IN SEARCH OF PEACE:

THE ROLE OF PEACEBUILDING IN INTIMATE RELATIONSHIPS

by

MORGAN ALLAN STINSON

(Under the Direction of Maria Bermudez)

ABSTRACT

Conflict is ubiquitous in all relationships. The study of the causes and effects of interpersonal conflict has been extensive and notable. However, in recent decades there have been paradigm shifts moving away from focusing on illness and pathology to moving towards understanding positive functioning and well-being. Similarly, in the field of conflict studies, there has been an evolution in understanding not only how two parties or cultures resolve conflict that minimizes violence and destruction, but how those parties promote and lay the foundations for modes of peace. This study attempts to expand upon these latest developments in these disciplines by reconceptualizing and offering a new assessment for measuring positive relational functioning for couples. Using a modified Delphi method, I critically explore how seasoned family therapists and other mental health practitioners conceptualize the dynamics of positive relational functioning and peacebuilding in romantic committed relationships. Interventions are needed to increase the focus on positive relational functioning not only for individuals but for couples as well.

INDEX WORDS: peacebuilding; positive psychology; modified Delphi study; couple conflict

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MORGAN ALLAN STINSON

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MORGAN ALLAN STINSON

Major Professor:	Maria Bermudez
Committee:	Jerry Gale
	Denise Lewis

Electronic Version Approved:

Julie Coffield
Interim Dean of the Graduate School
The University of Georgia
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DEDICATION

To those who continue on the quest to find peace in their life, in the community, and in the world.

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It has often been said when people are at the precipice of accomplishing a great feat that they 'stand on the shoulders of giants.' As I reflect back on my academic sojourn in life, a no truer statement could be said that reflect my personal sentiments. I truly am only at this place because of the people along my journey that encouraged, helped, pushed, challenged me, to get me to this place. I personally would like to thank few people, who with their kindness and goodwill have directly influenced my life and my last several years.

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CHAPTER 1

INTRODUCTION

In his seminal article on "planetary suicide," Carl Rogers and David Ryback asserted that conflict is a significant problem in human relationships, and if poorly managed, can threaten global well-being (Rogers & Ryback, 1984). Moreover, they astutely note how strange and tragic it is that we may destroy our global culture and most of life on the planet at the "very moment when technologically and psychologically we have the capability of moving into a new era in which we could all live richer lives (Rogers & Ryback, 1984, p. 3). Continuing, they argue it is neither the missiles nor nuclear bombs that are threats, but the intercultural and international feuds, the hatreds between groups, and overall social tensions that endanger us that could potentially trigger a nuclear war. Some of these new developments that contribute to living "richer lives" that Rogers and Ryback alluded to, have come into fruition with synchronic shifts in the fields of psychology, mediation, and international relations in regard to understanding conflict. Similarly, in the field of family therapy, the study of the effects of relational or interpersonal conflict has gone through evolutions. These independent fields, in parallel, recognized that their work was putting a disproportionate amount of emphasis on illness, pathology, and the antecedents of negative behavior. Previous literature looking at interpersonal relationships and conflict focused primarily on the negative aspects, and particularly the negative effects of conflict on marital (Fincham & Beach, 2007; Fincham & Beach 2010), parental (Amato, 2007), and familial systems (Repetti, Taylor, &

Seeman, 2002; Voydanoff, 2004). Moreover, some of the underlying assumptions of the effects of conflict are that it is destructive and counterproductive. However, in other disciplines, such as mediation and international relations, they have built upon the traditional study of conflict, and conflict resolution, by also stressing the "other side of the coin-" *peacebuilding*.

While the term peacebuilding is not new, the notion of peacebuilding in relationships not only points toward an action or event that eliminates destructive conflict but is also a continual process that establishes peace in the relationship (Schirch, 2004). Instead of looking at conflict as a static trait inherent in all relationships, this dissertation will demonstrate that family therapists, researchers, and scholars would greatly benefit from integrating how individuals, couples, and families incorporate modes of peace in their relationships. As a result, this will help lay the foundation for positive relational functioning in intimate relationships. Moreover, the corollary to this position is that absence of peacebuilding dynamics in a relationship will create a greater vulnerability in the relationship and, in turn, will foster a greater negative reactivity to conflict. I further contend that it is through this mechanism of peacebuilding that conflict may be transformational in the relationship and a positive mechanism for change.

CHAPTER 2

LITERATURE REVIEW

McNulty and Fincham (2012) highlighted that behavior is not solely determined by people's psychological characteristics but is instead determined jointly by the interplay between those characteristics and qualities of people's social environment. In a similar manner, I contend relational well-being is not determined solely by a couple's psychological characteristics (i.e., level of conflict in a relationship, level of positivity in a relationship, etc.) but instead determined jointly by the interplay between those characteristics and qualities of people's social environments. This dissertation study will attempt to address how mental health practitioners identify intimate couples' interactional dynamics that promote peacebuilding. In this chapter I will review the literature in four distinct, but interrelated disciplines. First, I will give a general overview and evolutions of the positive psychology movement. Next, I will present relevant literature surrounding the field of conflict and mediation. Subsequently, I will expound on historical foundations of conflict studies and peacebuilding in the field of international relations. Lastly, I will focus on discussing the literature in the fields of family studies and marriage and family therapy.

Positive Psychology Movement

While there has been debate over the exact origins of positive psychology (Seligman & Csikszentmihalyi, 2000), most psychologists agree that the Humanistic movement of mid-20th century, with its emphasis on creativity, self-actualization, and

human potential, laid the groundwork for this new paradigm in psychology. One of the first appearances of the term "positive psychology" was in the last chapter of Maslow's book *Motivation and Personality* (1954), the title of which was, "Toward a Positive Psychology." In this chapter, Maslow argued that the field of psychology does not have a complete understanding of human potential. Maslow surmised that the field of psychology was more concerned with pathology and illness and paid little attention to maximum attainment. He wrote:

> The science of psychology has been far more successful on the negative than on the positive side; it has revealed to us much about man's shortcomings, his illnesses, his sins, but little about his potentialities, his virtues, his achievable aspirations, or his full psychological height. It is as if psychology had voluntarily restricted itself to only half its rightful jurisdiction, and that the darker, meaner half (Maslow, 1954, p. 354).

Despite Maslow's appeal to explore people's virtues and potentialities, the field of psychology continued to examine and investigate disease and disorder in humans. According to Seligman and Csikszentmihalyi (2000), this imbalanced focus on pathology and disorder in psychology can be traced to the psychiatry movement post-World War II (Peterson & Park, 2003; Snyder & Lopez, 2007). Prior to this war, psychology had three intentions: "curing mental illness, making the lives of people more productive and fulfilling, and identifying and nurturing high talent" (Seligman & Csikszentmihalyi, 2000, p. 6). Nevertheless, after WWII and the advent of the Veterans Administration (now Veterans Affairs) and the National Institute of Mental Health (NIMH), psychologists began to pivot their research on mental illness for primarily two reasons:

(1) as a result of the high incidence of soldiers returning from the war with significant emotional and psychiatric disorders and (2) due to the availability of research funding from the Veterans' Administration and NIMH to study mental illness. As a result, the field of psychology shifted the role of the individual from passive beings needing to be fixed and repaired (Seligman & Csikszentmihalyi, 2000). While one could argue this hyper-focus to pathology and disorder led to a better understanding of mental illness, the endeavor to explore individuals from a source of strength and talent was largely overlooked and ignored (Synder & Lopez, 2007).

As the field progressed and evolved, there came a resurgence of de-emphasizing the role of pathology and disorder, and to highlight and amplify positive emotions and experiences. This perspective spurned the field into exploring the human condition of thriving rather than merely existing (Seligman & Csikszentmihalyi, 2000). This new perspective has resulted in two outcomes: (1) it has given increased attention to the ability of strengths and well-being to improve a person's quality of life, and (2) the emphasis of strengths and well-being form a protective barrier from psychological and physical problems. Evidence is growing that indicates that positive psychology constructs serve a protective role against psychopathology and stressors (Seligman & Csikszentmihalyi, 2000; Sparks & Baumeister, 2008). Sparks and Baumeister (2008) noted that negative phenomena often have more effect than positive events, thus it is critical to learn to utilize strengths and experience the positive in life. Concepts from positive psychology have contributed significantly to wellness study-- health over illness, function over dysfunction-- and merit further exploration.

Recently, there has been a growth in the body of evidence that supports the idea that positive psychological growth can result from people‘s struggles with traumatic experiences (Linley, Joseph, & Goodfellow, 2008). Within the psychology community, the focus is beginning to shift from preoccupation with repairing pathologies to building positive qualities (Peterson, Park, & Seligman, 2005; Seligman & Csikszentmihalyi, 2000). Additionally, positive psychology aims to approach traumatic experiences and posttraumatic stress from the view of adaptation and growth following the experience (Linley, Joseph, & Goodfellow, 2008), indicating that growth can spring from traumatic experiences as well as everyday life. However, highlighting the potential for growth after a traumatic experience should not signify that one is minimizing or trivializing the negative effects that are borne out of such experiences.

The field of Positive Psychology has contributed to an increased understanding of emotional functioning which may be a key aspect of overall well-being. However, the Positive Psychology model focuses primarily on one facet of wellness: individual emotional health (Sparks & Baumeister, 2008). The Positive Psychology model fails to include factors such as physical health, self-care, spirituality, social support, and occupational satisfaction. Furthermore, positive psychology has limited its scope to understanding positive processes in individuals, but has yet to apply this nuanced way of thinking to larger systems, such as couples, families, and communities. By understanding positive dynamics in relationships—not only among individuals--family scholars and practitioners can better target prevention and intervention strategies to promote relational well-being. Despite these limitations, the Positive Psychology movement gives an appropriate context to reexamine the recent historical relationship between conflict and

peace in interpersonal relationships. In addition, by looking at the foundations of mediation and conflict studies it will provide the pretext to rethink how family therapists and scholars assess and focus on positive relational processes, such as the role of peacebuilding in intimate relationships.

Conflict and Mediation

Mediation is the process by which an impartial third party mediator attempted to assist disputants settle a dispute or conflict through improving the communication between the disputants. As with the field of positive psychology, the field of mediation went through their own iterations of how conflict was conceptualized. As Herrman, Hollett, and Gale (2006) pointed out, early on in the field the prevailing assumption was of conflict as a signal of a malfunction, a form of deviance that required corrective steps, "perhaps the development of correcting or conflict-handling institutions" (p. 4). From the field's roots during the 1930s as a means of addressing violent strikes associated with emerging labor unions (Herrman, LaFree, Rack, & West, 1993) to the civil rights movements in the 1960s, the field of conflict mediation has adapted and evolved into a way of addressing conflict that mirrors the context of the culture (Winslade & Monk, 2006). Seikkula and Arnkil (2006) emphasize that mediation is a two-step process—promoting dialogue and promoting change in the patient or in their relationships. Moreover, they contend that through dialogue differing parties are able to acquire more agency in their own lives by discussing their respective problems (Seikkula & Arnkil, 2006). Thus, new meaning and understanding comes through meaningful dialogue that engages all respective sides into creating space for possibilities. In addition, Winslade and Monk (2001) note that it is essential that mediation goes beyond "settling disputes"

but transform the interactional patterns in relationships in a more constructive manner. By adding a narrative perspective (White & Epston, 1990) to mediation, Winslade and Monk highlight that this narrative perspective is also concerned in whether the "story" of the relationship has changed with the disputing parties going forward.

According to Zumeta (2006), there are typically three basic styles of mediation: evaluative, facilitative, and transformative mediation. For the most part, nearly all mediators approach conflicts from the prism of one of the three styles or a combination of all three. As a result, disputants and conflict resolution professionals were confused about what style of mediation was appropriate to resolve conflicts. Among mediators, there was the general assumption suggesting that a better understanding of the styles may enhance the resolution of conflicts and reduce impasse.

