

THESIS

INSIDE AND OUT:

INDIVIDUAL AND RELATIONAL OUTCOMES OF CONTEMPLATIVE PRACTICE

Submitted by

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ABSTRACT

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This study explored the relationships between two prevalent forms of contemplative practice (mindfulness and prayer) and their connection to wellbeing, both individual and relational. Furthermore, this study incorporated mindfulness and prayer into the unified construct of contemplative practice, divided according to direction of attention: inward-focused and outward-focused. Research has previously dealt with mindfulness and prayer separately, overlooking their functional similarities, yet associating them with similar outcomes. This study serves as a preliminary bridge between mindfulness literature and prayer literature, comparing their relationships to individual and relational wellbeing, and proposing the more inclusive category of contemplative practice. Using a sample of 262 college students, this study compared mindfulness to prayer, and inward-focused contemplative practice to outward-focused contemplative practice, in terms of each variable's association with individual wellbeing and relationship wellbeing. Results indicate that mindfulness is associated with both individual and relationship wellbeing, while prayer (when controlling for mindfulness) is not. The results also indicate that inward-focused contemplative practice is more closely linked to individual wellbeing than outward-focused contemplative practice, and that outward-focused contemplative practice is more closely linked to relationship wellbeing than inward-focused contemplative practice.

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INTRODUCTION

Regardless of religious affiliation, many people regard contemplative practice as an essential part of their lives (Kabat-Zinn, 2011). In recent years, the benefits of these practices have captured the attention of researchers and clinicians, as well as the public (Duncan, Coatsworth, & Greenberg, 2009; Dunne et al., 2012). However, little is known about how two of the major forms of contemplative practice—mindfulness and prayer—compare in terms of personal or relational impact, nor is there much known about whether the focus of one's practice—inward, toward the self, versus outward, toward others—makes a difference. Data related to these questions may inform future research, and may have important implications for the field of psychology as we seek to understand interpersonal and intrapersonal functioning as they relate to contemplative practice. This study will examine mindfulness and prayer, as well as inward-focused and outward-focused contemplative practice, as predictors of individual and relationship wellbeing.

Theoretical Principles of Contemplative Practice

There is currently no definitive work which synthesizes the theoretical basis of contemplative practice. This may be due in part to the scope of the subject, comprising ancient religious tenets alongside a growing body of research across several disciplines, from mental health to alternative medicine. In lieu of a comprehensive theory, we will outline here a few of the theoretical principles of contemplative practice which inform this study.

Contemplative practice is, in simplest terms, about the quality and direction of attention: this can be a softening of the internal gaze, or by contrast, it can be the act of fixing one's attention on a repeated prayer, mantra, or liturgy (see Dunne et al., 2012). Regardless of what form a person's practice takes, the lure of mindfulness, prayer, meditation, and yoga lies in the

promise of a quieter mind. Contemplative practice can serve as a pause, an opportunity to set an intention or reorient perspective. It can offer a much-needed alternative to popular emphasis on the value of speed, busyness, and multitasking, elevating instead the worth of stillness and of being present. This is the ideology which (explicitly or implicitly) guides proponents of contemplative practice: that human beings are better off when they practice habits of intentional awareness—of self, of God, of others, or of the present moment.

Jon Kabat-Zinn (2011) captures this ideal when he describes mindfulness as the practice of wakefulness, wisdom, and compassion, suggesting that these are fundamentally human qualities. This practice, he says, is nothing less than a way of perceiving and participating in life as though it really mattered (Kabat-Zinn, 2003). Brother Lawrence, a monk held by many to be one of the foremost authorities on Christian meditative prayer, describes prayer as “simple attention” (Lawrence, 2004, p. 32) fixed upon love of God and love of others, again emphasizing the centrality of attention with an open heart. Each of the major world religions (Christianity, Judaism, Islam, Buddhism, Hinduism, Sikhism, and others) include forms of prayer as an essential expression of piety, and prayer is also practiced by many people who do not identify as religious (Farah & McColl, 2008), a testament to the universality of its intuited value. Translating these concepts into more scientific jargon, Dunne et al. (2012) define contemplative practice as a method of cognitive and behavioral training designed to promote attention, emotion regulation, and virtue (specifically kindness).

Taken together, these perspectives on contemplative practice—though gathered from widely varied sources—agree on several central assumptions. First, that attention is a discipline which requires faithful practice. Second, that it is through the practice of directed attention that a person attains desired traits (e.g. wisdom, peace, etc.). And third, that an element of

interpersonal goodwill (compassion, generosity, love, forgiveness, and so forth) is essential to this practice.

Mindfulness

Mindfulness, a form of contemplative practice integral to Buddhist tradition, has been consistently associated both with heightened individual wellbeing (Chiesa & Serretti, 2009; Davis, Morris, & Drake, 2016; Kabat-Zinn, 2018; Wallace & Shapiro, 2006) and with improved interpersonal wellbeing and functioning (Carson, Carson, Gil, & Baucom, 2004; Hertz, Laurent, & Laurent, 2015; Khaddouma, Gordon, & Strand, 2017; McGill, Adler-Baeder, & Rodriguez, 2016). With a substantial body of literature tying mindfulness to the alleviation distress, a 2009 meta-analysis showed that new research is most needed to examine mindfulness's impact on wellbeing, shifting the focus from negative to positive outcomes (Chiesa & Serretti).

Important to clarify in any discussion of mindfulness is the dual use of the term: “mindfulness” can mean engaging in mindfulness exercises, such as conscious breathing, guided meditation, or repeating a mantra; however, it can also refer to a collection of traits including non-judgmental acceptance, present-moment awareness, and compassion, which can together be referred to as trait mindfulness. The traits of mindfulness are those which arise from the practice of mindfulness, and so the two uses of the term are closely linked (Kiken, Garland, Bluth, Palsson, & Gaylord, 2015).

