Open provides a chance to bring mindfulness to where attention is in the relationship: is attention on the voice of a partner, the facial expressions, or the words being spoken. Attention can also simultaneously be on a mindfulness of relationship in relationship.

Open brings the stability of *Pause*, as it is continually being maintained and strengthened by Relax, into a measured widening of awareness. This begins simply with a widening of the sense of perceptual field. For example, a practitioner may notice a very small and focused area of the body, then broaden that focus out to a larger area of the body, and gradually to mindfulness of the entire body at once. This process can then extend to awareness of the other, and of oneself, as an extension of this internal broadening. In this way, mindfulness extends into the complexity of social awareness. In dyads or groups practicing *Open* together, and naming what is experienced, a strong mutual support is provided by establishing and then stabilizing a relaxed, wide field of awareness. The sense of internal and external softens as inward attention and outward attention come to be recognized as simply different objects in one phenomenal field.

Trust Emergence, Speak the Truth and Listen Deeply.

The guideline *Trust Emergence* instructs the practitioners to pay attention to the changing nature of present moment experience. This focus on the impermanence of thoughts and feelings and relationship itself is crucial to mindfulness being flexible enough to be robust in the face of challenging interpersonal contact. *Trust Emergence* also is offered as a reminder of the unpredictable nature of moment to moment experience, and in this way it helps avoid the fog of habitual forms of social engagement. This can lead to significant brightness of attention as dyads or groups attend to each moment with a sense of not knowing what is going to come next. The factors of **Investigation**, **Energy**, and **Equanimity** are bolstered by *Trust Emergence*. This guideline also sets the stage for attending to the emergence of thoughts that would be spoken, and freshness of mind as practitioners listen to one another. *Speak the Truth* and *Listen Deeply* rest on *Trust Emergence* and, on all of the prior guidelines. **Mindfulness** is essential for knowing what truth is to be spoken, and for being present to listen fully as words are shared. *Relax* provides the steadiness and kindness, while *Open* emphasizes the relational nature of speaking and listening.

Appendix D

The Four Noble Truths

The Four Noble Truths and the Eightfold path are the fundamental ideas that emerged from the Buddha's critical observation and assessment of the human condition. This teaching provides the framework that underlies Buddhist psychological thought and practice. While these observations are named as truths, it was never assumed that they should be taken up without critical reflection. Although they are assumed to be universal, it is also expected that they are to be understood experientially, a stance supported by the Buddhist phrase, *ehi passiko*, which roughly translates as come see for yourself.

The **first truth** is that life fundamentally includes suffering. This suffering includes physical suffering and the inevitability of sickness and death, as well as psychological suffering which stems from being an organism that has inborn needs and desires which it attempts to meet in a world that is out of its control. The second truth addresses the origin of the suffering recognized in the first truth. **The second truth** identifies that we experience basic drives, which are named as thirsts, which create and exacerbate incessant dissatisfaction. These include drives toward the physical and psychological experiences of pleasure and away from the experiences of pain, which are so powerful and continual that they restrict our body and mind to little else. The **third truth** makes the radical claim that despite the pervasive and powerful nature of the inevitable suffering in life, by addressing and working to abandon its true source, namely the drives, that suffering can be diminished and even eradicated. This assertion raises the difficult question of how one might be able to identify and abandon fundamental human drives. The **fourth truth** offers practical experiential guidance to move towards this goal, and these teachings are named the Eightfold path.

Eightfold Path.

The Eightfold Path (EP) is a gradual system of training which is intended to lead to the lessening, and ultimate cessation of suffering. The eight components of the EP are traditionally placed into three categories, which are often translated as wisdom, morality, and meditation. Each category has two or three path factors, all carrying the label "right", or wise. In our culture *right* carries judgmental connotations, but in the context of the eightfold path, *right* simply means suitable for the purpose (Watson, 2002). In the case of the path factors, experiential inquiry is used to assess the fit of this way of engaging life to determine whether it leads to the continuation or diminishment of suffering. While the EP is presented in a sequential manor, progression is often nonlinear. The components are critically interrelated and complementary, often requiring one another to function.