Evaluative mediation technique emerged out of court-mandated or court-referred mediation. There is an assumption in the evaluative mediation technique that the mediator has vast expert knowledge in the area of the dispute. Because of the connection between evaluative mediation and the courts, and because of comfort level with settlement conferences, most evaluative mediators are attorneys. The main characteristics of the evaluative mediation model include, but are not limited to, mediators assisting disputing parties to bring out the weaknesses and strengths of their disputes. The model is suited for court mandated mediation and the mediator's role is dominant. Mediators give advice, analyze disagreements, and take charge of the situation. Continuing, Zumeta (2006) said that in the 1960s and 1970s, there was only one type of mediation being taught, which was known as facilitative mediation. In this type of mediation, according to Zumeta, mediators assisted the disputing parties to achieve a mutually agreeable

outcome. Mediators accomplished the outcome by asking questions, validating parties' points of view, searching for common interests instead of positional stances, and assisting the parties to achieve a mutually agreeable outcome. The facilitative mediator does not make recommendations to the parties, give his or her own advice or opinion as to the outcome of the case, or predict what a court would do in the case. The mediator is in charge of the process while the parties are in charge of the outcome. Facilitative mediators, for the most part, encourage agreements that are based on information and understanding of the parties. Bush and Folger (1994) described transformative mediation as the newest model of the three mediations and are based on the values of empowerment and recognition by each of the parties of the other parties' needs, interests, values, and points of view. According to Bush and Folger, the most important difference between transformative mediation and the other two models is the potential transformation of all parties or their relationships may be transformed during the mediation process. The principles of transformative mediation to an extent parallel those of early facilitative mediation practices, in which a full transformation of society with the pro-peace technique is expected. A major characteristic of transformative mediation is that the disputants play a prominent role in the outcome. Bush and Folger (1994) saw transformative mediation as ultimately flexible and suited to all types of disputes.

On the other hand, mediators who support transformative mediation have argued that those who use facilitative mediation techniques and evaluative mediation put too much pressure and wield too much influence on disputants to be able to resolve their disagreements. Experts in the mediation profession are inclined to feel strongly about these techniques of mediation. According to mediation experts, most mediation schools

still teach the facilitative mediation technique, and Folger and Bush (1994) have advocated for teaching transformative mediation. Transformative mediation technique has been criticized for being too idealistic, not focused enough, and not useful for the court system. Riskin (1996), an expert in mediation, claimed these models constitute more of a continuum than ones of distinct differences, from least interventionist to most interventionist. Folger and Bush (1994) saw more distinct differences in models, particularly the difference between *top-down* and *bottom-up* mediation. In other words, they argued that the evaluative mediation model and facilitative mediation model may take legal information too seriously, and that resolutions coming from the parties are much more important.

Origins of Conflict Studies and the Rise of Peacebuilding

The field of conflict studies, particularly conflict resolution, developed after the outbreak of the Second World War and the beginning of the Cold War (Ramsbotham, Woodhouse, & Miall, 2011). It was during the proliferation of nuclear armament where conflict between superpowers seemed to threaten human survival that a group of pioneers from various disciplines saw value in understanding the correlates of conflict and war. These pioneers wanted to understand how conflict intersects with international relations, domestic politics, communities, families, couples, and individuals (Ramsbotham, Woodhouse, & Miall, 2011). From here, the field of conflict studies focused primarily on ways in which to de-escalate conflict and come to a workable resolution (Galtung, 1976). Therefore, from this standpoint, conflict was viewed as finite, and something to either cease, avoid, or to be reconciled. Consequently, the primary focus of conflict studies revolved around conflict resolution. Conflict resolution became a growing importance in

the field of conflict studies because of its emphasis on ending destructive conflict and violence. Later on, as the field developed, researchers began to be more concerned not only when countries or different societies were in direct conflict, but what those two, or more, parties did when there was *no* direct conflict between them (Ramsbotham, Woodhouse, & Miall, 2011). Researchers began to look at the conditions of what produced peaceful nations that led away from entering into destructive conflict. From this backdrop, the concept of peacebuilding was born.

Peacebuilding is essentially about first identifying, and then creating structural and relational processes that produce a more enduring stability and harmonious relationships. Depending on one's underlying understanding of peace, peacebuilding differs considerably in terms of approaches, scope of activities and time frame. It is therefore not surprising that the term and the concept of peacebuilding are nowadays used in research and practice with varying understandings and definitions (Schirch, 2004). Barnett and colleagues, defined peacebuilding as, "'action to identify and support structures which will tend to strengthen and solidify peace in order to avoid relapse into conflict"(Barnett, Kim, O'Donnell, & Sitea, 2007, p. 35). Within the realm of conflict resolution, a more nuanced approach to conflict relations has evolved into not just reducing conflict but actively promoting peace. In the field of international relations, peacebuilding has been used in widely differing ways (Schirch, 2004). Some international scholars have described peacebuilding activities post conflict or war (Filipov, 2006; Sørbø, 2004; Suhrke, Berg Harpviken, Knudsen, & Strand, 2002). Conversely, others use it to describe the process of developing and promoting a structure of peace (Schirch, 2004). Peacebuilding includes a wider variety of conflict processes

than conflict resolution (Schirch, 2004), yet it shares many of the same theoretical inspirations and practitioners (Galtung, 1985; Lederach, 1995). Peacebuilding also expresses a core value—a commitment to challenge the destructive elements of conflict expression and simultaneously to build relationships and structures "that contribute to a just and sustainable peace" (Schirch, 2004, p. 5).

While all societies from early history onwards have created mechanisms and institutions to build peace, be they councils of elders or religious leaders or other organized forums, the institutionalization of peacebuilding in international law only emerged in the late 19th century. This process started with the Hague Peace Conference in 1898, followed by the formation of the League of Nations, and resulted in the creation of the United Nations at the end of World War II. The main objective was to monitor and support world peace through mediation, facilitation, arbitration between states, and providing regional offices in which participating states could have access to resources to manage conflict (Schirch, 2004). The main protagonists involved in this process were nation states and the organization of the United Nations (UN; Cortright, 2008; Chetail, 2009).

The notion of peacebuilding in the twentieth century was also influenced by the nonviolence/peace movements. While the roots of these movements date back to numerous Eastern cultures and transcendent leaders (e.g., Ghandi), the peace movement took momentum before and during the two World Wars and was later reshaped in the form of different anti-war (e.g. Vietnam) and pro-disarmament movements during the Cold War (Cortright, 2008). The debate about peacebuilding gained additional momentum with the establishment of peace research. Although scholars had long carried

out peace research within a variety of academic disciplines, it was not until the late 1950s/ and early into the 1960s that peace research was established as a normative, interdisciplinary policy-oriented academic field as exemplified by the foundation of related academic journals.

The term "peacebuilding" was first used by Johan Galtung in an essay from 1975. He defined the term as one of three approaches to peace: peacemaking, peacekeeping and peacebuilding (Galtung, 1976). While there is considerable overlap between these three approaches to peace, there are important distinctions to note. According to Galtung, peacemaking is used in the sense of moving towards settlement of open conflict between two or more factions, where parties are induced to reach agreement voluntarily (Ramsbotham, Woodhouse, & Mial, 2011). Peacekeeping, on the other hand, refers to the interposition of outside or third-party intervention, such as monitoring and policing, to separate the quarrelling parties (Galtung, 1976). Galtung's conceptualization of peacebuilding is based on his conceptual distinction between negative peace (end of violence) and positive peace (peaceful society at all levels). Galtung developed this concept from an analysis of violence. While negative peace achieves the absence of physical violence through peacekeeping, only positive peace can achieve the absence of structural violence through peacemaking and peacebuilding. Peacemaking, in a conflict resolution understanding, aims at removing the tensions between the conflict parties in addressing the causes of violence. Peacebuilding reaches positive peace by creating structures and institutions of peace based on justice, equity and cooperation, thereby permanently addressing underlying causes of conflict and preventing their turn into violence (Galtung, 1976). Most current definitions and understandings of peacebuilding

reflect these two antipodes of positive and negative peace as introduced by Galtung. Direct peacebuilding efforts are episodic and aimed at the prevention and mitigation of direct forms of violence while structural peacebuilding is designed to yield socially just structures that ensure the sustainable and equitable satisfaction of human needs for all people. Hence, the domain of peace psychology can by characterized by a 2 × 2 matrix, contrasting episodic (direct) with structural forms of violence and peace (Christie, Wagner, & Winter, 2001), as illustrated in Table 1.

Table 1. The Domain Between Episodic and Structural Violence and Peace

Episodic	Structural
Violence	
Also called direct violence	Also called indirect violence
Typically kills or harms people quickly	Typically kills or harms people slowly
Intermittently kills or harms people	Continuously deprives people of basic needs
Acute insult to well-being	Chronic insult to well-being
Dramatic	Normalized
Peacebuilding	
Reduces violent episodes	Reduces structural violence
Emphasizes nonviolence	Emphasizes social justice
Seeks to prevent violent episodes	Seeks to ameliorate structural violence
Produces intergroup tension reduction	Produces intergroup tension enhancement
Uses intergroup contact and dialogue	Uses intergroup contact and noncooperation
Supports status quo	Challenges status quo

Examples of episodic violence can vary in scale from interpersonal aggression, such as domestic violence or bullying, to the organized form of interstate violence such as war. In contrast, structural violence is an insidious form of violence that is built into the fabric of the structure of relationships, organizations, and other larger systems (i.e., society, culture), and results in the slow deprivation of human necessities and dignities.

Consequently, if a person does not have access to basic needs to sustain life, then structural violence is taking place (Galtung, 1969).

At the level of interpersonal violence, the violence of men toward women, for instance, continues worldwide, in part because women's low status restricts choices and keeps women in a position of vulnerability and dependency vis-`a-vis men, a structurally violent precondition that sets the stage for more episodes of violence (Bunch & Carrillo, 1998). Conversely, men's use of violence on women is a means of maintaining dominance and control in the relationship (Gelles & Straus, 1988). Hence, a systems approach can usefully delineate bidirectional influences of episodes and structures of violence at many levels of analysis.

Influence of the United Nations. The use of the term "peacebuilding" started proliferating with its rebirth in the 1992 UN Secretary General's Report "An Agenda for Peace." It is important to understand that in the current peacebuilding debate many scholars and almost all policy practitioners trace the beginning of peacebuilding to this document. They therefore often refer to peacebuilding as a "new" concept (e.g. Heathershaw & Lambach, 2008). "An Agenda for Peace" proposed a new framework to manage international armed conflicts. The Agenda was introduced in light of the stronger role of the UN after the end of the Cold War and the increasing amount of UN-led peacekeeping operations that aimed at stabilizing countries after war. In this understanding peacebuilding is "post-conflict peacebuilding." The original understanding in "An Agenda for Peace" is essentially focused on stabilizing negative peace and presents a narrow definition of peacebuilding (Paffenholz, & Spurk 2006) – preventing the recurrence of violence immediately after armed conflicts and helping a country to set

the parameters for starting the journey towards positive peace. The activities to achieve this goal are listed in the Agenda as: disarming, destroying weapons, repatriating refugees, training security forces, monitoring elections and advancing the protection of human rights. These measures, which are for the most part associated with short to medium term international interventions, do not carry with them the notion of sustained efforts directed towards the underlying causes of conflict with the aim being an *"achieved peace on a durable foundation",* as noted in the report.

Thus, already in "An Agenda for Peace," which now had become the main reference document for the peacebuilding debate to come - peacebuilding emerged as a less than clear concept and has remained so ever since (Haugerudbraaten, 1998). Moreover, it also highlighted a shift in thinking of viewing peace as a going process that involves creating just structures and investments that can promote peacebuilding. As a result, a number of long-term armed conflicts were resolved (e.g., Columbia, Cambodia and El Salvador) and there was hope that the world would become a more peaceful place due to the perception that most past conflicts had been proxy conflicts of the Cold War. The wars in Somalia and Yugoslavia and the genocide in Rwanda brought this short international euphoria to a harsh end. The result was a re-conceptualization of peacebuilding with a wider understanding of the concept as exemplified in the Supplements to the "An Agenda for Peace" from 1995.