Inward-focused versus outward-focused mindfulness. For our purposes, we will focus on trait mindfulness, subdivided into two categories: inward-focused mindfulness (cognitive and affective mindfulness traits focused on the self) and outward-focused mindfulness (trait mindfulness applied in the context of a romantic relationship). Inward-focused mindfulness here means present-moment awareness, the absence of automaticity, and focus, as well as non-

judgment and emotional resilience (Feldman, Hayes, Kumar, Greeson, & Laurenceau, 2007; Van Dam, Earleywine, & Borders, 2010). For example, a person with high inward-focused mindfulness might report that it is easy for them to keep track of their thoughts and feelings, while a person low in inward-focused mindfulness might report that they are easily distracted, or that they have a hard time tolerating emotional pain (Feldman et al., 2007). Each of these elements of trait mindfulness extend awareness to self or to a task, rather than to another person, thus distinguishing them from the relational construct of outward-focused mindfulness.

Outward-focused mindfulness (Duncan et al., 2009) is distinct from inward-focused mindfulness in that it comprises specifically those aspects of trait mindfulness which are expressed interpersonally and directed at a partner. These traits include compassion, openness, acceptance, and mindful listening. The construct of mindful partnering articulates the ways in which outward-focused mindfulness may have a direct impact on partner relationships (as opposed to the indirect impact of a primarily intrapersonal element of trait mindfulness, i.e. present-moment awareness). For instance, a mindful partnership involves one partner giving the other their full attention in conversation, rather than becoming distracted (assessed by items like “I find myself listening to my partner with one ear because I am busy doing or thinking about something else at the same time”), and have a higher awareness of both partners’ emotions (“When I’m upset with my partner, I notice how I am feeling before I take action,” and “I can tell what my partner is feeling even if he/she does not say anything;” Duncan et al., 2009). Other important elements of partner mindfulness include emotion regulation (particularly during conflict: “When I am upset with my partner, I calmly tell him/her how I am feeling”), openness (“I listen carefully to my partner’s ideas, even when I disagree with them”), and compassion (“When my partner is going through a difficult time, I try to give him/her the nurturing and

caring he/she needs;” Duncan et al., 2009). In short, mindful partnering results when partners attend to one another with compassion, curiosity, and openness in the present moment.

Individual Outcomes. Strong links have been established between mindfulness and a variety of positive outcomes for the individual. Mindfulness is beneficial for those suffering from physical and mental illnesses or injuries, and can also be helpful as a means of stress reduction for healthy people (Chiesa & Serretti, 2009). It has been consistently connected to increases in individual wellbeing, as well as to decreases in anxiety and rumination (Shapiro, Oman, Thoresen, Plante, & Flinders, 2008; Wallace & Shapiro, 2006). Mindfulness may also promote both emotional and physical resilience: in a 2018 study, Jon Kabat-Zinn found that a group who participated in a mindfulness intervention were better able to cope with difficult emotions and also had a stronger immune-system response to a flu vaccine. Mindfulness-Based Relationship Enhancement (MBRE), though developed with relationships in mind, also impacts individual outcomes, increasing optimism and relaxation, while decreasing psychological distress (Carson et al., 2004). Positive outcomes tend to increase in response to higher rates of practice: MBRE researchers found that those who practiced mindfulness more often saw more increases in relaxation, optimism, and stress-coping efficacy, as well as continued decreases in both individual and relationship stress (Carson et al., 2004). These studies represent a portion of what has become a large and rapidly expanding inquiry into the benefits of mindfulness for the individual; a full review is beyond the scope of this paper.

Relational outcomes. A long list of relational benefits, including increased relationship satisfaction, autonomy, relatedness, closeness, acceptance of one another, and decreased relationship distress are also associated with mindfulness (Carson et al., 2004; Khaddouma et al., 2017); as with the individual traits mentioned above, these outcomes were stronger in those who

practiced mindfulness more regularly, suggesting that mindfulness is largely responsible for observed changes. Other relational outcomes related to mindfulness include increases in empathy, compassion, and forgiveness (Chiesa & Serretti, 2009). In Wachs and Cordova's 2007 study, mindfulness was associated with higher marital quality and a greater ability to identify and communicate emotions with a partner. Although mindfulness is more often linked to individual outcomes, these relational findings are supported by a growing number of studies: a meta-analysis of the literature linking mindfulness to relationship satisfaction found a statistically significant relationship and an average effect size of .27 (McGill, Adler-Baeder, & Rodriguez, 2016). These studies support the conclusion that intentional present-focused attention can improve the quality and experience of a relationship.

Prayer

Prayer, another type of contemplative practice (distinct from mindfulness primarily due to its emphasis on a higher power) has likewise been associated with a variety of positive outcomes for individuals (Dezutter, Wachholtz, & Corveleyn, 2011; Ridge, Williams, Anderson, & Elford, 2008) as well as their relationships (Fincham & Beach, 2014; Fincham & Lambert, 2010; Lambert, Fincham, & Stanley, 2012). Though a broad term—spanning countless faith traditions and practiced over thousands of years—prayer can be most concisely defined as communication with a higher power (Farah & McColl, 2008). It can be informal and spontaneous, it can be structured within a liturgy, it can be sung aloud or silent, and it can be practiced alone or in company. Conversational and meditative prayer are currently the most common types among Americans, forms which include giving thanks for blessings, asking for help, confessing wrongdoing, asking for forgiveness, requesting guidance in decision-making, worshipping, listening, or reading from religious texts or prayer books (Farah & McColl, 2008).

Prayer also bears some resemblance to standard therapeutic strategies and goals, such as regaining perspective, breaking negative thought cycles, promoting relaxation, dialogue with a supportive other, and promoting a compassionate response over a more reactive or destructive option (Beach, Fincham, Hurt, McNair, & Stanley, 2008). Due to the perceived involvement of an Other to whom the prayer is directed, it could be argued that prayer is an essentially relational exercise. However, as with mindfulness, we will delineate here between inward-focused and outward-focused prayer (according to the subject of the prayer) as well as between individual versus relational outcomes.