The **wisdom** category in a Buddhist context, and as the word is used here, can be understood as the degree to which things are seen as they are, that is to say not as things are constructed in the mind. For example, seeing clearly what are called the three characteristics is considered wise: the impermanent is seen as such; suffering is not mistaken for pleasure and vice versa; and no enduring self is to be found. Insight into these truths, as well as into the nature of cause and effect, is a result of radical inquiry, which facilitates the discernment between actuality and the distorted perceptions brought about by a mind that is unaware of its habits and which is clinging to its constructions. The wisdom category of the eightfold path contains two components, namely Right View and Right Intention. Right View is the process of non-conceptual insight that provides the direct declarative knowledge, which offers guidance through the other components. Right Intention is the direction the mind takes when informed by right

view. Traditionally it is framed as intentions of renunciation, non-anger, and non-cruelty. Intention connects one's view of the world with how one acts within it.

There are three factors in the **ethical and morality** category: right speech, action, and livelihood. These provide guidance for a harmonious life with others and are suggested as the essential first step—after learning deeply to give generously to others—for any continued deeper training such as meditation. Right speech hinges on speech that is in accordance with actuality as an individual understands it, and as is beneficial; this may be summarized informally as speech that is true and useful. Other guidance includes the direct suggestion to avoid harsh speech, gossip, and idle and untimely speech. Right action can be understood of as the core of one's ethical life. The formal teachings speak of avoiding killing, stealing, sexual misconduct, lying, and intoxicants. However, this basic framework is simply intended to provide the basis for a calm mind, free from remorse, while providing for oneself and others safety from harm. Taken to refinement, these moral precepts are considered to constitute a practice of mindfulness and wisdom.

The category of **meditation** factors sometimes called the concentration aspect of the path consists of right effort, mindfulness, and concentration. Right effort is a practice of developing the internal resources and application to abandon the unwholesome and cultivate the wholesome. As such, it is the clearest parallel in the EP to contemporary psychotherapeutic intervention. Right effort's movement towards abandoning grasping and fear, agitation and corrosive doubt corresponds with the goals in contemporary psychotherapy calming the mind, alleviating pain, and improving outcomes. Cultivating this well-being includes intentional practices and energy directed towards mindfulness and inquiry, tranquility and equanimity, and other distinct and actionable meditative qualities. Cultivating this also refers to developing loving kindness and

compassion, and to those attributes valued across most cultures of generosity, patience, and other such qualities.

The next factor of the Eight Fold Path is right mindfulness. This will be covered in more detail below, but for an initial definition of this path factor, mindfulness, or sati, is recollected awareness. It can be understood as awareness of awareness, of knowing not only what we are paying attention to but *that* we are paying attention. Drawn from the Pali word that also refers to memory, sati is that quality of mind that remembers purpose, monitors processes, and maintains a chosen focus of attention. Right concentration refers to a mind that is calm and gathered. This is not a forced focusing of attention but rather a resting with whatever is attended to without distraction. Taken together, to cultivate these three wisdom factors is to refine and strengthen the mind, making it fit to see things clearly and dwell with stability in all circumstances.

The Factors of Awakening and the Four Illimitables.

The factors of awakening (FA) and the Four Illimitables (FI) (traditionally called the *brahma viharas,* or divine abodes) can be considered the factors or proficiencies that must be developed in order to arrive at the liberative understanding that diminishes or eliminates suffering. The fourth noble truth is itself the noble eightfold path. That the path is one of the four truths is a structural indication of the integration in Buddhism of theory: the source of human suffering; and practice: the eightfold path. The design of the EP also implies a pragmatic integration of the wisdom elements with everyday experience. Meditation practice may culminate in breakthrough insight, but the further cultivation of mind and behavior unfolds during the rest of the practitioner's life. This is similar to the understanding in Contemporary Psychology that much of the work in psychotherapy unfolds beyond the therapy room. The factors of awakening and the Four Illimitables provide guidance towards gaining the insight and

experience necessary to diminish suffering, and also towards a mind inclined to act with the healthful relational qualities rooted in lovingkindness.