In those documents, peacebuilding is also understood to include preventative measures (Boutros-Ghali, 1995), and thus not necessarily related to peacekeeping operations. Hence, peacebuilding as a concept evolved during this period to acquire a

broader meaning. To illustrate this point, the Institute for Multi-Track Diplomacy (2008) argues that there are three broad types of peacebuilding:

a. Political peacebuilding is about agreement and legal issues, and includes formal negotiations, diplomacy, etc.

b. Structural peacebuilding is about infrastructures and includes building economic, military, social and cultural systems that support a culture of peace through activities such as voter education, disarming warring parties, police training, building schools, and good governance.

c. Social peacebuilding is about relationships and includes dealing with feelings, attitudes, opinions, beliefs, and values through dialogue processes, community-building activities and training. (McDonald & Wolpe, 2008).

As a result, peacebuilding takes a broader perspective in viewing conflict not as something to squash, but something that leads to positive change. Thus, peacebuilding is related to transforming conflict in constructive manner that sets the conditions for peace. Consequently, peacebuilding is not tied to conflict resolution, but conflict transformation.

Conflict Transformation

Conflict transformation (CT) stems from and is separate from the process of conflict resolution. From a CT lens, the primary aim is not to solve or manage conflicts, but rather seek processes that invite a change in orientation toward conflict in ways that ignite transformation (Galtung, 2004). From this standpoint, transformation implies that conflicts can change forms; inviting change that extends beyond a reformative adaptation to the world we currently inhabit. Fetherston and Kelly (2007) offer a concise definition of conflict resolution (CR) from a transformative lens:

> From a transformation perspective, conflict resolution is less about the application of techniques or models for managing conflicts, than a search for processes that can make possible myriad transformations of self, self-in-relationships, self-in-society, as well as transformations in the structural realm (p. 263).

Lederach (2002) notes the failure of language embedded in the framing of conflict resolution when he suggests that the metaphor of resolution emphasizes ending something that is not desired. In contrast, transformation suggests building something that is desired as a conflict changes and takes new forms. In contrast to enhancing the practices from within the paradigm of CR, Lederach (2003) suggests that fostering transformation requires a fundamental change in thinking for the field.

Peacebuilding and Couple and Family Therapy

While peacebuilding is most commonly associated with practices in international contexts, its theories and practices can richly inform family therapists and researchers. For example, mental health professionals can learn from grassroots transformation efforts including creating social spaces to repair the traumatic effects of violence (Spies, 2006) and creating sites for dialogue between members of groups who have been isolated by protracted conflict (Cobb, 2003). These types of practical efforts provide abundant yet often untapped insights for pedagogy, particularly for family therapists and other mental health practitioners who seek to tangibly engage the protracted structural elements of conflict such as racism, sexism, or nationalism.

Overall, the concept of peacebuilding provides a useful lens for family therapists and mental practitioners. This framework helps us better understand the conditions that lead couples to destructive conflict, as well as those that contribute to peaceful ways of

interacting. Thus, viewed in this light, conflict in relational settings has the potential to transform the structure and nature of the relationship that addresses inequalities or disharmony rather than just ways of promoting negative peace—absence of conflict.

Like in the field of psychology, much of the field of family therapy has focused on the antecedents and effects of negative aspects of relational functioning (de Shazer, Dolan, Korman, Trepper, McCollum, & Berg, 2006). Early on, what set the field of family therapy apart from other disciplines is the understanding that individuals are situated in a relational context (Anderson, 1997; Bateson, 1972). With the advent of a relational understanding of mental health in family therapy, early theorists, researchers, and interventionists were interested in helping families deal with their struggles by achieving balance or what they labeled as homeostasis (Jackson, 1957). Although they conceptualized mental health issues as byproducts of emotional and psychological conflict, they were guided by the initial assumption that the solution to better health was helping family systems achieve balance or homeostasis. The inception of homeostasis was influenced by systems thinking, early cybernetic ideas of Norbert Weiner, and early writings on General System Theory by von Bertalanffy. Many theorists in the family therapy field like Don Jackson, Paul Watzlawick, Murray Bowen and others assumed that like machines and human biological systems, families are relational systems that need homeostasis to manage or negate conflict and live effectively (Jackson, 1957). However, with further experience and research, the understanding regarding families evolved.

Family therapists became more interested in helping families achieve agility and flexibility in the face of crises rather than homeostasis. With the influence of postmodern theories in family therapy, therapists began to look beyond essentializing what constitutes

normal and abnormal functioning in individuals, couples, and families, but rather identify what are the unique interactional patterns between people that can contribute to not only symptom reduction, but improvement in general life well-being (Anderson, 1997; de Shazer et al, 2006; White, 1990). As a result of this shift in focus, therapists conceptualized client well-being not only as a the absence of negative, repetitive interactional patterns, but an intentional focus on creating authentic, positive change in the intimate relationships of the client. In close review, we can see that family therapy followed a similar trajectory of development whereby optimal health for families were initially understood in terms of controlled conflict and stability to a more functional understanding later that focused on helping relationships be more adaptive to the environment. In other words, family therapy transitioned from defining health from a static construct to a more dynamic, and responsive idea. This transition in family therapy closely mirrors the historical developments in positive psychology and the evolution of conflict resolution to peacebuilding in world history. Incorporating the frameworks of positive psychology and peacebuilding into interpersonal relationship allows for a new horizon of possibilities for how we conceptualize healthy relational functioning.

Well-being in Relationships

The move to look into healthy functioning in relationships and families has only been recent. Some of the early research done by Gottman, Levinson, and Markman began to examine interactional patterns of couples by observing them. Through observational coding and extensive research Gottman and colleagues were able to identify not only what led to dissolution in the relationship, but what actions led to happy/regulated marriages (Gottman, 1999; Gottman, 1994). Gottman found that marriages that were

healthy involved a variety of positive factors that led to stability and satisfaction (Gottman, 1999). His research with couples has influenced mental health professionals' work with couples by providing information on behaviors, communication styles, and other marital processes as well as marital outcomes (Gottman, 1994b). Through observation of couples, Gottman (1994a) describes five types or styles of interacting of couples; Two of the five are unstable and distressed and the remaining three, volatile, validating, and conflict-avoidant, are considered stable, non-distressed, and are organized by level of emotional expressiveness. For instance, the volatile couple is identified as having high emotional expressiveness. The validating couple has an intermediate level and the conflict-avoidant couple has a low level of emotional expressiveness. Accordingly, for couples to be successful in their marriages (e.g., satisfied, stable) the partners needed to offset some of the negativity in relationship with positive affect and interaction (Gottman, 1998). Gottman hypothesized that for relationships to work well, these "stable steady states" must reflect large balance of positivity versus negativity in perception and behavior (Gottman, 1999, p. 35). Specifically, Gottman observed that the positive/negative ratio in interactive behavior during conflict resolution is at least 5 to 1 in stable, happy marriages compared to marriages headed to divorce where the ratio is .08 to 1. This research helped set into motion in understanding not only what couples are doing wrong, but highlight what will help them make things go right in the relationship.

Similarly, other researchers have found that the way spouses choose to manage conflict in marital relationships is an important determinant of overall relationship quality (e.g., Bradbury et al., 2000). Moreover, Bradbury and Karney (2004) argued that prior research has not given sufficient attention to the roles of positive affect and social support

in marriage. Their evidence suggested that when spouses have poor relationships skills, couples experience negative relationship outcomes, but *only* when few expressions of positive affect are exchanged between partners (emphasis added).

In other words, positive affect, such as the expression of humor, affection, and interest, appears to neutralize the potentially negative effect of negative behaviors (e.g., hostile shouting, aggression, etc.). Likewise, Fincham, Stanley, and Beach (2007) claimed that family researchers have paid too much attention to conflict and too little attention to positive interpersonal processes, such as forgiveness and sacrifice, in understanding marital quality and stability. More specifically, they brought to light a need for family practitioners and researchers to move away from a focus on poor communication and conflict toward more positive aspects of marital interaction.

Although negative interactions and the absence of positive affect seem like obvious predictors of relationship dissolution, not all couples display a pattern of relationship dysfunction prior to divorce. Amato and Hohmann-Marriott (2007) conducted a cluster analysis of couples who divorced between two survey waves. Their analysis produced two distinct clusters. The first included couples who reported frequent arguments, physical aggression, thoughts of divorce, little marital happiness, and minimal interaction. The second cluster included couples who reported few arguments, little physical aggression, few thoughts of divorce, and moderate levels of marital happiness and interaction. The two groups, however, shared a variety of risk characteristics for marital dissolution, such as having parents who divorced and having a low level of religiosity. The authors concluded that an accumulation of risk factors can lead to divorce through two paths: (1) a high level of conflict and unhappiness and (2) a low

level of commitment. This study reinforces the notion that the presence of conflict in a relationship does not automatically lead to divorce. Moreover, some couples exhibited low levels of arguments and conflict, yet, still the lack of conflict in the couple's relationship did not prevent them from getting divorced. Despite the aforementioned research on examining the positive aspects in interpersonal dynamics, there still remains a need to explore how couples interact with one another not during times of stress and conflict and its aftereffects, but when things in their relationship are relatively stable and prosaic. For instance, instead of looking at what particular types of communication or conflict resolution style couples employ when under stress and conflict in their relationship, therapists should also assess the relational processes that contribute to the emotional environment of the relationship.

Science has progressed considerably over the last decade with the development of robust, reliable and valid measures of well-being, and the investigation of components that contribute to well-being (e.g. curiosity, strengths, positive emotions, physical health and social connections). Flourishing, which can be conceived of as social–psychological prosperity incorporating important aspects of human functioning, is another concept gaining popularity in the international well-being research. In essence, to flourish is to "live within an optimal range of human functioning, one that connotes goodness, growth, and resilience" (Fredrickson, 2005, p. 678). Measures of flourishing tend to be more stable over time than feelings, and international research has indicated significantly better health outcomes for flourishing individuals (e.g. see Dunn, 2008). From a systemic perspective, well-being does not Social relationships are critical for promoting well-being

(Aked, 2011). People's well-being improves when they have richer social networks and connect with others including friends, relatives, colleagues and neighbors.

Strength-Based Focus in Research

Wanting to expand upon how we examine and understand interpersonal relationships, Stanley (2007) has argued that we are in a new stage of marital research that reflects a growing momentum toward larger meanings and deeper motivations about relationships, including a focus on constructs that are decidedly more positive (see also Stanley & Markman, 1998). In assessing correlates of marital conflict and functioning, Fincham (2003) found that supportive spouse behavior is associated with greater marital satisfaction and is more important than negative behavior in determining how supportive the partners perceive an interaction to be. In addition, the amount of supportive behavior partners exhibit is a predictor of later marital stress (i.e., more supportive behavior correlates with less future marital stress), independently of conflict behavior, and when support is poor, there is an increased risk that poor skills in dealing with conflict will lead to later marital deterioration.

Concurrent with this change has been the very recent shift to focus on ''health'' rather than pathology. Health is more complex than illness, and subsequently should be conceptualized more than the mere absence of illness. For example, Notarius and Markman (1993) suggested that couples are relatively non-unique when it comes to conflict (illness), and the diversity (and complexity) may well be on the more positive end (health). Stanley (2007) suggests that this may well be why more positive such as, meaning-related constructs, have received such little attention. They appear to be more complex, harder to conceptualize, and harder to measure. Broad dissemination of these

constructs is further hindered by the substantial case that exists for the view that ‘‘bad is stronger than good’’ or more salient across a vast array of human experience (Baumeister, Bratslavsky, Finkenauer, & Vohs, 2001). Despite these hurdles, the widespread shift to the study of health suggests an intellectual context in which a one-dimensional focus on conflict is likely to give a “thin description” (Geertz, 1972) relative to constructs that provide greater capacity to describe and explain complex and nonlinear adaptive changes over time.