Inward-focused versus outward-focused prayer. Inward-focused prayer concerns the self as its subject. Praying to cope with life's challenges or to regulate emotions like anger or sadness fall into this category (Fincham & Beach, 2014). This variety of prayer is termed "individual" not because it necessarily happens in isolation, but because attention is directed toward the self. Partner-Focused Prayer (outward-focused prayer specific to romantic partnerships; Fincham & Beach, 2014) refers to the extent to which a partner is a positive subject of an individual's prayers. The scale that measures this construct consists of four items ("I pray for the wellbeing of my romantic partner," "I pray that good things will happen for my partner," "I ask God to watch over my partner," and "I pray for my partner to reach his or her goals"). It does not address prayer about a partner as a problem (e.g. "I pray that my partner will treat me with more kindness"), excluding self-interest. It is important to note that this type of prayer can occur independently or with a partner present and participating in the prayer; the measure does not specify. It should also be noted that these two categories do not together represent the whole spectrum of prayer (excluded forms of prayer include prayers of gratitude, prayers for friends, family, or neighbors, and prayers of confession, among others). This study focuses on romantic

relationship dynamics, and therefore other forms of relational prayer are beyond the scope of this paper.

Individual outcomes. Prayer has been statistically linked to a variety of positive outcomes for the individual. Similar to mindfulness, prayer has been used to address physical health: in a recent study, it was related to higher pain tolerance (Dezutter, Wachholtz, & Corveleyn, 2011). Prayer may also adjust a person's internal perception of events (e.g. reevaluating a problem as an opportunity for growth), and may impact self-concept and meaning-making, with the result that external struggles are less threatening to identity (Ellison & Levin, 1998). Nooney and Woodrum (2002) agree that prayer may impact positive mental health outcomes by creating a hopeful paradigm through which perceptions of self, others, and the wider world are interpreted. Taken together, the evidence suggests that prayer can be an effective and versatile tool for promoting individual functioning.

Relational Outcomes. However, prayer's influence is not limited to the individual. As outlined above, prayer may be focused inward (toward the self) or outward (toward another person). When the subject of a prayer is focused on a romantic partner—positive outcomes are seen not only for the praying person, but for the subject as well (Fincham & Beach, 2014). Prayer for partner in emerging adults has been shown to be correlated with higher levels of commitment for both partners, and the same was observed in a study of African American married couples (Fincham & Beach, 2014). Partner prayer is also associated with higher levels of trust and unity between partners (Lambert, Fincham, La Vallee, & Brantley, 2011). Prayer for partner has been shown to correlate with lower levels of extradyadic sex (Fincham & Lambert, 2010), higher levels of couple commitment (Fincham & Lambert, 2010), and increased readiness to forgive the subject of their prayer, whether a partner or a friend (Lambert, Fincham, Stillman,

Graham, & Beach, 2010). Prayer for partner also increases satisfaction with sacrifice, along with couple identity and emergent goals (Lambert et al., 2012). Prayer, then, may be helpful to couples in a wide variety of circumstances, improving partners' functioning as well as their perceptions within their relationships.

THE PRESENT STUDY

Relationship Wellbeing

For the present study, relationship wellbeing is examined as a dependent variable—a potential relational outcome of mindfulness and prayer. Relationship wellbeing can be thought of as a construct composed of relationship satisfaction, trusting communication, and limited thoughts of separation, as assessed by the Relationship Assessment Scale (Hendrick, Dicke, & Hendrick, 1998). Relationship satisfaction can be affected by a variety of variables, such as the expectations each partner brings (implicitly or explicitly) to the relationship and the extent to which the relationship meets or exceeds individual expectations (Vaughn & Baier, 1999). As satisfaction of any kind is by definition subjective, relationship wellbeing is not a measure of particular behaviors, but rather of couples' attitudes toward their relationship (Vaughn & Baier, 1999). Relationship satisfaction can be strongly correlated with a couple's manner of engaging with conflict (i.e. avoidance, irritability, harshness, and other poor conflict management strategies predict lower relationship satisfaction; Cramer, 2010). It has also been associated with mindfulness (McGill, Adler-Baeder, & Rodriguez; Wachs & Cordova, 2007) and with prayer (Fincham et al., 2010), reflecting the potential value of contemplative practice in relational health. Therefore, relationship satisfaction can serve as a useful variable for measuring the degree to which a couple perceives their relationship to be positive overall, and therefore a helpful benchmark by which to evaluate the power of contemplative practice as a predictor of positive relationships.

While relationship satisfaction is a term commonly used on its own to identify partner-related outcomes of contemplative practice, our study chooses to distinguish relationship wellbeing as an outcome variable. As mentioned above, this construct incorporates but is not

limited to satisfaction. Relationship wellbeing, as measured in this current study, also addresses the degree to which partners serve as each other's confidants as well as the frequency at which they discuss ending the relationship, which may be a better barometer of overall health of the relationship (Hendrick, Dicke, & Hendrick, 1998). For this reason, relationship wellbeing is the interpersonal outcome variable which most closely parallels our intrapersonal outcome variable: individual wellbeing.

Individual Wellbeing

Just as relationship wellbeing serves as a broad evaluation of the success or health of a relationship, individual wellbeing may be used as a gauge of an individual's overall emotional functioning. Wellbeing has been diversely defined and operationalized by researchers investigating constructs ranging from pleasure to life satisfaction (Diener et al., 2009). It has been linked to a variety of benefits, including increased physical health and greater longevity (Diener, Scollon, & Lucas, 2009). In western society, individual wellbeing is often based in values such as self-efficacy, confidence, and satisfaction with one's individual circumstances (Saengtienchai, Kespichayawattana, & Aungsuroch, 2004).

It is important to note that wellbeing can include both affect and cognition; emotional assessment and rational assessment of one's life are united in this construct. Mindfulness has been shown to directly influence increases in wellbeing (Shapiro, Oman, Thoresen, Plante, & Flinders, 2008) and prayer has likewise been associated with higher levels of wellbeing, particularly in individuals under stress (Fatemi, Rezaei, Givari, & Hosseini, 2006). These associations between contemplative practice and wellbeing are theoretically sound, given that mindfulness and prayer are commonly intended (and used) as sources of calming and comfort, and as means to cultivate a positive sense of self.