The Factors of Awakening are actionable, however they are not skills. They are qualities of mind that can be fostered by way of practice and by setting up appropriate conditions. The seven factors are mindfulness, investigation of phenomena, energy, joy or rapture, tranquility, concentration, and equanimity. They fall into two categories: energizing factors and calming factors. Investigation, energy and joy are the energizing factors. They are associated with mental alertness, inquiry, bodily vitality, perseverance, and so on. Tranquility, concentration and equanimity are the calming factors. They are associated with a settled quality of body-mind, stable and balanced. This accounts for six of the seven factors. Mindfulness, the first and arguably most important factor of awakening, is understood as monitoring the balance among all of the others.

As these features are described, to fully understand these factors they must be directly experienced. Each includes psychological as well as somatic components, as explicated in the literature of the various meditative traditions (Ñanamoli & Bodhi, 2000). Finally, while the present study is primarily concerned with the growth of these factors earlier in the developmental continuum, is possible to develop these factors to a level that far exceeds most people's normal experience.

The Factors of Awakening.

The first of these qualities of mind is **mindfulness**. Mindfulness, or sati, is often translated as remembering or memory. This translation helps us understand its function. It is a remembering to come back from our thoughts and behaviors to a more primary state. However, for many, describing mindfulness this way can seem strange because it's not always recognized

how much of life is experienced while enveloped in our thoughts. Mindfulness than can also be understood as a reflexive awareness of these thoughts and behaviors. As such, mindfulness provides a key monitoring role, in meditation practice and in life. Cultivating this awareness leads to an increased understanding of what it is like to be detached from these thoughts and behaviors. Meditation enables one to observe what it is that is taking the action of developing awareness, namely the mind.

The second factor is **investigation** of phenomena. Investigation here is the natural action of inquiry that arises as the mind is attentive to its own functioning. This natural quality, however, can be significantly elevated by intentional practice. Mindfulness attends to experience, whereas investigation explores qualities of internal states, sometimes guided by knowledge frameworks, sometimes just by resting with curiosity as phenomena unfold. This discernment through investigation is critical in its support of other skills. For example, investigation supports mindfulness in that as it is developed it increases the clarity of awareness and expedites the remembering to return to a state of mindfulness. With investigation, mindfulness becomes more frequent and increases in duration. Phenomenal investigation also gives rise to and supports the factor of energy, and serves at all times as an aid to guiding and balancing meditative practice.

The third factor, **energy**, might also be understood as persistence, or engagement. Moreover, it is a type of engagement that ideally becomes enthusiastic effort. This factor also encompasses bodily energy, or vitality. The quality of engagement is a critical factor alone, for the simple reason that without putting forth effort, no progress will be made. It is also important to understand that this effort can be volitionally engaged. Energy can be best understood as a supportive skill for several reasons. The first is that energy is primarily developed through the application of the other skills: greater mindfulness and investigation, together with healthful

desire, are its source. Secondly, its primary function is supporting the other skills. For example, when mindfulness flags, increased energy may be called upon, as appropriate, to re-engage in practice. Or if the mind is dull, and the process of mental development has slowed, the vitality of viriya—energy, and the same root as virile—can be mustered to get back on track. In this way, the factors are reinforcing each other, thus serving to cultivate a balanced and strong quality of mind.