Indeed, it appears to have taken some time for psychologists to realize what scholars in other disciplines have previously noted, namely, that a good relationship provides partners with a sense of meaning and purpose in their lives (Aldous, 1996). Moreover, by understanding what healthy couples think, communicate, or behaviorally do to flourish in a relationship may be of greater benefit for family scholars and practitioners. Consistent with this new focus is the emphasis on ‘‘healthy’’ marriage in public policy (e.g., Stanley, 2004). I believe these tectonic shifts in these four disciplines, psychology, mediation, international relations, and family therapy, has set the stage for exploring and examining healthy ways in which couples lay the foundation for peace and harmony in their relationships.

Primary Focus

Due to the lack of clarity and understanding of the nature and particular components of peacebuilding as a relational process among couples, it is important to begin conceptually at the ground level. To achieve this, I chose to examine how seasoned mental health practitioners view the peacebuilding process and how such processes would inform the clinical assessment and treatment of a couple in therapy. The driving

research questions for this dissertation study centers around how mental health practitioners first conceptualize peace in relational context; second, how mental health practitioners assess for peacebuilding in intimate relationships; and lastly, how mental health practitioners identify clinically relevant interventions that build relational peace for couples. Next, I illustrate four working assumptions that inform peacebuilding in relationships (PIR).

Assumptions to Peacebuilding in Relationships

Although these assumptions do not exhaust the assumptions of a PIR lens, they exemplify the core distinctions of PIR from solely studying conflict and conflict resolution in relationships. Because PIR is an original construct stemming from positive psychology, conflict studies, and family therapy, it is useful to consider how PIR positions itself against the backdrop of conflict resolution in couples, while not underestimating the analysis and practice conflict resolution enthuses. Furthermore, presenting a PIR lens does not suggest that all mental health professionals should ignore or negate examining conflict dynamics in a relationship.

Four orienting assumptions of the PIR lens include (1) conflict is ubiquitous and necessary; (2) conflict is relational and situated; (3) conflict is a catalyst for change and (4) timing of conflict is crucial.

Conflict is Ubiquitous and Necessary

The first assumption of PIR is that conflict is ubiquitous and a "necessary and inevitable dynamic in all human relationships" (Spies, 2006, p. 4). This assumption departs from traditional conflict resolution, which claims conflict as potentially valuable but prioritizes ending conflicts. While conflict is experienced as a disruption, it is

considered inevitable and potentially valuable in all levels of relationships (Kriesberg, 2007). For example, presence of conflict tends to inspire greater attentiveness to what is at stake, which can challenge the taken-for-granted concepts embedded in daily life and call for a renewed sense of relationship and meaning (Winslade & Monk, 2001). Further, conflict is dialectical which means that it has the capacity to change the relationship, the people in the relationship, and the structure of that relationship (Lederach, 2003).

Conflict is Relational and Contextual

A second assumption of the PIR lens is that conflict, at its core, is relational and situated in a broader context (Lederach, 1995, 2003). Lederach (1995) argued that conflicts emerge "through an interactive process based on the search and creation of shared meaning" by those in conflict (p. 9). Tacit in this assumption is that the peacebuilding process should be understood and examined from social and cultural constructions, and their meaning is seen as emerging from the accumulated experience and knowledge held by those in conflict (Lederach, 1995). Yet these meanings are not static, and can "be transformed as people change their knowledge, perceptions, and relationships by active consideration" of the "conflict-in-context" (Ross, 2000, p. 19). For instance, when a couple decides to get married, both partners bring their own respective set of assumptions and world views—which are embedded in their own upbringing and context. As a result, the couple has to learn how to negotiate and coordinate two divergent paradigms. Moreover, problems in the relationship can potentially arise when one or both partners operate under the false assumption that their way of doing things is preferable over other alternatives.

Conflict is a Catalyst for Change

A third core assumption of PIR is that conflict is a motor for change (Lederach, 1995, 2003; Trujillo et al., 2008). Because conflict is dynamic, it involves movement which holds the potential of transforming the people, relationships, and systems in which it is embedded (Galtung, 1985, 2004). PIR places "primary emphasis on the question of social justice" (Reimann, 2004, p. 13), extending its goal for change beyond merely ending destructive or violent elements of conflict to also reaching for positive peace (Galtung, 2004). Dominant conflict resolution practice tends to focus on changing the individual or immediate relationship. PIR does not exclude the possibility of individual and relational change, but considers this change as fundamentally linked to the project of transforming wider structures (Trujillo et al., 2008).

In contrast to imposing change based on preconceived theoretical understandings of what change is required, PIR seeks to nourish transformation organically, relying on interpretations from those most impacted by the conflict situation (Lederach, 1995). PIR suggests an awareness of self in relation to the situated whole can provide the incubation to recognize one's capacity to participate in change, and can also nourish the capacities of people to inform and support personal-systemic change (Lederach, 2003; Ramsbotham, Woodhouse, & Miall, 2011). For instance, a male partner with strong patriarchal tendencies might directly, or indirectly, resist his female partner's advances towards a greater voice and equity in the relationship. From a PIR perspective, a clinician would not just help the couple communicate more effectively, or identify strategies that will help them manage their conflict. The clinicians would help co-construct (Gergen, 1994) what it means for the couple to be more egalitarian in the relationships, as well as what steps they could take to help them achieve this goal.

Timing of Conflict is Crucial

The fourth core assumption of PIR is timing of conflict is crucial. PIR places a premium of how couples think, feel, and act when there is not active conflict or negative peace in the relationship. Whereas traditional conflict resolution work with couples therapists would focus on deescalating conflict or identifying specific styles that would manage conflict (Gottman, 1999), a PIR approach would focus on how the couple is interacting during times where there is negative peace. A PIR framework takes the assumption that it is during those times of 'negative peace' where the couple must begin or maintain the process of laying the foundation of peacebuilding in the relationship. For example, Alberts, Yoshimura, Rabby, and Loschiavo (2005) have tracked daily conversations between married partners to examine under what circumstances conversations about the quality of the relationship occur. Through observational coding and retrospective reporting, the authors found that couples tend to discuss their relationship when they are in active argument. These findings suggest, among other things, that couples are less inclined to discuss the state of their relationship when there is not active or "adversarial conflict" (Alberts, Yoshimura, Rabby, & Loschiavo, 2005). Consequently, this would give credence to a PIR perspective where couples would be more intentional when having "meta" communications about their relationship.

Finally, the focus of transformative change is not limited to change for the people most involved in the conflict. Instead, PIR recognizes that the family therapists are also part of the conflict system (e.g., second-order cybernetics; Bateson, 1972; Lederach, 2003), and interveners must not only recognize their impact upon the conflict, but also open themselves to the possibility of change via their work (Chupp, 1993). This

challenges a dominant notion in conflict resolution which seeks movement through others' discomfort while remaining safely removed from the conflict, buffered by notions of neutrality and professionalism (Lederach, 2003).

What Peacebuilding in Relationships is Not

While a PIR approach attempts to reconceptualize how family therapists and other mental health workers look at positive relational functioning in relationships, it does not pretend to be a panacea—a cure-all—for relationships. Furthermore, the idea of peacebuilding in intimate relationships is not a zero-sum game—that examining what couples do to contribute to peace in the relationship does not negate or take away from understanding what couples say or do that contributes to destructive conflict. For instance, PIR perspective does not naively posit that for relationships to be flourishing they just need to just focus on the "positive" (Fincham & Beach, 2010). Indeed, it would be potentially dangerous and unethical for therapists to look past previous destructive dynamics in the relationships that cause trauma. Moreover, I contend that examining the antecedents and consequences of conflict in relationships *in conjunction* with peacebuilding will give a richer picture of relational functioning. Additionally, PIR is not a prescribed list of attitudes, beliefs, or behaviors, but rather an understanding of the grounding principles, which are embedded in a cultural context, that foster an environment where couples feel valued, validated, engaged, and responsive towards one another. The value of PIR is to complement and extend the problem-focused psychology and family therapy that has been dominant for many decades.

It is also important to distinguish a PIR perspective from other frameworks that attempt to achieve peace. A PIR perspective attempts to identify and examine the

principles and components that organize the structure in relationships. Consequently, PIR is not intended to be a manualized, formulaic approach in which couples or therapists follow specific steps that lead to positive outcomes. For instance, previous research on non-violent communication (NVC) attempts to help professionals and laypeople resolve conflict nonviolently. NVC was developed by Marshall Rosenberg over 30 years ago, and arose from his work in the civil rights movement in the United States (Rosenberg, 2003). Rosenberg, a trained clinical psychologist, became increasingly disturbed by the dissension, antagonism, and violence that met the cries for liberation all around him. Convinced that skills in empathy and honesty should not be left to the helping professions alone, he sought to create a model of communication that facilitates connection among people, particularly those at odds with one another. The NVC framework involves expressing ourselves and hearing others by focusing attention on four steps, as follows: (1) Observation - What we are observing, expressed without evaluation or judgment?; (2) Feelings - What we are feeling in relation to what we are observing?; (3) Needs - What met or unmet needs lay behind those feelings?, and (4) Requests - What requests would we like to make in order either to stay connected with ourselves and others, or to meet our needs? (Rosenberg, 2003).

Additionally, while a PIR perspective encourages the examination of how couples structurally set the conditions and processes for peace in relationships, this does not, however, assume that universally all couples will look the same as they approach peace in their relationship. Indeed, much of the cultural richness gets lost when constructs get essentialized and generalized across many contexts. PIR is an organic, on-going process that serves to function in what works for the couple in their respective circumstances.

Future research will explore what a PIR perspective would look like across numerous settings, cultures, and belief systems. For example, how one couple builds peace in a relationship from a certain context (e.g., White, Middle-Class, heterosexual, rural, etc.) will most likely look different in how another couple will build peace from a different background (Latino, economically disadvantaged, gay, etc.).

Research Questions

This dissertation study aimed at exploring three global questions. The following research questions guided this study.

1. What are the elements in peacebuilding and maintaining among intimate couple relationships?
2. Why do mental health practitioners spend a disproportionate time on illness and pathology rather than how relationships flourish?
3. How does the social context of clients, both local and societal, affect how couples build and maintain peace in a relationship?

Conclusion

With roots stemming from the fields of psychology, mediation, conflict studies, and family therapy, PIR is a conceptual framework in understanding and broadening the traditional view of conflict in relationships. Expanding upon positive psychology with its focus on individual well-being, a PIR perspective finds that individual well-being is interwoven to relational processes. It is important for family therapists to use the milestones set in motion by positive psychologist to expand the framework to include a focus on intimate committed relationships such as marriage. By expanding this conceptual framework, one can begin to better understand the generative processes

informing the delicate interplay of both conflict and peacebuilding dynamics. It therefore appears that, in advancing marriage and family scholarship, researchers also have the opportunity to contribute to an exciting new area of psychology that has remained largely untouched by such scholarship. The vital goal of PIR should lie not only in discovering universal principles of relational phenomena but also in bringing about a collective moral transformation of humankind. As agents of change in relationships, we must not only focus on the ingredients of conflict but affirm and grow infrastructures of peacebuilding (Lederach, 2006) in families and couples. Ultimately, as family therapists and scholars, we are oriented toward building of relationships in their totality to form new patterns, processes, and structures.