Hypotheses

This study examines the relationships between two forms of contemplative practice (mindfulness and prayer), and their associations with individual and relationship wellbeing. Of primary interest are the differences between mindfulness and prayer, and between the individual and relational subtypes of both practices. In order to gain a clearer understanding of these associations, we first assessed which of the two forms of contemplative practice explains greater variance in each of the outcome variables. We hypothesized that there would be greater variance explained in individual wellbeing by mindfulness as compared to prayer (hypothesis 1), and that there would be greater variance explained in relationship wellbeing by prayer as compared to mindfulness (hypothesis 2).

While substantial literature exists, as detailed above, examining the effects of mindfulness and prayer on our outcome variables, ours is the first study (to our knowledge) which compares one form of contemplative practice against the other. For this reason, our predictions in hypotheses 1 and 2 are based upon our conceptualization of mindfulness as essentially an individual practice, producing traits within the self, and contrasting this with prayer which, because it necessarily involves an Other (to whom the prayer is addressed), may be conceptualized as essentially relational. It is for this reason that we expect mindfulness will be a stronger predictor of individual wellbeing, and that prayer will be a stronger predictor of relationship wellbeing.

Second, we will group contemplative practice according to direction—inward-focused versus outward-focused—and examine which direction better accounts for the variance in each outcome. We hypothesize that there will be greater variance explained in individual wellbeing by inward-focused contemplative practice (as measured by combined individual mindfulness and

individual prayer) as compared to outward-focused contemplative practice (measured by combined mindful partnering and prayer for partner) (hypothesis 3). We also hypothesize that there will be greater variance explained in relationship wellbeing by outward-focused contemplative practice (as measured by combined mindful partnering and prayer for partner) than by inward-focused contemplative practice (as measured by combined individual mindfulness and individual prayer) (hypothesis 4).