The fourth skill is **Joy,** or piti. Piti has been translated as joy, rapture, even bliss. Piti is experienced in both mind and body as unusually pleasant, uplifting, refreshing, and, as it matures, calming. Joy grows out of energy, and when concentration is highly developed, somatic pleasure is one result. A key effect of joy, of piti, is bridging from the previously mentioned energetic factors to the calming factors of tranquility, concentration, and equanimity. The joy and happiness of piti at first may energize the body-mind, but ultimately bring tranquility. Happiness brings rest. When piti is present, bodily pain, even severe pain, diminishes or even vanishes. When the body is calm and the mind happy, concentration naturally arises. Where mindfulness, investigation and energy can be volitionally developed, joy is fostered by cultivating the other factors and by setting the proper conditions for its arising. Even so, skillful attendance to meditative pleasure can amplify even nascent joy.

The fifth factor is **tranquility**. This factor is serenity in both mind and body. It can result from increased distance from the constructive processes, and in this way it is self-strengthening. Tranquility includes bodily relaxation as well. The calm mind is more able to remain present, that is, to sustain mindfulness. It supports investigation by helping the mind remain relaxed as different objects are known. Tranquility is the essential precondition for the arising of the next factor, concentration.

The sixth factor is **concentration**. Concentration can be best understood as calm and gathered mind; this is in contrast to an often fickle and rapid movement of attention. When concentration is present the mind is gathered around its object. However, this steadiness is not sustained by force. Rather, it is the result of a calm, happy mind. Concentration also sets the conditions for the amplification of piti, or joy, and tranquility. Concentration greatly steadies mindfulness. When the two are both present, and well balanced, the clear awareness of mindfulness can become highly refined and suitable for seeing the rising and vanishing of phenomenal experience. Also, as concentration increases, any of the schemas from Buddhist psychology may be invoked as a kind of map for the meditator, providing guidance regarding what factor the mind attends to. Concentration thus leads to greater understanding, or insight.

The seventh factor is **equanimity**. Equanimity can be understood as seeing or knowing without identification or withdrawal. Equanimity may be most readily understood as the factor that informs the non-judgmental aspects of mindfulness as it has been broadly used in Contemporary Psychology. The noncritical engagement resulting from increased equanimity is such that it allows for a more comprehensive understanding of and engagement in experience. Equanimity brings a balanced perspective that is not clouded by valuations and judgments. The recall and overlay of past constructions don't arise and hence cannot serve as a catalyst for inaccurate anticipations. Equanimity, and the non-enmeshed but deep engagement it provides, is therefor essential to letting go of constructions of self and other. Equanimity should not be mistaken for indifference. The mind is balanced whether stimuli are pleasant, unpleasant, or neutral, but mindfulness and investigation remain strong.

The Four Illimitables.

The seven factors of awakening are joined by the Four Illimitables (FI). Traditionally referred to as the brahma viharas, or divine abidings, and also called the illimatables, the factors are metta, or lovingkindness, compassion, sympathetic joy, and equanimity. The term "**illimitables** " refers to the fact that all of these qualities of care and goodwill are extended boundlessly and to everyone. Illimitable also refers to the growth of these factors not being constrained. That is to say they can always be further developed.

The first of the Four Illimitables is **lovingkindness** (Pali, *metta*). Lovingkindness is a quality of body-mind that receives all experiences with total acceptance and responds with friendliness, with good will. It can be intentionally practiced, for example by sending and receiving unconditional and equanimous thoughts or wishes inward, to others, and ultimately to all beings. It can also be cultivated as a natural result of deep calm and acceptance with another person, where engagement is free from agenda and attachment. Metta forms the basis for the other relational factors, as it is the basic availability to experience upon which they rest.

The second of the FI is **compassion**. Compassion is the natural response when open to and touched by the suffering of others. It may be described as resonating with another, or a sensitivity to others pain. Distinguishing compassion from empathy is the balancing factor, covered below, of equanimity. That is, the pain of another may be felt, but the mind remains balanced. Compassion with equanimity averts falling into the reactions associated with internal pain, or the pain of others. Thus, the actions that arise from compassion—actions of care—are able to carry the clarity of understanding informed by right view and right mindfulness.