CHAPTER 3

METHODS

Through the use of the Modified Delphi method (Linstone & Turoff, 1975), this study aimed to develop a consensus among couple and family therapists and other mental health workers about conceptualizing how couples build and maintain peace in an intimate relationship and to develop clinical tools for assessment and intervention. The problem addressed by this study is a gap in the empirical research that describes and assesses how couples interact to promote peace within their relationship. Additionally, there remains a lack of a rigorous measure that identifies what positive relational processes are ongoing in healthy intimate relationships. The purpose of this section is to present the methods and procedures utilized in this study. The structure of this chapter explains an overview of the Delphi method, and its design and rationale for use. Lastly, this section will explicate the criteria for participants in the study and a detailed procedure section describing data collection, data analysis, and research questions.

Research Design

The Modified Delphi method was employed as the research design for this study. This section provides the reader with an explanation of the method and the justification for its use. To provide some context, a history of the Delphi method is discussed. As the result of the extensive use of the Delphi research design and its evolution –how it has been applied and to what it has been applied – a definition of the technique underwent many modifications and changes. For the purpose of this study, this researcher chose to

adopt the definition of Delphi provided by Linstone and Turoff (2002). In general terms, they defined Delphi as a method for structuring a group communication process so that the process is effective in allowing a group of individuals to deal with a complex target. In this study, Delphi was utilized as a research design to structure a communication process among family therapists and other mental health practitioners so there is a clearer understanding of specific constructs that may reflect components of peacebuilding in intimate relationships.

History of Delphi Studies

The beginning use of the Delphi technique was established in the early 1950's by Olaf Helmer, Nicholas Rescher, Norman Dalkey and other RAND Corporation researchers with the purpose of providing a means of collecting, organizing, reviewing, and revising the judgments and opinions of experts without the need for face-to-face meetings (Dalkey, 1969; Gordon, 1994). The first major deployment of Delphi technique took place in 1953, when RAND researchers Dalkey and Helmer solicited the opinions of a group of experts on nuclear warfare as a defense scheme (Gordon, 1994). The Delphi method represented an innovative research design specifically created for the purpose of organizing the collection and analysis of experts' opinions without the need for face-to-face meetings. Since the early 1950's, the Delphi method became more heavily used as a research design in different scientific disciplines. The technique has been extensively used in government, medicine, regional planning, and education research for the purposes of goal setting, curriculum planning, budget prioritizing, policy formulation, or problem identification (Uhl, 1983). Linstone and Turoff (1975) reported there was a significant increase in using the Delphi method after 1970 – from 134 articles and materials dated

prior to 1970 to a total of 355 publications in 1974 alone. In a similar and more recent study, Gupta and Clarke (1996) identified a total of 463 publications where the Delphi method was either a primary or secondary object of discussion. The Delphi technique has been recognized as a valid research design and as such, has been extensively utilized by the social science research community. More recently, Hasson and Keeney (2011) examined the reliability and validity of the Delphi technique and found this methodology rigorous.

Since its inception, the Delphi method has been adapted to suit its many applications, while maintaining the key characteristics of anonymous individual responses and iterative feedback. Delphi techniques have specifically been applied in the field of educational research, including studies on impact assessment and evaluation. The Delphi method was first introduced into the family therapy profession in the early 1980s through the work of Winkle during his doctoral dissertation which was later published in the *Journal of Marital and Family Therapy* (Stone Fish & Busby, 2005; Winkle, Piercy, & Hovestadt, 1981). A member of Winkle's dissertation committee had formerly worked with the Rand Corporation and brought his experience with the Delphi Method to East Texas State University where Winkle used the method in a dissertation concerning family therapy curriculum (Stone Fish & Busby, 2005). Since then, there have been a number of published family therapy studies using Delphi methodology. Therefore, Delphi has been adopted as a valid research design and is widely used in family therapy research, including studies investigating different types of impacts in different educational settings.

Conventional and Modified Delphi

Later developments in the Delphi method took hold as researchers began to broaden some methodological developments . The conventional Delphi is described as the method to use when it is necessary to reach consensus on 'facts' to obtain the 'answer' and infers a focus on science or nature. An unbiased group of experts should be formed and the panel membership kept anonymous. Importantly, a set of 'rules' or 'laws', such as historical patterns or analogies, must exist although may not be made explicit because of the anonymous nature of the method. A conventional Delphi with a panel of researchers could be used to define which clinical outcome is the most appropriate measure of effectiveness for a technology in a defined population. Conventional Delphi begins with an open-ended questionnaire that is provided to each panelist to solicit specific information and opinions about the subject under investigation. In the later rounds of the process, panelists rate the relative importance of individual statements and, if necessary, make changes to the wording or essence of these statements. After each round, depending on the results, a new questionnaire is developed and distributed among the panelists. Then the panelists are usually given an additional three rounds to review and change their answers as the panelists learn of the group response (Linstone & Turoff, 1975). Usually, after three rounds this procedure results in a consensus among all of the panelists.

The Modified Delphi technique is similar to the conventional Delphi method, in that there is a series of rounds for all panelists, and that the purpose of the process is to arrive at a consensus. The modified method starts with a set of carefully pre-selected statements. These pre-selected statements may be drawn from various sources – reviews

of the related literature, empirical studies, and interviews with selected content-evaluation experts (Custer, Scarcella, Stewart, 1999). Stone Fish and Busby (2005) indicate the numerous advantages of a Modified Delphi. The Modified Delphi technique improves the initial round response rate, provides a solid grounding in previously developed work (Custer et al., 1999), reduces the effects of bias due to group interaction, assures anonymity, and provides controlled feedback to participants (Dalkey, 1972; Tyndall, 2010).

Rationale for Delphi Application

The Delphi method is based on the assumption that decisions made by a group of experts are likely to be more valid than decisions made by a single person (Cuhls, 2002; Murry & Hammons, 1995). Despite some methodological weaknesses and limitations, Delphi is widely utilized for a wide range of social science research due to its strengths. In the following, Table 2 highlights some of the strengths of the Delphi technique continue to attract researchers:

Table 2. Rationale for Delphi Method

Strengths of Delphi Technique	Citation
Its low cost and ease of administration	(Miller, 1990; Weatherman & Swenson, 1974)
Allows group responses to be described statistically	(Cuhls, 2002; Murry & Hammons, 1995)
It is efficient because it focuses on pre-selected topics and allows a high degree of control by the researcher	(Weatherman & Swenson, 1974)
The technique provides a means for obtaining information about complex phenomena which are difficult to conceptualize	(Weatherman & Swenson, 1974)
The technique tends to build consensus	(Borg & Gall, 1983)
The Delphi process requires panelists to provide their responses in writing, which tends to produce a consensus reflecting seasoned opinion	(Cuhls, 2002)
The process of writing responses to the questions encourages panelists to think about the complexity of the issue	(Delbecq et al., 1975)
The issues are clarified, and the results are more likely to reflect careful thought than the results of a single questionnaire	(Borg & Gall, 1983)
The technique allows the researcher to obtain information from a group which has more combined experience than any of its individual members	(Pill, 1971)
Psychological factors that are typically present during committee activities, like persuasion and the bandwagon effect are substantially reduced	(Helmer & Rescher, 1973)
The anonymity and isolation of the panelists buffers them from pressures to conform	(Delbecq et al., 1975)

In sum, the Delphi technique offers the benefits of group participation without the disadvantages of face-to-face meetings.

Besides Delphi, there are other research techniques involving groups that are designed to develop consensus, but each of these other techniques has limitations. These

techniques include: nominal groups (Carney et al., 1996), focus groups (Linstone & Turoff, 2002), the analytic hierarchy process technique and the establishment of working groups (Hanafin, 2004). However, there are two major limitations found within all of these techniques; the risk that the process will take into consideration only the opinions of the most outspoken members of that group and the risk of focusing only on either controversial or attention-grabbing topics (Hanafin, 2004; Linstone & Turoff, 2002). Indeed, the effectiveness of face-to-face group meetings can be compromised by domineering group members, group bias, group think, and the diversity of status within the group (Linstone & Turoff, 2002). The Delphi technique addresses the weaknesses of group meetings while preserving the benefits. Therefore, the Delphi technique is the most appropriate research design for this study, which seeks to structure a communication process among to structure a communication process among family therapists and other mental health practitioners so there is a clearer understanding of specific constructs that make up the idea of peacebuilding in intimate relationships. Delphi technique was found to be methodologically justified, highly effective, and practically useful in the following situations: (a) accurate information is unavailable or expensive to obtain (Hasson & Keeney, 2011; Linstone & Turoff, 2002); (b) evaluation models require subjective inputs to the point where they become the dominating parameters (Linstone & Turoff, 2002); (c) the problem does not permit application of precise analytical techniques but can benefit from subjective judgments on a collective basis (Gupta & Clarke, 1996; Hanafin, 2004); (d) the number of experts is too large to effectively interact in a face-to-face meetings (Hanafin, 2004; Linstone & Turoff, 2002); (e) there is no time or funds to organize group meetings (Gupta & Clarke, 1996; Hanafin, 2004); (f) social or ethical dilemmas dominate

economic or technical ones (Hanafin, 2004; Linstone & Turoff, 2002; Gupta & Clarke, 1996); and (g) the heterogeneity of the participants must be preserved to ensure validity of the results, i.e., no domination of the process by a subgroup or by an individual's strength of personality (Linstone & Turoff, 2002).

While the Delphi method offers a way to bring together experts in the field to help guide important decisions and processes, it is not without its flaws. For example, if too many rounds of questionnaires are conducted, participants may eventually start to change their answers to be closer to the presented medians, or responses may regress to the mean (Stone Fish & Busby, 2005). This weakness can be avoided by sending out the measure of central tendency with only one questionnaire. Additionally, while researchers typically employ the Delphi method to reach consensus on a particular topic, a divergence of opinions can also be a valuable discovery. Researchers should be able to allow for ways to report and include possible areas of diversity of opinion on the topic (Stone Fish & Busby, 2005). If a diverse expert panel is not chosen, researchers run the risk of having experts with too narrow of a perspective (Stone Fish & Busby, 2005). The time commitment required of panelists is also a weakness of the methodology. Depending on the questions, panelists may expend a great deal of energy and time on each survey thus leading to a high risk of participant attrition as the process continues. Panelists can be encouraged to complete the entire Delphi process by offering financial incentives or simply using brief questionnaires (Stone, Fish, & Busby). Lastly, given the amount of energy that is put into a Delphi study by its researchers and participants, it must be a study that will contribute vital information to the field.

In addition, using the Delphi method can be beneficial in clarifying or elucidating areas of confusion. Bartle-Haring and Sabatelli (1998) challenged professionals to engage in dialogue of how one actually measures family process variables. With the use of Delphi studies, dialogue between researchers can occur so that the best method of evaluation can be implemented. The difference would be that all researchers in the field would be privy to the same knowledge, not constrained by what is only found in a literature review. Thus, in this study, the Delphi method was appropriate in coming to a clearer conceptualization and consensus on what processes contribute to peacebuilding in intimate relationships.

In summary, the Delphi method was indicated for the following reasons (which mirror the justifications listed above): accurate empirical data were not available; the subjective inputs of the study participants were the only inputs available for data evaluation and analysis models; the research problem required a study of participants' subjective judgments, the number of experts was too large to conduct face-to-face meetings; there was not enough time or funds to organize group meetings; the issues this study dealt with were mostly social, and the heterogeneity of the participants had to be preserved to ensure the validity of the results (the Delphi method avoids domination by a group or by the strength of personality). Therefore, this researcher concluded that the Modified Delphi method was the most appropriate design for the issues addressed in the study.