Figure 1:
Hypothesis 1

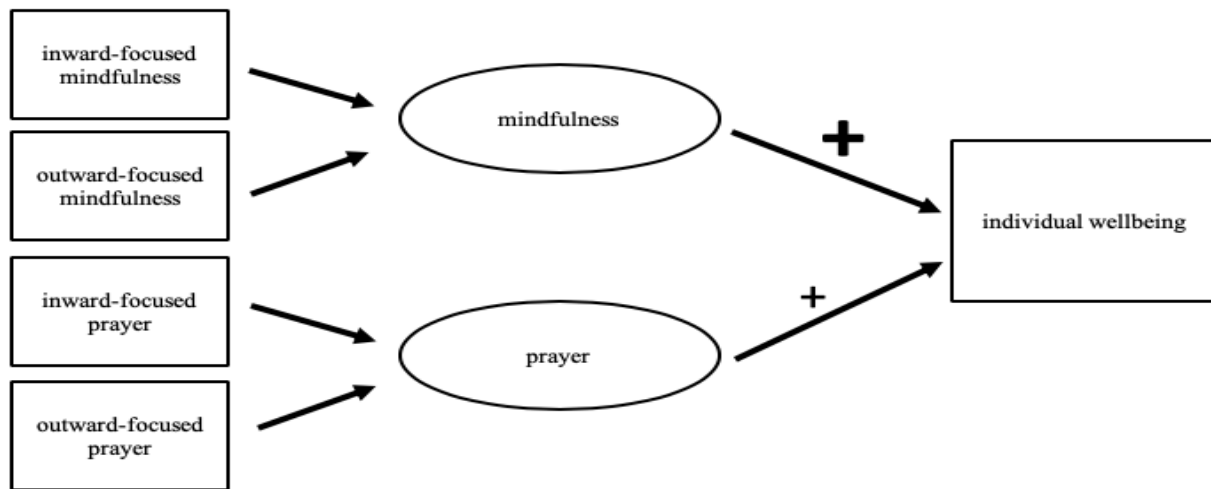


Figure 2:
Hypothesis 2

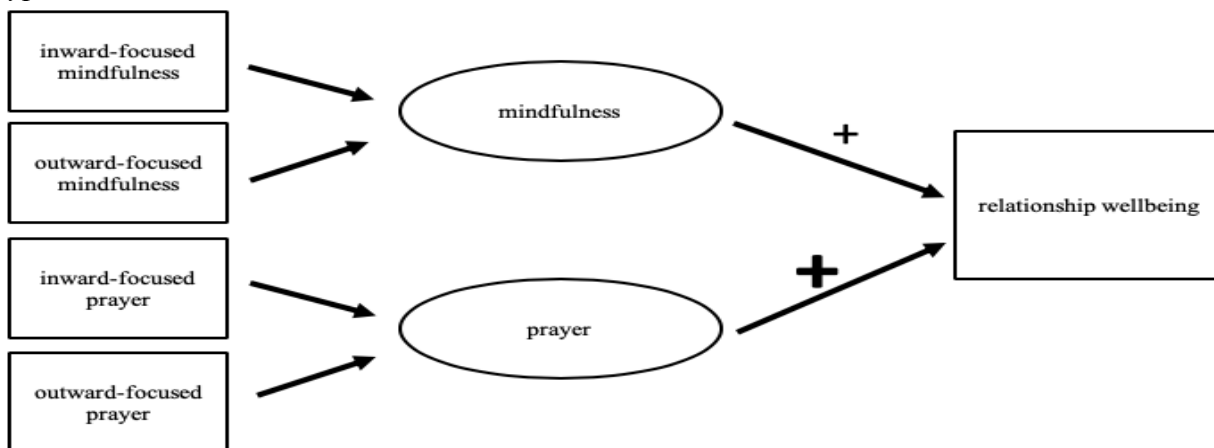


Figure 3:
Hypothesis 3

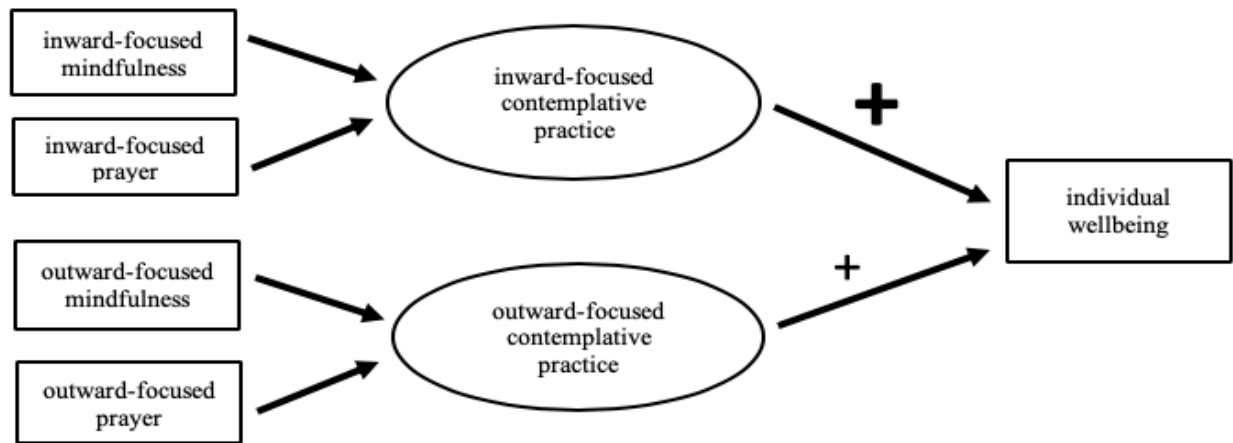
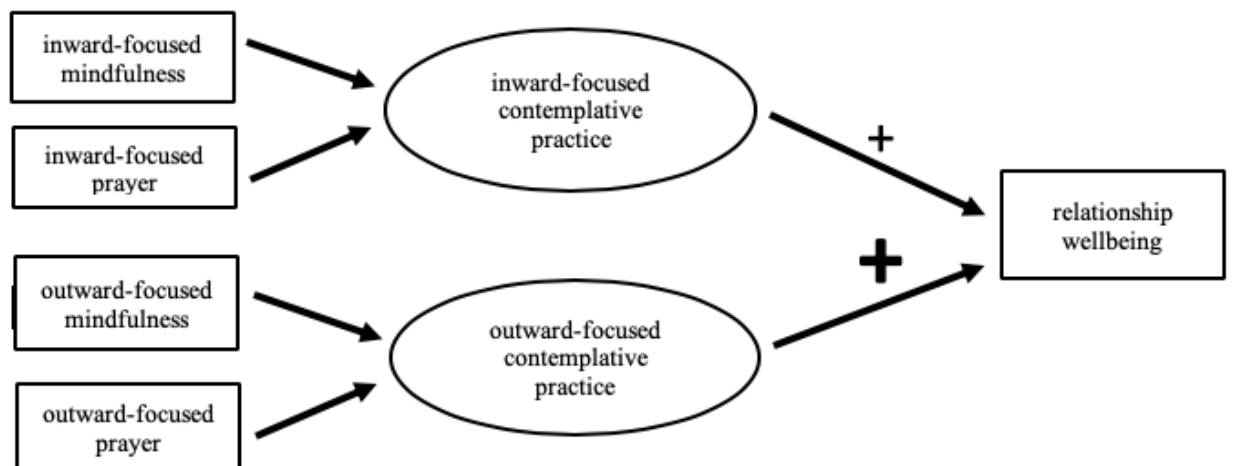


Figure 4:
Hypothesis 4



Method

Participants. The data were drawn from 262 college enrolled participants who were recruited from HDFS undergraduate level classes at a large university in the western United States. Of the final sample of participants, 82.7% identified as female, 15.7% as male, 0.8% as transgender, .4% as gender queer participants, and 0.4% of data was missing. In this sample, 89.2% of participants identified as heterosexual, 7.2% identified as bisexual, 2% of data was

missing, 1.2% identified as gay, and 0.4% identified as other. Regarding ethnicity, 71.2% identified as European/White, 11.2% as Hispanic, 7.5% as Mixed Race, 3.5% as Black/African American, 2.7% as Asian, 0.8% as Pacific Islander, 0.4% as Indian, and 0.8% as Native American. Participants ages ranged from 18 to 29 ($M = 19.91$, $SD = 1.93$). Participants reported the average number of romantic relationships experienced was 2.1 ($SD = 1.19$).

Procedures. This study utilizes data collected during the 2018 fall semester and the 2019 Spring semester. Students were offered extra credit in certain courses in exchange for participation. Students who agreed to participate began by logging into an online portal, where they completed an informed consent form before proceeding to the measures. These surveys could be completed at any location chosen by the participant, and the results are anonymous. Students could choose to cease participating at any time, and could also choose to complete another study to earn their extra credit points.

Measures

Schwartz Outcome Scale (SOS-10). The SOS-10 (Blais et al., 1999) measures individual wellbeing using a series of ten items, each on a scale of 0 (“never”) to 6 (“all or nearly all the time”). These include “I feel hopeful about my future,” “I am able to forgive myself for my failures,” and “I have peace of mind.” The scale has high internal consistency; the alpha for the present study was $\alpha = .87$. It also has strong divergent validity with psychopathology, hopelessness, fatigue, and negative affect, as well as strong convergent validity with preexisting measures of psychological wellbeing, life satisfaction, desire to live, positive self-esteem, positive affect, and sense of coherence (Blais et al., 1999).

The Relationship Assessment Scale (RAS). This study uses a four-item subscale within Hendrick, Dicke, and Hendrick’s Relationship Assessment Scale (1998) to assess relationship

wellbeing. These items are as follows: (1) “How often do you discuss or have you considered divorce, separation, or terminating your relationship?” (2) “In general, how often do you think that things between you and your partner are going well?” (3) “Do you confide in your mate?” and (4) “Please indicate the degree of happiness, all things considered, of your relationship.” Each item is scaled 1 (“not at all”) to 5 (“a lot”). The full scale includes three additional items and has good internal consistency (current study, $\alpha = .71$).