The third of the FI is **sympathetic joy**, joy at the good fortune of others. This joy is an openness to other beings, such that when others are happy, the experience for the open

participant is that of joy. This joy may be most easily related to by recalling the joy felt when seeing a loved one experience pleasure and safety, although this joy also encompasses having this experience in relation to others that are not known to the participant. Importantly, this joy also is balanced by the factor of equanimity, allowing one to experience it without becoming over identified.

Finally, there is **equanimity** as such. Like the equanimity named above as a factor of awakening, this refers to a mind that is balanced, stable, not carried away of internal or external stimuli. Equanimity is present with the other factors, and is also the last of the factors of awakening. This quality was highly valued in Buddhist psychology. As an illimitable, equanimity is the steadiness of mind when opened to the pain and joy of the world.

Appendix E

SUBJECT INFORMATION AND INFORMED CONSENT FORM

Title: Insight Dialogue: Investigation of a Relational Meditation Practice.
Project Director: Zed D. Kramer M.A.

Special instructions:
This consent form may contain words that are new to you. If you read any words that are not clear to you, please ask the person who gave you this form to explain them to you.

Purpose of the study:
The overall purpose of this research is to study the positive outcomes related to engaging in the relational meditation practice of Insight Dialogue. The information will be used to see how positive outcomes are related to one another, and will help us understand and identify what happens when practicing Insight Dialogue.

What will I have to do during this study?
Participation in this study will include the following:

1. The study will take place at this retreat center before and after the Insight Dialogue training.
2. It will take approximately 45 minutes each time.
3. You will be answering basic questions about yourself and how you relate to others.
4. Your personal information (including your name) will be coded to protect your confidentiality. If any question or test makes you uncomfortable, you may discuss its importance and the need to answer it with the interviewer. You may choose not to answer any question or participate in any test with which you still do not feel comfortable.
5. You can terminate your participation at anytime.

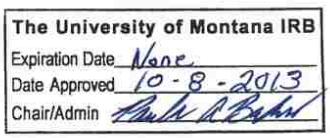
Payment for Participation:
There is no financial reward for participating in this study.

What are the risks or possible discomforts with participating in the study?
There are only minimal risks and discomforts that may be associated with this research. You will be asked to answer questions about yourself.

What are the benefits of participating in the study?
The benefits of this study include contributing to scientific understanding of the positive outcomes related to Insight Dialogue, how these positive outcomes are acquired, and how basic mechanisms involved in the practice relate to one another. Although this information will not directly benefit the participants of this project, they will have important implications for development of other clinical and scientific procedures related to Insight Dialogue.

Are there alternative options?
Participation in this research is voluntary. You may choose not to participate and may also withdraw your consent at any time during testing.

Confidentiality
The information that we gather about you in this study is personal. The University of Montana researchers are required, by law, to protect the privacy of the information known as protected health



information. All reasonable efforts will be made to protect the confidentiality of such information. The information recorded will be coded and the investigator will keep a master list separate from your file. All data files will be stored in locked filing cabinets or on password protected computers. Subject data and informed consent forms will be housed separately. The only people who will have access to your file will be the investigators (principal) of this study. Your records will be kept private and will not be released without your consent except as required by law. Your identity will not be revealed in any scientific publications or presentations that may result from this study. You will have access to all the information in your file upon request to the principal investigator.

Voluntary Participation/Withdrawal:
Your decision to take part in this research study is entirely voluntary. You may refuse to take part in or you may withdraw from the study at any time.

Questions:
If you have any questions about the research now or during the study please contact: Christine Fiore Ph.D. at christine.fiore@mso.umt.edu. If you have any questions regarding your rights as a research subject, you may contact the Chair of the IRB through the University of Montana Research Office at 406-243-6672.

Statement of Consent:
I have read the above description of this research study. I have been informed of the risks and benefits involved, and all my questions have been answered to my satisfaction. Furthermore, I have been assured that any future questions I may have will also be answered by a member of the research team. I voluntarily agree to take part in this study. I understand I will receive a copy of this consent form.