Sample

One of the main purposes of the Delphi methodology is to achieve a general consensus, based on the informed opinion of those who have extensive expertise in the

field under question (e.g., family therapy) thus necessitating a purposive sampling technique (Dalkey, 1972; Linstone & Turoff, 1975, 2002). According to Stone Fish and Busby (2005), selecting the panelists and seeking their participation is a crucial step in the Delphi process. The number of panelists in previous Delphi studies has varied; however, according to Tersine and Riggs (1976), it is recommended between 10 and 15 experts, given that the group is sufficiently homogenous. Furthermore, Hanafin, (2004) suggests that in order to conduct a thorough survey of experts, a balance should exist among input from four distinct groups: stakeholders, facilitators, experts, and those who might supply an alternative viewpoint. While a balance among these stated four groups will be the goal for this study, the proportion of participants comprising each group was based on the inclusion criteria and the willingness of participants to engage in the study. Regardless of the proportions, the participants in this Delphi study were purposively selected as they needed to be able to speak to the question and topic at hand (Stone Fish & Busby, 2005).

Although various inclusion criteria have been outlined in studies using the Delphi method, the specification of experts typically includes one or more of the following: number of publications by the expert, years spent teaching the subject, number of professional presentations, type of degree or license held, or years of clinical experience (Blow & Sprenkle, 2001; Sori & Sprenkle, 2004; White & Russell, 1995). Due to the exploratory nature of this study and the ambiguity around identifying specific constructs in peacebuilding in intimate relationships, the panelist criterion included the following:

1.) Self identify as a marriage and family therapist, clinical psychologist, social worker or other mental health practitioner,

2.) Working with couples as the current focus of professional work, whether clinical or academic, and

3.) Greater than ten years of clinical or research experience.

All three of these criterions must have been met in order to be included in the study. The researcher recruited those who, based on various academic and professional hallmarks, met the stated criterion. The search for potential panelists began with a review of the academic literature and institutions of higher education with MFT educational programs. A grid was created listing the potential participants and the criteria they met from the list above. Those who met the requirements for participants were contacted for participation in the study. They were asked to confirm that they met the requirements for panelist inclusion as stated above. Additionally, an email was sent to the Positive Psychology, a sub-section of the American Psychological Association's, listserv asking for panelists to self-identify if they meet one or more of the inclusion criteria. This is to make sure that researcher bias has not excluded any eligible participants willing to consent. Lastly, qualified clinicians who consented to the study were also be asked for the names and contact information of other qualified professionals with whom they collaborate on a regular basis and are therefore familiar with their work for inclusion in the study.

Twenty eight panelists met study inclusion criterion and completed the first round questionnaire. There were 16 women and 12 men, with an average age of 49 years of age. Sixty four percent (n=18) of panelists held a doctorate in either Psychology or Marriage and Family Therapy while 17% (n=4) held terminal degrees in Marriage Family Therapy (MFT), 4 % held Master's in Social Work (MSW) degrees, and 8% held degrees in other areas (Pastoral Counseling, Medical Doctor, Education, Coaching, and Family

Studies). The majority of panelists (n=26, 93%) reported receiving formalized training in a mental health discipline. Approximately 60% of panelists identified themselves as faculty at an academic institution, while 20% practiced as private therapists. Panelists reported on average of having over 17 years either working clinically with couples or conducting research about couple relationships. Panelist were comprised from five different geographic countries (United States, Brazil, United Kingdom, Australia, and New Zealand), though the majority of the panelists were from the United States (n=20). The following tables gives a detailed, descriptive information in regards to race, education, profession, scholarly production, age, and years in the profession about the panelists in the study.

Table 3. Demographic Characteristics of Panelists

	n	Percent of Delphi Panel
Race		
Caucasian	20	71.4
African-American	1	3.6
Hispanic	3	10.7
Asian	3	10.7
Other	1	3.6
Education		
College	0	0
Master's Degree	8	28.6
Ph.D	18	64.3
J.D.	1	3.6
M.D.	1	3.6
Profession		
Family Therapists	14	50
Psychologists	6	21.4
Psychiatrist	1	3.6
Coach	2	7.1
Social Worker	3	10.7
Medical Doctor	1	3.6
Attorney	1	3.6
Age		
30-35	6	21.4
36-40	4	14.3
41-45	0	0
46-50	2	7.1
51-55	5	17.9
56-60	1	3.6
60+	5	17.9
No response	2	7.1
Years in Profession		
10-15 years	7	25
16-20 years	6	21.4
21-25 years	10	35.7
26-30 years	2	7.1
30+ years	1	3.6
No response	2	7.1

Table 4 captures the combined total number of scholarly production by the panelists in the dissertation study. Scholarly production was defined by the number of peer-reviewed journal articles, scholarly books, book chapters, and professional conference presentations.

Table 4. Scholarly Work

Scholarly Work	combined total number	range
Journal Articles	84	1-26
Books	3	0-1
Book Chapters	12	0-6
Professional Conference Presentation	141	4-46

Procedure

Although the specific format of a Delphi methodology can be adapted, as was done in the current study, there are three general data collection and analysis phases (Hasson & Keeney, 2011; Linstone & Turoff, 1975, 2002). The first part of the data collection phase consisted of a questionnaire, labeled Delphi Questionnaire I (DQI), that participants completed related to the research question(s) under investigation. In the field of family therapy the DQ I typically has involved the use of broad, open-ended questions. The researcher then consolidates this information, reporting it as specific themes in the next questionnaire and asks more fine-tuned questions based on the consolidated information. The second phase of the Delphi Method consists of a compilation of panelists' responses to DQ I and a rating scale for each response listed. All of the compiled answers and the rating scale are returned to respondents for their feedback through the utilization of a second Delphi questionnaire (DQ II). On the second questionnaire, panelists rate their level of agreement on the inclusion of each item by

using a likert scale with a range of one to seven. The third phase involves exploring participant agreement and disagreement with question items and evaluating those differences through a third questionnaire (DQ III). The third questionnaire provides the panelist with each his or her ratings associated with items from DQ II, as well as a measure of central tendency, typically the median and interquartile range, for each item. Panelists are given the option to reconsider their original rating on DQ II, in light of the group statistical feedback (Stone Fish & Busby, 2005).

A degree of balance must be attained when considering the number of rounds of questionnaires in a Delphi methodology. While the standard Delphi technique involved two levels of questionnaires, due to the exploratory nature of this study and in an effort to avoid panelist issues described below (Stone Fish & Busby, 2005), this researcher utilized a Modified Delphi technique that involves two phases of questionnaires (Hasson & Keeney, 2011; White & Russell, 1995; White, Edwards, & Russell, 1997). This decision is in keeping with the general agreement among researchers that only a few rounds of questionnaires are needed since the process quickly becomes too repetitive (Stone Fish & Busby, 2005).

Panelists first received an email invitation letter and a link to a secured website on which an online informed consent was posted. Upon reading the informed consent, participants indicated whether they agreed to participate in the study and, if so, they were directed to fill out the demographics form and first questionnaire (DQ I). If they did not agree, they would be instructed to exit the website. The demographics questionnaire included space for the panelists' biographical information and a confirmation of them meeting the inclusion criteria.

The DQ I involved eight open-ended questions to explore the panelists' perspective of how clinicians can identify and assess peace in an intimate partner relational context. A time allotment of three weeks was given for panelists to return the surveys. After the three week deadline, a reminder email or phone call was made to panelists encouraging their participation. Upon receiving the responses from DQ I, the researcher compiled the responses, while identifying responses from panelists that either overlapped or were essentially the same.

Trustworthiness. In order to ensure trustworthiness of the data the primary researcher and two research assistants external to the study reviewed the list of responses to assess each response for clarity and redundancy. Redundancy was defined as when responses from the panelists were identical or very similar to another response from another panelist. The two research assistants both had obtained undergraduate training in family studies as well as had previous qualitative research experience prior to this research study. The primary researcher met with both the researchers together and then individually to discuss the analysis procedure of the study and to train them in the Modified Delphi technique. Subsequently, the primary researcher and the other research assistants met together periodically to come to a consensus of whether a response from a panelists overlapped significantly and whether there was consensus in how the responses were compiled. When an item was deemed redundant, the primary researcher re-evaluated the list of responses and struck the redundant response from the DQ II. Once finalized, the list of responses was formulated into DQ II. The DQ II was distributed to respondents via the online website. Responses were organized under each question subheading, so that each response for question one was presented as a bulleted list under

question one and so on. Next to each response was a likert scale of one through seven, with seven indicating the strongest level of agreement and one indicating the strongest level of disagreement. Panelists were asked to examine each response and then rate the response on the likert scale according to the strength of their agreement that the item be included in an optimal answer to the question. As is standard protocol, responses to DQ II were analyzed for the median and interquartile range (Stone Fish & Busby, 2005). Responses that are selected for inclusion in the results will have a median of six or higher, indicating a high level of agreement, as well as an interquartile range (IQR) of 1.5 or smaller indicating a high level of consensus. The objective of this phase of the study was to determine, by these measures of central tendency, which items would be included in the final responses to the research questions. The results are presented in both narrative and table format, with the table including the median and IQR.

The goal of this research study is to bring together those currently working, practicing, and studying MFT and other mental health fields in an effort to agree on a consensus conceptualization about the role of peacebuilding in intimate relationships. The most effective and efficient way to bring these professionals together is through the use of a two phase Delphi study conducted online. Responses to these research questions are needed so that MFTs and other mental health professionals practicing, teaching, researching, and supervising can move forward individually and collectively in a more unified way and there can be a healthier balance in understanding the dynamic and relational processes conducive for greater peace and harmony in intimate relationships.

Recruitment procedure. Prior to the recruitment of potential panelists, the study was reviewed by the University of Georgia Institutional Review Board. After approval of

the study was granted, panelists were recruited through multiple methods, including email, telephone, and in person when the opportunity arose at professional conferences or local meetings. They were asked to voluntarily participate in this study through an online survey website, www.qualtrics.com. Each panelist received a cover letter via email inviting them to participate in the study and if they were interested to respond to the email. When the participants were recruited in person, their email addresses were recorded and they received the email within 48 hours. Once they responded to the email, indicating their interest to participate, they received a personalized email with their individual link to the Qualtrics website. This link enabled them to return to their survey periodically if they did not finish the survey in one sitting. Once logged onto the online survey, participants were directed to read and submit the informed consent, demographics form, and first questionnaire (DQI). Follow up emails, with participant consent, were made to encourage participation in both phases of the study. Additionally, as several researchers have done in prior studies (Godfrey, Haddock, Fisher, & Lund, 2006, Stone Fish & Busby, 2005), the researcher asked participants to assist in recruiting additional participants who would fit the inclusion criteria. Lastly, a general e-mail through the Positive Psychology Association's listserv was distributed requesting potential participants who met study criteria to contact the primary investigator indicating interest in study participation.

Completion of the initial questionnaire packet and the second questionnaire took on average 35 minutes each, with the initial questionnaire perhaps taking up to 45 minutes. Participants submitted their names and contact information along with their completed informed consent forms. A list of names and pseudonyms were compiled and

stored on the primary researcher's computer in a password protected document. It was necessary to have names associated with both the DQ I and the DQ II so that tracking the completion of questionnaires could occur. While names were needed to complete the questionnaire, no names were included in the reported findings.

Modified Delphi Questionnaire I

The Delphi Questionnaire I (DQI) for this study included demographic items and eleven broad questions:

1. What ways do healthy couples build sustainable peace in their intimate relationships through communication?
2. What ways do healthy couples build sustainable peace in their intimate relationships emotionally, cognitively, and behaviorally?
3. What are some of the shortcomings that mental health clinicians and researchers fail to identify with healthy couples?
4. To what extent, if any, do larger dynamics (e.g., equality, social justice, gender, race, class, etc.) play into positive relational processes?
5. To what extent, if at all, can couples have thriving or flourishing relationships without addressing the aforementioned larger dynamics?
6. With recognition that there is a great deal of diversity in the pathways that lead to healthy relationship functioning, what would you say are some of the common elements that thriving couples have?
7. What interventions would you recommend to help clinicians explore how couples can build lasting peace in their relationship?

8. What questions would you directly ask your clients about how they attempt to create and maintain peace in their relationship/marriage?