Cognitive and Affective Mindfulness Scale – Revised (CAMS-R). The CAMS-R is a ten item scale (revised from the original twelve) assessing individual trait mindfulness (Feldman, Hayes, Kumar, Greeson, & Laurenceau, 2007). Each item is scored 1 (“Rarely/Not at All”) through 4 (“Almost Always”), and items include “It is easy for me to keep track of my thoughts and feelings,” “I am able to accept the thoughts and feelings that I have,” and “I am able to pay close attention to one thing for a long period of time,” among others. Data demonstrates that the scale has acceptable internal consistency for the current study ($\alpha = .73$).

Mindful Partnering: Adaptation of the Interpersonal Mindfulness in Parenting Scale (IEM-P). Duncan, Coatsworth, and Greenberg (2009) developed a 23-item scale to measure mindful parenting and which has been adapted (unpublished manuscript) to measure mindful partnering. Two items were removed from the original scale, and the word “partnering” was substituted for “parenting” in the remaining items. Each item is scored 1 (“never true”) through 5 (“always true”). Items include statements such as “It is easy for me to tell when my partner is worried about something,” and “I pay close attention to my partner when we are spending time together.” The internal consistency of this scale in the current study was acceptable, $\alpha = .81$.

Partner-Focused Petitionary Prayer. Partner-Focused Petitionary Prayer (PFPP) is a four-item scale developed by Fincham and Beach (2014) to measure a person's habits of praying for their partner: "I pray for the wellbeing of my romantic partner," "I pray that good things will happen for my partner," "I ask God to watch over my partner," and "I pray for my partner to reach his or her goals." Each item is scored 1 ("never") through 5 ("always"). The scale demonstrated sufficient internal consistency in the current study ($\alpha = .75$).

Self-Focused Prayer. Self-Focused Prayer (SFP; Fincham & Beach, 2014) is a three-item scale assessing an individual's tendency to pray for themselves: "I pray to cope with life's challenges;" "I pray when I am angry;" and "I pray when I am down or sad." Each item is scored 1 ("never") through 5 ("always"). The scale demonstrated acceptable internal consistency in the current study ($\alpha = .83$).

Data Analytic Approach

First, two latent factors of Mindfulness and Prayer were created. Each factor was created by centering the variables around their mean, and then adding the items together (mindfulness items and prayer items, respectively). Using the same approach, the variables of individual mindfulness and individual prayer were combined to create the Inward-Focused Contemplative Practices (ICP) factor, as were the variables of relational mindfulness and relational prayer to create the Outward-Focused Contemplative Practices (OCP) factor.

To examine the hypotheses proposed in this paper, we conducted four separate linear regressions with each of the outcomes (individual wellbeing and relationship wellbeing) as the dependent variables. For each of these analyses number of romantic relationships was entered as a control variable. For hypothesis 1, we used Mindfulness and Prayer as predictor variables, assessing how much of the variance in Individual Wellbeing was accounted for by each variable.

For hypothesis 2, we used the same predictors, assessing what proportion of the variance each may account for in Relationship Wellbeing. For hypothesis 3, we assessed the proportion of variance in Wellbeing accounted for by ICP versus OCP, and for hypothesis 4 we assessed the proportion of variance explained in Relationship Wellbeing which is accounted for by ICP versus OCP.

Results

Descriptive information was obtained for the variables (for bivariate correlations, see Table 1, for means and standard deviations, see Table 2). Four separate linear regressions were conducted to examine the unique associations between the predictor variables and each of the outcomes. For each of these analyses (see Table 3), number of romantic relationships was entered as the control variable at step one.

Table 1

Correlations Among Variables

	1	2	3	4	5	6
1. IF Prayer	1.00					
2. OF Prayer	.546**	1.00				
3. IF Mindfulness	.16**	.03	1.00			
4. OF Mindfulness	.17**	.17**	.26**	1.00		
5. Ind. Wellbeing	.85**	.16**	.25**	.43**	1.00	
6. Rel. Wellbeing	.19**	.18**	.36**	.44**	.59**	1.00

Note: IF Prayer refers to frequency of prayer for self (Self-Focused Prayer Scale). OF Prayer refers to frequency of prayer for partner (Partner-Focused Petitionary Prayer Scale). IF Mindfulness refers to intrapersonal elements of trait mindfulness (Cognitive and Affective Mindfulness Scale—Revised). OF Mindfulness refers to interpersonal elements of trait mindfulness (adapted Interpersonal Mindfulness in Parenting Scale). Ind. Wellbeing refers to levels of personal contentment and satisfaction (Schwartz Outcome Scale). Rel. Wellbeing refers to levels of contentment and satisfaction in a romantic partnership (Relationship Assessment Scale). * $p < .05$, ** $p < .01$

Table 2

Descriptive Information for Measures

<i>Variable</i>	<i>M</i>	<i>SD</i>	<i>Range</i>	<i>α</i>
Romantic Relationships	2.32	.60	1.00-3.09	
Inward-Focused Prayer	2.41	1.00	1.00-6.65	.71
Outward-Focused Prayer	2.25	.61	1.00-4.45	.73
Inward-Focused Mindfulness	2.44	1.84	1.00-4.00	.88
Outward-Focused Mindfulness	2.02	.55	1.00-5.00	.81
Individual Wellbeing	3.89	.30	1.00 – 6.00	.91
Relationship Wellbeing	4.05	.69	1.00-5.00	.75

Note: Romantic Relationships refers to the number of romantic relationships a participant has experienced. Inward-Focused Prayer refers to frequency of prayer for self (Self-Focused Prayer Scale). Outward-Focused Prayer refers to frequency of prayer for partner (Partner-Focused Petitionary Prayer Scale). Inward-Focused Mindfulness refers to intrapersonal elements of trait mindfulness (Cognitive and Affective Mindfulness Scale—Revised). Outward-Focused Mindfulness refers to interpersonal elements of trait mindfulness (adapted Interpersonal Mindfulness in Parenting Scale). Individual Wellbeing refers to levels of personal contentment and satisfaction (Schwartz Outcome Scale). Relationship Wellbeing refers to levels of contentment and satisfaction in a romantic partnership (Relationship Assessment Scale).