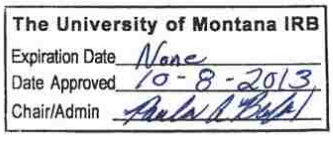
_____
Printed Name of Subject

_____ _____
Subject's Signature Date

Investigator's Statement: I have explained the purpose of this study to the volunteer subject. To the best of my knowledge, he/she understands the purpose, procedures, risk and benefits of this study.

_____ _____
Signature of person providing Informed Consent Date

Thank you for your important contribution to ongoing research.



ID#_____

Demographic Form

Please answer the following questions about yourself:

1. How old are you? _____

2. What is your sex?
   a. Male
   b. Female
   c. Transwoman
   d. Transman
   e. Other _____

3. What is your racial/ethnic background?
   a. White/non-Hispanic
   b. Black
   c. Hispanic
   d. Asian or Pacific Islander
   e. American Indian/Alaska Native
   f. Two or more races
   g. Other

4. What is your religious preference: _____

5. Which of the following is the highest level of education you achieved?
   a. Elementary school
   b. High school
   c. Trade/tech school
   d. Some college, but did not graduate
   e. Associate's degree
   f. Bachelor's degree
   g. Master's degree
   h. Ph.D./Ed.D./law degree

6. Are you currently employed?
   a. Yes, full-time
   b. Yes, part-time
   c. Homemaker
   d. Student only
   e. Student and employed full time
   f. I am not currently employed (Skip to #9)

7. If you are currently employed, what is your occupation: _____

8. What is your approximate annual income: _____
   OR what is your hourly wage:_____ AND how many hours do you work a week_____

9. Where do you currently live:
   a. With family members (parents, or other relatives)
   b. With my partner
   c. With roommates to whom I am not related
   d. I live alone

10. What is your current relationship status?
    a. Single
    b. Dating, in a non-committed relationship

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c. Dating, in a committed relationship
d. Married
e. Divorced or separated
f. Widowed

11. How long have you been practicing meditation: _____ months/years

12. How often do you meditate?

13. Have you previously attended an Insight Dialogue retreat?
    a. Yes
    b. No

    c. If so, how many Insight Dialogue retreats have you attended: _____

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The following set of questions deals with how you feel about yourself and your life. Please remember that there are no right or wrong answers.

Circle the number that best describes your present agreement or disagreement with each statement.	Strongly Disagree	Disagree Somewhat	Disagree Slightly	Agree Slightly	Agree Somewhat	Strongly Agree
1. Most people see me as loving and affectionate.	1	2	3	4	5	6
2. In general, I feel I am in charge of the situation in which I live.	1	2	3	4	5	6
3. I am not interested in activities that will expand my horizons.	1	2	3	4	5	6
4. When I look at the story of my life, I am pleased with how things have turned out.	1	2	3	4	5	6
5. Maintaining close relationships has been difficult and frustrating for me.	1	2	3	4	5	6
6. I am not afraid to voice my opinions, even when they are in opposition to the opinions of most people.	1	2	3	4	5	6
7. The demands of everyday life often get me down.	1	2	3	4	5	6
8. I live life one day at a time and don't really think about the future.	1	2	3	4	5	6
9. In general, I feel confident and positive about myself.	1	2	3	4	5	6
10. I often feel lonely because I have few close friends with whom to share my concerns.	1	2	3	4	5	6
11. My decisions are not usually influenced by what everyone else is doing.	1	2	3	4	5	6
12. I do not fit very well with the people and the community around me.	1	2	3	4	5	6
13. I tend to focus on the present, because the future nearly always brings me problems.	1	2	3	4	5	6
14. I feel like many of the people I know have gotten more out of life than I have.	1	2	3	4	5	6
15. I enjoy personal and mutual conversations with family members or friends.	1	2	3	4	5	6
16. I tend to worry about what other people think of me.	1	2	3	4	5	6
17. I am quite good at managing the many responsibilities of my daily life.	1	2	3	4	5	6
18. I don't want to try new ways of doing things - my life is fine the way it is.	1	2	3	4	5	6