CHAPTER 4

RESULTS

In this chapter, the results of the study, and the quantitative data collected for it, will be presented. This study sought to explore how a panel of family scholars and mental health clinicians conceptualized how peace is built and maintained in intimate partner relationships. In addition, this dissertation study examined how a panel of experts in working with couples gained a consensus around clinically useful interventions and questions to ask intimate couples. The results will begin with a review of the selection of the participants, the response rate, and the study participants' demographic characteristics. Finally, in its main section, I will present data for Delphi Rounds One and Two that answer the primary research question. The main section will report the panel's median, and IQR scores for all impact statements. The impact statements will be grouped based on their relationship with the operational research questions and matching conceptual hypotheses. In addition, the data presentation tables in this section will help demonstrate differences in the panel's responses between Delphi rounds. A discussion of the major findings of the study, the interpretation of the results, the conclusions, and a number of recommendations will be provided in chapter 5; the discussion section.

Upon receiving the responses from the DQ II, the ratings were entered into SPSS version 21 and the median and interquartile range (IQR) were calculated for each item. There were 231 out of 372 items in the final profile that fit these statistical

parameters. These 231 items were grouped into the five main categories that are discussed below.

Consensus was determined by an analysis of the median and interquartile range of each survey item. The higher end of the Likert scale indicated the highest level of agreement, while the lower values of the scale indicated disagreement (Stone Fish & Busby, 2005). The interquartile range, a measure of variability, indicated how much the panelists differed in their responses. A high median indicated a high level of agreement between panelists (Stone Fish & Busby) while a larger IQR demonstrated more dissonance (Stone Fish &Busby). An item that had both a high median and a small IQR indicated that a majority of panelists agreed with the statement. Items from the DQII with a median of six or higher (agree/strongly agree) and an IQR of 1.5 or less were included in the final profile. The number of items included in a category is indicated in parenthesis (i.e., n = X). The researcher noted statements that received the highest possible score (median = 7; IQR = 0.0) as this indicated that all panelists agreed that this statement was very important.

In an effort to organize and examine themes in the statements, I analyzed the 320 items (i.e., variables) included in the final profile through an inductive process and they were categorized into six main categories. A second trained researcher reviewed and confirmed the variables' placement into both the conceptual clusters, as well as the placement of those clusters into the five main categories. The results below are organized by the five main categories that reflected the panelists' agreement on the elements of how couples build and maintain peace in their intimate relationships.

Category 1: Perspectives on Shortcomings of Mental Health Clinicians Assessing for Healthy Couples

To begin, panelists were asked to determine the current state of the mental health field and describe the shortcomings clinicians have in assessing for healthy couples. They agreed with a majority of statements (n=7) that family scholars and mental health clinicians overemphasize the role of deficiencies and pathology in assessing couple functioning. Moreover, panelists agreed that more clinical focus should be on how to better support flourishing couples rather than attempting to fix them. For example, one panelist remarked,

> We are trained to point out negatives in couples (e.g., treatment plan goals, problem areas) so I think the major shortcoming is that we fail to identify them completely. I think we also have biases of what a healthy couple looks like. Gottman's work on the different types of couples has not fully resonated with our field. When we see couples arguing loudly we don't think they could just be passionate debaters, we think they have an unhealthy relationship.

Overall, there appears to be less consensus among panelists about how clinicians can identify relational health among couples. Panelists endorsed the idea that in general mental health clinicians do an adequate job in ascertaining general strengths that individual clients or couples possess, however, they are often too broad and less targeted with concrete, specific couple attributes that are not just global but unique to the couple or client (n = 1; median=7, IQR=1). Similarly, one response that other panelists endorsed was clinicians "focus too much on deficits in couples. There is also an overemphasis on essentializing what happy couples look like and less emphasis on the unique avenues that

couples go through to flourish." That is to say, that therapists conceptualize healthy couples in universal traits and attributes and less on the unique avenues that couples go through to flourish (n=1, median=6, IQR=1.5). As a corollary, panelists indicated that healthy couples do not exist in a vacuum but are a by-product of a healthy social environment (n=1, median=7, IQR=1).

Panelists also tended to agree that the majority of therapy sessions are spent defining the problem and identifying goals in relation to solving the couples respective problems rather than enhancing the positive attributes that they possess (n=2, median=6, IQR=2). For instance, one panelist reported

> Primarily, there is a focus on problem solving and goal setting. Traditionally, unless otherwise challenged, goal setting often involves figuring out a particular solution to a problem. Secondly, as clinicians, because majority of cases we see has "presenting problem", we easily adopt such a frame to conduct our business over time. We often forget to account for and further explore times when couples are doing well, factors that make it go well. I think flourishing or being healthy also has individual components to it. For example, a wife who is into practice of yoga and is health conscious is likely to experience its benefits in comparison to her husband / partner who is super focused on work, achievements, savings, and investments. In such a couple system, we forget to explore aspects of individual habits that promote well-being. While solution focused therapists asks for exceptions and narrative folks explore unique outcomes, we often forget to bring that out of couples during therapy process. Using a military analogy, soldiers are deployed, reintegrated, and then there is a dwell time before they are re-deployed.

Similarly, in conflict in couples there are times when they are "deployed" or in conflict. From the conflict they "reintegrate" or achieve a calm state. The time in between is the "dwell" time before an argument / conflict again. Much healing, skills, and new perspectives can be gained during the dwell time.

In a similar manner, panelists agreed that when distressed couples present for therapy, mental health clinicians should also explore how not to alleviate conflict from their lives as a result of the problem, but rather how conflict can transform the relationship into a more healthy way of interacting towards one another.

In terms of clinically working with couples over time, panelists agreed that there is not a clear understanding of how couples can build and maintain peace in their relationship over time (n=1; median=6; IQR=1). Panelists described that family researchers and clinicians often view peace as an end point, rather than a continual process by which couples strive to approach on a consistent basis. However, panelists did not achieve consensus on what this process might look like over time (n=1; median=5, IQR=4).

In terms of identifying other shortcomings that mental health clinicians have in assessing for healthy couples dynamics, one major area that panelists identified was that mental health clinicians do not spend enough time eliciting resilience stories from the couple (n=2; median=7, IQR=0). For example, panelists were in complete consensus with the statement, "mental health clinicians do not spend enough time getting to know the values, wishes, and dreams of each partner, and how each partner can help the other person achieve those things." Panelists concurred that by exploring what makes life

meaningful for each partner and the couple as a whole can open up new possibilities in the therapeutic room.

Category 2: Differences in Peacebuilding among Healthy Versus Unhealthy Couples

In responding to the differences between how healthy versus unhealthy couples build and maintain peace in their relationship the responses from the panelists were clustered into four distinct groups; behavioral differences, emotional differences, psychological differences, and spiritual differences. Panelists reported that since peace is a complex concept to grasp as family scholars and clinicians, it would be more advantageous to look at the peacebuilding process as different yet interrelated components. Below, I have separated the responses into the four aforementioned groups by the panelists as well as indicated their level of agreement on the responses.

Behaviorally. In terms of what healthy versus unhealthy couples do differently, panelists stated that in unhealthy couples, partners tend to put their own needs and wants in the relationship over their partners (n=4; median=6, IQR=1). For instance, panelists stated that "unhealthy couples spend more time trying to personally fix their partner's faults and problems instead of learning to accept them."

> Behaviorally, I think unhealthy couples have low impulse control. They are more or less fused with their thoughts and have hard time separating out their emotions, behaviors, which ultimately clouds their communication channels. This clouding that is enhanced by impulse release prevents them to make good use of their dwell time.

Additionally, panelists reported that the difference between the two different types of couples is that healthy couples actively work at trying to make the relationship better (n=3; median 6; IQR=1).

> Healthy couples have the ability to recognize issues and problems and utilize appropriate techniques with which to handle them. For example, realizing when they disagree on a particular issue that both first need to take a time out before attempting to discuss and then to hear each other's viewpoints before responding. When necessary, make compromises in the best interest of both parties.

Furthermore, panelists agreed that healthy couples "connect with one another intimately, whether physically, sexually, or emotionally and do not feel compelled to do so" (n=2; median=7; IQR=0). Healthy couples recognize and express gratitude on a consistent basis about not only their relationship but life in general.

Part of being in a healthy intimate relationship is the ability for the couple to strike the proper balance of spending time together and individually. While panelists were not in complete agreement (n=1; median=6; IQR=4) about how much time should be allotted between spending time together and individually, they were in agreement that healthy couples have the "ability to work towards a consensus regarding balancing spending time together as a couple and spending time individually" (n=1; median=6; IQR=1).

> Simply, the presence of attributes of positive regard for self and others. In my experience with those who are "peaceful" I see a commitment to partner and community (local, regional, national or spiritual). These people fundamentally consider themselves and their relationship as part of something larger than just

themselves. Unhealthy couples may even belong to these same networks, but to me the difference is with commitment to the systemic idea.

Additionally, the panelists indicated a high level of agreement that building peace should

be something partners are doing constantly in the relationship. For instance, one response stated, “the process for building peace is something couples work on a regular basis. They connect with one another intimately, whether physically, sexually, or emotionally consistently and do not wait to do so.”

Emotionally. One of the differences that panelists agreed on was how individuals and partners expressed and regulated emotions in the relationship. For instance, panelists agreed that "healthy couples tend to be more emotionally responsive to when their partner is distressed or suffering and quickly acts to respond to their partners need" (n=2; median=6; IQR=1). Panelists also indicated that an important aspect of partners being emotionally responsive toward one another is related to first, having an awareness of how feelings influence behavior and being able to identify when certain "conflictual" emotions arise and how to be less reactive negatively toward their partner (n=1; median=6; IQR=1.5).

Healthy couples tend to be more emotionally responsive to when their partner is distressed or suffering and quickly acts to respond to their partners need.

Unhealthy couples seemed to be more self-interested and either are slow to respond to their partner's needs or ignore all together. I think healthy couples express gratitude on a consistent basis about not only their relationship, but life in general.

Another difference between healthy versus unhealthy couples that panelists agreed upon is that healthy couples are able to express themselves emotionally in an open manner, but they can also do so without fear of "retribution" or retaliation from the other partner (n=1; median=7; IQR=0). In addition, panelists reported that when there is significant conflict in the relationship, whether in general or during an argument, "healthy couples are emotionally expressive toward their partner but overall exhibit calmness during conflict or strife" (n=1; median 6; IQR=1).

Psychologically. Panelists also noted that an important distinction between healthy versus unhealthy couples is how they internally process conflict while in the relationship (n=6). Specifically, panelists agreed that unhealthy couples have unrealistic expectations about the roles, rules, and boundaries in their intimate relationship. Likewise, panelists agreed with the statement that healthy couples know the limitations of the relationship and recognize what issues can be resolved and what issues might not have a resolution and thus have to be tolerated and managed (n=2; median=6; IQR=1). Moreover, panelists also came to a close consensus that unhealthy couples are more rigid, less spontaneous, and do not distort negative interactions or experiences to the partner in order to look or feel good--they do not try to "win" conversations (n=2; median=6; IQR=0).

> Unhealthy couples want to use their partner to blame or fill a person void, they do not take the time to establish and renegotiate rules and responsibilities, they do not take time to just connect on a daily basis, they make assumptions about their partner, they are dishonest with themselves about their own problems and hide

from them. Healthy couples work aggressively at seeing themselves as good enough.

Panelists also stated that another important psychological component in healthy functioning relationships is the individual's ability to self-correct when they have less helpful thoughts about the relationship (n=3). Specifically, panelists agreed that "healthy couples have the ability to self-monitor and recognize when the relationship is going off track and use appropriate resources with which to handle them" (n=1; median=7; IQR=0). Additionally, panelists came to a close consensus that healthy couples have healthier ways of appraising moments and interactions with the other partner. They are less likely to attribute negative aspects about the partner as core faults or defects. One panelist stated the following:

Psychologically healthy couples have healthier ways of appraising moments and interactions with the other partner. They are less likely to attribute negative aspects about the partner as a core defect.