Test of the first hypothesis revealed partial support wherein, after controlling for experiences of romantic relationships, individual mindfulness was a significant predictor of wellbeing, $B = .38$, $p < .001$, over and above individual prayer ($B = .082$, $p = .15$). Thus hypothesis 1 was supported, identifying that those who reported high levels of trait mindfulness also reported high levels of individual wellbeing. Furthermore, individual mindfulness was also shown to be a significant predictor of relationship wellbeing, $B = .13$, $p = .04$, while individual prayer was not found to be a significant predictor in this model $B = .03$, $p = .14$. This did not support hypothesis 2, as those who reported high frequency of prayer did not report significantly

higher relationship wellbeing than those who did not report prayer habits. Next, a regression model testing inward-focused versus outward-focused contemplative practice showed that inward-focused contemplative practice was a more significant predictor of individual wellbeing, $B = .21, p = .03$, than outward-focused contemplative practice, $B = .11, p = .04$ thus supporting hypothesis 3. Thus, those who reported high levels of inward-focused contemplative practice reported the highest levels of individual wellbeing. Still, it is important to note that both predictors of inward and outward contemplative practices were significant predictors of individual wellbeing. Finally, a regression model revealed that outward-focused contemplative practice was a more significant predictor ($B = .15, p < .001$) of relationship wellbeing as compared to inward focused contemplative practices ($B = .09, p < .05$). This supports hypothesis 4, demonstrating that those who report high levels of outward-focused contemplative practice also report significantly higher relationship satisfaction. Again, it is important to note that both forms of contemplative practices were significant in the association with relationship satisfaction.

Table 3

Multiple Regression Predicting Individual and Relationship Wellbeing

	Ind. Wellbeing	Rel. Wellbeing
Predictor Variable	B	B
Prayer	.082	.03
Mindfulness	.38***	.13*
IF Cont. <u>Prac.</u>	.21*	.11*
OF Cont. <u>Prac.</u>	.09*	.15***

Note: Prayer refers to a latent factor combining SFP and PFPP. Mindfulness refers to a latent factor combining revised IEM-P and CAMS-R. IF Cont. Prac. refers to a latent factor combining SFP and CAMS-R. OF Cont. Prac. refers to a latent factor combining PFPP and revised IEM-P.

* $p < .05$, ** $p < .01$, *** $p < .001$

DISCUSSION

Contemplative practice in the forms of mindfulness and prayer have been consistently positively associated with wellbeing, both for the individual and for relationships (Chiesa & Serretti, 2009; Davis, Morris, & Drake, 2016; Fincham et al., 2010; Kabat-Zinn, 2018; McGill et al., 2007; Nooney & Woodrum, 2002; Wallace & Shapiro, 2006). Some form of contemplative practice, both religious and secular, are used by a large portion of the population, with the goal of promoting present-moment awareness, relieving stress, and increasing emotional resilience (Farah & McColl, 2008; Pew Research Center, 2019). Research regarding contemplative practice makes strong claims regarding the benefits which practitioners of mindfulness or prayer may experience, and yet these two separate forms of contemplative practice have not been considered within the same study. Our study set out to bridge this gap, examining the relative contributions of prayer versus mindfulness, and of contemplative practice (divided by direction of attention rather than by religious tradition), as they relate to wellbeing.

Mindfulness vs. Prayer

Our findings show that trait mindfulness is more strongly related to both individual and relational wellbeing than prayer, demonstrating that a person's manner of mindfully interacting with themselves and with the world (e.g. habits of present-moment awareness, compassion, and openness) may be more directly related to positive outcomes than praying for oneself or for others. In fact, prayer's relationship to either outcome was not significant in our regression model, although it was significantly associated with both wellbeing outcomes at the bivariate correlation level. Although we had anticipated that prayer, being primarily relational, would be more strongly correlated with relational wellbeing, there is significant literature to support the association between mindfulness and relational outcomes; Carson et al. (2004) argue that the

practice of mindfulness enhances habitual compassion and connectedness between partners, creating a reciprocal effect between partners. It is possible that mindfulness is more strongly related to relationship wellbeing because of this reciprocal effect: partners who demonstrate trait mindfulness while interacting with one another may elicit behaviors from their loved ones which reward and reinforce these mindfulness traits. On the other hand, partners who pray for one another may not participate in this reciprocity; they may not be aware of their partners prayers, and are therefore not afforded the opportunity to react or respond.

These findings may do more than rank forms of contemplative practice according to related outcomes. Certainly, it places mindfulness as we currently understand and measure it above what we currently understand and measure of prayer, but it remains to be determined whether this superiority is due to the practice itself, or to our manner of measuring it. To our knowledge, no previous study has assessed for traits of mindfulness in those who pray. As we have suggested, prayer bears a functional resemblance to many of the practices associated with mindfulness, and it is therefore reasonable to suppose that the practice of prayer may cause individuals to develop similar traits and behaviors, such as forgiveness and reappraisal (for evidence that prayer is related to these specific traits, see Lambert et al., 2010, and Jankowski & Sandage, 2011). Given that our study unearthed a correlation between the act of prayer and traits of mindfulness (at the bivariate correlation level, and unrelated to our formal hypotheses), a new line of inquiry is open to us: might contemplative practice in its many forms give rise to similar traits and behaviors? And might these traits and behaviors be the mechanism by which these practices are related to intrapersonal and interpersonal outcomes? If this were the case, prayer would naturally predict an insignificant proportion of the variance in a regression model which

controls for trait mindfulness. More nuanced models and measures may help in the effort to better understand the relationship between prayer and wellbeing.

Our search of the literature revealed far more studies pertaining to mindfulness than to prayer, indicating that the field is currently lopsided in favor of mindfulness. It may be that others have intuited the comparison which our study supports, choosing to use their resources to investigate mindfulness without including prayer for this reason. However, this exclusion disregards a practice which, according to the Pew Research Center, is a regular part of the lives of 77% of Americans (2019). We believe it is essential to conceive of contemplative practice in as broad and inclusive a way as possible. Many of those whose background is religious may find prayer a more comfortable form of contemplative practice than mindfulness, and it is therefore imperative that we devote further investigation to this topic.