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Circle the number that best describes your present agreement or disagreement with each statement.	Strongly Disagree	Disagree Somewhat	Disagree Slightly	Agree Slightly	Agree Somewhat	Strongly Agree
19. Being happy with myself is more important to me than having others approve of me.	1	2	3	4	5	6
20. I often feel overwhelmed by my responsibilities.	1	2	3	4	5	6
21. I think it is important to have new experiences that challenge how you think about yourself and the world.	1	2	3	4	5	6
22. My daily activities often seem trivial and unimportant to me.	1	2	3	4	5	6
23. I like most aspects of my personality.	1	2	3	4	5	6
24. I don't have many people who want to listen when I need to talk.	1	2	3	4	5	6
25. I tend to be influenced by people with strong opinions.	1	2	3	4	5	6
26. When I think about it, I haven't really improved much as a person over the years.	1	2	3	4	5	6
27. I don't have a good sense of what it is I'm trying to accomplish in life.	1	2	3	4	5	6
28. I made some mistakes in the past, but I feel that all in all everything has worked out for the best.	1	2	3	4	5	6
29. I generally do a good job of taking care of my personal finances and affairs.	1	2	3	4	5	6
30. I used to set goals for myself, but that now seems like a waste of time.	1	2	3	4	5	6
31. In many ways, I feel disappointed about my achievements in life.	1	2	3	4	5	6
32. It seems to me that most other people have more friends than I do.	1	2	3	4	5	6
33. I enjoy making plans for the future and working to make them a reality.	1	2	3	4	5	6
34. People would describe me as a giving person, willing to share my time with others.	1	2	3	4	5	6
35. I have confidence in my opinions, even if they are contrary to the general consensus.	1	2	3	4	5	6
36. I am good at juggling my time so that I can fit everything in that needs to be done.	1	2	3	4	5	6
37. I have a sense that I have developed a lot as a person over time.	1	2	3	4	5	6

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Circle the number that best describes your present agreement or disagreement with each statement.	Strongly Disagree	Disagree Somewhat	Disagree Slightly	Agree Slightly	Agree Somewhat	Strongly Agree
38. I am an active person in carrying out the plans I set for myself.	1	2	3	4	5	6
39. I have not experienced many warm and trusting relationships with others.	1	2	3	4	5	6
40. It's difficult for me to voice my own opinions on controversial matters.	1	2	3	4	5	6
41. I do not enjoy being in new situations that require me to change my old familiar ways of doing things.	1	2	3	4	5	6
42. Some people wander aimlessly through life, but I am not one of them.	1	2	3	4	5	6
43. My attitude about myself is probably not as positive as most people feel about themselves.	1	2	3	4	5	6
44. I often change my mind about decisions if my friends or family disagree.	1	2	3	4	5	6
45. For me, life has been a continuous process of learning, changing, and growth.	1	2	3	4	5	6
46. I sometimes feel as if I've done all there is to do in life.	1	2	3	4	5	6
47. I know that I can trust my friends, and they know they can trust me.	1	2	3	4	5	6
48. The past had its ups and downs, but in general, I wouldn't want to change it.	1	2	3	4	5	6
49. I have difficulty arranging my life in a way that is satisfying to me.	1	2	3	4	5	6
50. I gave up trying to make big improvements or changes in my life a long time ago.	1	2	3	4	5	6
51. When I compare myself to friends and acquaintances, it makes me feel good about who I am.	1	2	3	4	5	6
52. I judge myself by what I think is important, not by the values of what others think is important.	1	2	3	4	5	6
53. I have been able to build a home and a lifestyle for myself that is much to my liking.	1	2	3	4	5	6
54. There is truth to the saying that you can't teach an old dog new tricks.	1	2	3	4	5	6

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Five Facet Mindfulness Questionnaire

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 very rarely true	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.

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_____ 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.

ID#_____

HOW I TYPICALLY ACT TOWARDS MYSELF IN DIFFICULT TIMES

Please read each statement carefully before answering. To the left of each item, indicate how often you behave in the stated manner, using the following scale:

Almost never				Almost always
1	2	3	4	5

_____ 1. I'm disapproving and judgmental about my own flaws and inadequacies.

_____ 2. When I'm feeling down I tend to obsess and fixate on everything that's wrong.

_____ 3. When things are going badly for me, I see the difficulties as part of life that everyone goes through.

_____ 4. When I think about my inadequacies, it tends to make me feel more separate and cut off from the rest of the world.

_____ 5. I try to be loving towards myself when I'm feeling emotional pain.

_____ 6. When I fail at something important to me I become consumed by feelings of inadequacy.

_____ 7. When I'm down and out, I remind myself that there are lots of other people in the world feeling like I am.

_____ 8. When times are really difficult, I tend to be tough on myself.

_____ 9. When something upsets me I try to keep my emotions in balance.

_____ 10. When I feel inadequate in some way, I try to remind myself that feelings of inadequacy are shared by most people.

_____ 11. I'm intolerant and impatient towards those aspects of my personality I don't like.

_____ 12. When I'm going through a very hard time, I give myself the caring and tenderness I need.

_____ 13. When I'm feeling down, I tend to feel like most other people are probably happier than I am.

_____ 14. When something painful happens I try to take a balanced view of the situation.

_____ 15. I try to see my failings as part of the human condition.

_____ 16. When I see aspects of myself that I don't like, I get down on myself.

_____ 17. When I fail at something important to me I try to keep things in perspective.

_____ 18. When I'm really struggling, I tend to feel like other people must be having an easier time of it.

_____ 19. I'm kind to myself when I'm experiencing suffering.

_____ 20. When something upsets me I get carried away with my feelings.

ID#_____

_____ 21. I can be a bit cold-hearted towards myself when I'm experiencing suffering.

_____ 22. When I'm feeling down I try to approach my feelings with curiosity and openness.

_____ 23. I'm tolerant of my own flaws and inadequacies.

_____ 24. When something painful happens I tend to blow the incident out of proportion.

_____ 25. When I fail at something that's important to me, I tend to feel alone in my failure.

_____ 26. I try to be understanding and patient towards those aspects of my personality I don't like.

ID#_____

HOW I TYPICALLY ACT TOWARDS OTHERS

Please read each statement carefully before answering. To the left of each item, indicate how often you behave in the stated manner, using the following scale:

Almost Never				**Almost Always**
1	**2**	**3**	**4**	**5**

_____1. When people cry in front of me, I often don't feel anything at all.

_____2. Sometimes when people talk about their problems, I feel like I don't care.

_____3. I don't feel emotionally connected to people in pain.

_____4. I pay careful attention when other people talk to me.

_____5. I feel detached from others when they tell me their tales of woe.

_____6. If I see someone going through a difficult time, I try to be caring toward that person.

_____7. I often tune out when people tell me about their troubles.

_____8. I like to be there for others in times of difficulty.

_____9. I notice when people are upset, even if they don't say anything.

_____10. When I see someone feeling down, I feel like I can't relate to them.

_____11. Everyone feels down sometimes, it is part of being human.

_____12. Sometimes I am cold to others when they are down and out.

_____13. I tend to listen patiently when people tell me their problems.

_____14. I don't concern myself with other people's problems.

_____15. It's important to recognize that all people have weaknesses and no one's perfect.

_____16. My heart goes out to people who are unhappy.

_____17. Despite my differences with others, I know that everyone feels pain just like me.

_____18. When others are feeling troubled, I usually let someone else attend to them.

_____19. I don't think much about the concerns of others.

ID#_____

_____20. Suffering is just a part of the common human experience.

_____21. When people tell me about their problems, I try to keep a balanced perspective on the situation.

_____22. I can't really connect with other people when they're suffering.

_____23. I try to avoid people who are experiencing a lot of pain.

_____24. When others feel sadness, I try to comfort them.