Inward-Focused vs. Outward-Focused Contemplative Practice

Perhaps the most important discovery in this study is the distinction between inward-focused and outward-focused contemplative practice, which illustrates the potency of directed attention. Inward-focused contemplative practice is more strongly related to individual wellbeing than outward-focused, indicating that time spent directing attention toward the self (such as engaging in reappraisals of situations or thoughts, awareness of emotions, self-compassion, etc.) is more closely tied with wellbeing than time spent caring for others. This has practical implications regarding what elements of contemplative practice may be most appropriate for use in self-care, individual-focused interventions, and individual therapy. Conversely, outward-focused contemplative practice is more strongly related to relationship wellbeing, specifically between partners. This has practical implications for interventions designed to enhance couple functioning, and future studies may extend the reach of these

findings to potentially include other kinds of relationships (parent/child, teacher/student, adult caregiving, etc.).

Taken together, these findings confirmed our hypotheses, and makes sense in the context of existing literature. Although the categories of inward-focused contemplative practice and outward-focused contemplative practice have not previously been used, there is evidence linking the traits which we have termed outward-focused mindfulness (measured by the same scale, with a few minor alterations) to improvements in parenting (Duncan, Coatsworth, & Greenberg, 2009), and there are countless studies (see Chiesa & Serretti, 2009, for a meta-analysis) linking inward-focused mindfulness to positive intrapersonal outcomes, including individual wellbeing. There is likewise literature linking outward-focused (or partner) prayer to relationship wellbeing (e.g. Fincham & Beach, 2010; Fincham et al., 2014), and inward-focused prayer to individual wellbeing (e.g. Fatemi et al., 2006). Our study adds a comparative element to this literature, confirming that the direction of attention matters when considering outcomes.

This distinction is essential to furthering the conversation around mindfulness; currently, mindfulness is still generally thought of as a practice specific to the individual, and even where it is applied relationally (e.g. to support marriages or parenting), inward-focused practice is often used to attain these relational goals (Khaddouma et al., 2017). With the knowledge that the direction of attention plays a functional part in wellbeing—that attention focused on the self is more strongly related to wellbeing in the self, and that attention focused outward is more strongly related to wellbeing with others—we gain new insight regarding how to build interventions directed at individual versus relational outcomes, as well as how to apply mindfulness in therapy, based upon clients' presenting problems and goals. However, it is important to remember that outcomes are not exclusively allocated to self or other based upon

directional attention. Both inward- and outward-focused contemplative practice were related to heightened individual and relationship wellbeing: the direction of attention to self or other simply informed the strength of the association to that outcome.

Limitations

Our findings form the substantive beginnings of a broader conversation regarding contemplative practice, addressing important questions about different forms of practice and about the role of directed attention. Still, these results must be considered in the context of limitations. The study relied upon surveys, and as such our data is subject to self-report bias. Participants may have reported more positive behaviors and attitudes than they truly exhibit. Likewise they may report being more satisfied with themselves and their relationships than is actually the case. We were also limited by the measures which currently exist to assess mindfulness versus prayer: while it is possible to assess for traits of mindfulness (traits associated with the practice of mindfulness) in a detailed and nuanced fashion, adequate measures do not currently exist to measure what might be called “traits of prayerfulness,” or traits associated with the practice of prayer. This led to a slight asymmetry in our measures.

Due to the location of our study (a public university in the western United States), our participants were largely young, white, educated females. This lack of diversity may limit the generalizability of our findings to the larger U.S. population. Another limitation concerns the relatedness of the constructs involved in our study: it is possible that the categories of contemplative practice, or that the two halves of wellbeing, were insufficiently distinct. However, we believe that our measures clearly delineated the differences between each construct, and that our data reflected important differences between mindfulness and prayer, as well as between inward-focused versus outward-focused contemplative practice.

Future studies could eliminate self-report bias by using an experimental design rather than relying on surveys. Replication of our study in more diverse communities could clarify any bias implicit to our sample due to demographic limitations. However, in order to assess essential differences within the category of contemplative practice, it was necessary to draw meaningful distinctions between these closely related constructs. We believe, as stated above, that our design dealt appropriately with the relatedness of variables, and that our data revealed nuanced differences between constructs. It would be beneficial, however, for future studies to examine the potential relationship between prayer and trait mindfulness, further clarifying the relationship between these two variables.

Despite limitations, our study has several distinct strengths. We are the first to delineate between inward-focused and outward-focused contemplative practice, successfully identifying differences in outcome based upon the direction of attention. This difference is both profound and useful, making clear the central role of directed attention in relation to wellbeing. We are also the first to examine mindfulness and prayer as two parts of the larger construct, contemplative practice, and in the context of wellbeing. The category of contemplative practice may be useful to future researchers in creating a more inclusive conversation regarding a topic which is often insulated within specific religious, spiritual, or secular communities. In order to effectively study and serve diverse communities, it is essential to adopt language which captures the widest variety of experience. We cannot limit ourselves to studying those specific practices which are most acceptable to the academic community, fearing to blend science with spirituality, nor can we adequately assess core of universal wisdom common to churches and mosques and temples without a category which includes the practices each of them share.

Conclusions

Our data confirm that trait mindfulness is related to wellbeing, both intrapersonal and interpersonal. We also identify differences in outcomes of contemplative practice based upon the direction of attention, such that inward-focused practice more directly impacts individual wellbeing and outward-focused practice more directly impacts relationship wellbeing. These findings are relevant to ongoing research, and may also be useful to clinical and personal applications. Interventions involving contemplative practice may be guided by this distinction between inward- and outward-focused practice, choosing practices which direct attention toward the desired outcome (wellbeing with self versus other). This same logic may be useful to clinicians who choose to incorporate elements of contemplative practice into therapy: our findings can better inform choices about what practices and principles are most closely related to their clients' desired outcomes. Finally, we strongly urge future researchers to continue investigating possible links between the practice of prayer and traits of mindfulness. Although our data cannot confirm this, it would be powerful to discover that both practices are related to the same traits. If this were the case, it would matter very little whether a practice was called mindfulness or prayer: there would be more that unites than that divides these practices, each arising from a seemingly universal intuition that there is value in stillness, in awareness, and in an open heart.

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