Lastly, panelists agreed that healthy couples tend to not only have positive appraisals to negative experiences, but also have the ability to have prospection in their relationship--to view what will the relationship look like in the future (n=1; median=6:IQR=1).

Spiritually. Another critical component to healthy functioning couples is the couple's spirituality. In this context, panelists were less prescriptive in couples belonging to an organized religion but rather a connection with a group of people that hold similar values and ideals (n=2). Panelists agreed that "healthy couples have a strong sense of commitment to their partner and community (local, regional, spiritual, etc.)" (n=1;

median=6; IQR=1). Additionally, panelists concurred that healthy couples consider themselves and their relationship as part of something larger than just themselves. For example, one response that was highly endorsed was,

> Spiritually, healthy couples tend to align with deep or core values that help bring purpose and meaning to their life. Whereas unhealthy couples rely more on living moment to moment without any larger awareness about their purpose in life. (n=1; median=7; IQR=0).

Category 3: Common Elements in Peaceful Couples

A part from distinguishing between healthy versus unhealthy couples, panelists responded to the question of common elements that peaceful couples exhibit. While there is some general overlap between healthy couples and peaceful couples, panelists highlighted that peacebuilding was a critical process to be a healthy couple. In total, panelists came to a consensus on eleven statements. Specifically, panelists agreed that an important attribute is acceptance of their "partner's misgivings and imperfections" (n=1, median=6; IQR=1). Additionally, panelists confirmed that couples who are peaceful are more likely to be secure in themselves and provide latitude for the other partner to further develop their own identity. In that, such couples are able to let each other go with the implicit trust that they can grow and flourish without having each other on a short leash of expectations and behaviors (n=2; median=7; IQR=.5).

> I think individually each person has the ability to experience distress but at the same time acknowledge that the perception of his/her partner is different. This is closely connected with an individual's ability to manage emotional reactivity and sooth his/herself without needing the partner to do it for them. As a couple, I think

> those that have a strong foundation of friendship can support the foundation of peace...with friendship as the base a couple can see stressors as a team and not as impacting each person separately. Another important factor is power and the distribution within the couple. I also believe that peace in relationships is tied to peace in the context or environment in which the couple lives.

Panelists also agreed that concepts of gratitude and willingness to sacrifice were important components to contributing to peacebuilding in relationships. For example, one response that the panelists were in agreement was the following:

> They sacrifice for the benefit of the couple more often than personal benefit. Thriving couples also work consistently hard to try and make the relationship better--becoming more intentional--rather than being complacent.

Similarly, panelists highly endorsed the statement, "peaceful couples are generally grateful for what they have in life and in particular appreciative of each other's efforts, sacrifices, and the overall little things that their partner does for them" (n=1, median=7; IQR=0). Peaceful couples are more open and honest about their wanting to work on themselves in whatever fashion works for them and how they can make the relationship be better. Peaceful couples have effective communication to include a good blend of active listening, understanding, and to compromise when necessary.

> I think peaceful couples in general are mindful. Specifically, I mean peaceful couples have the ability to acknowledge the present and focus on what is happening more often than live in the past or be anxious about the future. Peaceful couples also are likely to be secure in themselves. In that, such couples

> are able to let each other go with the implicit trust that they can grow and flourish without having each other on a short leash of expectations and behaviors.
>
> Peaceful couples are also thankful. They are in general grateful for what they have in life and in particular appreciative of each other's efforts, sacrifices, and are genuinely appreciative for the little things that their partners do for them. Peaceful couples often are good story tellers. They have a sense of their life that is on a continuum rather than one that is primarily defined by chaotic episodes or downs of their life. Their stories express wonder at the good times and the bad times.
>
> Peaceful couples are also spontaneous, in that they are less rigid about definitions, especially in conflict. They are quick to come to a common understanding, knowing common peace leads to better individual sense of well-being.

Similarly, another panelist reported the importance of being responsive to not only verbal communication, but also being attuned to their partner's own needs. As such, partners are able to be aware of when the relationship needs repairing.

> Peaceful couples are in constant dialogue about how their relationship is going and if they need to make any repairs. Peaceful couples are grounded in a common purpose or meaning in life and are able to weather the storms with more flexibility. Peaceful couples use non-defensive communication saying what you need to say to one another but in ways that facilitate a capacity to hear and internalize what's being communicated. Peaceful couples have the ability to manage emotional reactivity and sooth him/herself without needing the partner to do it for them. Couples who build peace in their relationship are highly attuned to their partner's needs, wants, and desires, such that they find time to respond to

those needs on a regular basis. Peaceful couples work consistently to try and make the relationship better--becoming more intentional rather than being complacent. Lastly, panelist agreed that peaceful couples show traits that often forgive one another and sacrifice their needs for the betterment of the relationship. For instance, one panelist reported:

> They have realistic expectations for themselves and their partner. They tend to easily forgive and try to repair any ruptures in their relationship. Peaceful couples are constantly in dialogue about how their relationship is doing, and they give their relationship priority. Also, peaceful couples tend to sacrifice their own needs more often for the benefit of their partner. They consistently think how I can make their life better. Lastly, I think couples that are grounded in a common purpose or meaning in life is able to weather the storms with more flexibility.

Category 4: The Role of Power, Gender, Race, Social Class, Community and Peacebuilding

After the first round of questionnaire (DQ I), many panelists indicated that factors related to one's identity, context, and positions of power affect a couple's ability to build and maintain peace in their intimate relationship. Panelists reported a variety of influences such as, power, gender, race, etc., that contributed to the well-being of a couple. One panelist, when responding to how these contextual factors influence couple well-being, noted the following:

> An aspect of thriving, flourishing I think has to do with awareness. When one is aware of the multiple forces that are shaping one's own choices, personal convictions, meanings one attaches ones actions, the more flexible one can be

> about how to respond to them. Departing from such a frame, I think the more people are aware of how society around them handles conflicts in general (do they bury it, not address it, rule of culture prevails, they fight, law enforcement gets involved, family gets involved etc.,), the more they can either align with healthy practices or walk away to make more healthier choices.

While there was one panelists who disagreed with the role these influences, the rest of the panelists were in agreement that exploring these contextual factors would be beneficial in a couple's ability to build and maintain peace in the relationship. The panelist who disagreed stated the following:

Another panelist with an opposing view stated the following:

> This is a huge variable. It's difficult for me to imagine true peace emerging in relationships wherein there is inequality or power imbalance. One of the key issues inherent in peace is the notion of mutual respect, mutual valuing might be a better word. This mutual valuing can be easily influenced by issues of gender, race, class, etc. This is complicated by the fact that there are so many of these dynamics beyond couples' control.

Below, I have separated and grouped the responses from the panelists into five broad themes: power, race, gender, social class, and communities.

Power. Power dynamics was operationalized as how one person or a group of people in a position of power treats another person or group, both in relationship and/or in the couple's social community. Some panelists indicated strongly that couples could not have peace in their relationship if there was a constant inequality of power in their relationship, while others offered that misuse power might affect the couple's well-being

inasmuch that each partner should work collectively to overcome such negative influences (n=2; median 6; IQR=1).

> Frankly, some people are in more privileged positions given these various socially constructed areas. I would suspect that narratives about your position within society are dramatically impacted by how you are perceived. Conversely, couples either adopt or reject these narratives in their communication with one another. My experience has taught me that minority couples experience great amount of oppression from social outlets that often manifests itself within the intimate relationships in which they engage. It would seem that the macro systemic variables in our society mentor and mold people on how to behave. If the "molding" is oppressive it would translate to other areas as well.

Gender. Panelists identified that gender dynamics (e.g., sexisms), both in relationship and/or in the couple's social community, plays a significant contributing role in the process of building and maintaining peace in intimate relationships. Panelists indicated a need for mental health practitioners to assess for gender dynamics when examining couple satisfaction. For instance, a romantic relationship where one partner feels oppressed in expressing their own viewpoints because it contradicts gender stereotypical behavior can potentially negatively influence the couple's well-being.

> I think this really depends in the individuals in the relationship. For example some men are content when the female aren't more money are has a higher ranking position/career or when gender roles are reversed from typical societal norms/expectations but in others, this presents a problem. Perhaps more so in couples where one or both partners hold more traditional beliefs about specific

gender roles and expectations. Education could also be a factor in that the more education one, or both individuals have, may lead to more acceptance of any differences to yield more peaceful and intimate relationships. These couples don't worry about what others think or worry about typical societal expectations as much as others and are perhaps more content in general.

Race. Racial dynamics were defined as either overt or covert discrimination in the couple's social community. Panelists were mixed in agreement in endorsing the extent to which racial dynamics influenced how peace was built and maintained in intimate relationships (n=1; median=5; IQR=3). For example, one panelist indicated that they thought racial dynamics were irrelevant in the ability of the couple to build peace in a relationship.

> It is much easier to have a flourishing relationship without knowing anything about inequality, power, social justice, gender, race, and class. Those issues are basically imaginary constructs that do not help.

Another panelist expounded on the difficulty of acknowledging how the couples' situational context influences their well-being:

> I think therapists often fail to acknowledge the influence of context and environment on couples and individuals functioning. I especially believe that living in an oppressive environment, and being taught from previous generations about how to "manage" this oppression and discrimination can seep into the beliefs about how to be in a healthy relationship.

Social Class. Panelists agreed that social economic status dynamics (e.g., finances), both in relationship and/or in the couple's social community, play an important

role in the process of building and maintaining peace in intimate relationships. Moreover, panelists concurred that therapists are sometimes unsure to broach the subject of financial statues.

> I think for many therapists bringing up that a client resides in a financially disadvantage community might scare them off, or worse yet, shame them. I would like to believe that most good clinicians are aware that financial status of our clients affects their ability to do a lot of things in their life. The question then becomes how does knowing that information influence your relationship to your clients. How does the clients' SES status affect their ability to be in a healthy relationships? I just think out of convenience we shy away from asking those questions in fear of coming off like we are judging them.

Overall, panelists came to a consensus that couples who face severe economic hardship or live in an impoverished community will likely make it more difficult for the couple to achieve and maintain peace within their relationship (n=1; median=6; IQR=1).

> If there is inequality with respect to power, privilege, etc., than peace in the relationship will be temporary at best, Long term peace in a relationship is dependent on both partners feeling that their voice matters in the relationship. Additionally, they do not feel that their wants, desires, and needs are more superior than their partner's.

Community. In examining other contextual factors that influence the peacebuilding process, panelists indicated that the general community environment (i.e., neighborhood safety, access to resources, etc.) can either be a deterrent or buffer for the couple. Specifically, panelists endorsed the statement that couples can build and

maintain peace in their intimate relationship even if there is inequality both in relationship and in the couple's social community. The panelists identified that each of these contextual factors can hinder the peacebuilding process for couples, however, how well a couple adapts to their social environment depends on their level of commitment to recognize these social forces at play and their ability to work together to overcome such obstacles (n=2; median=6; IQR=1).

> The plethora of research from the 50s on social disorganization theory makes the case for how economic hardship, instability in neighborhoods makes for bad contexts for overall human outcomes. Such paucity of resources, which then leads to paucity of collective standards for healthy relationships, often becomes the social genetic code for deteriorating and debilitating relationships. Employment, finances, and education are major aspects that dictates peoples opportunities. The prevalence of divorce, media messages, social networks one is part of all influences how couples handle their tough times. This question is more relevant because we rarely hear about the good, strong couple that are peaceful, successful celebrating their 50th and are happy. From a community organizing perspective, every community should have a healthy marriage initiative where couples who identify themselves as happy and well-adjusted become mentors for younger couples, especially for younger couples who grew up in tough circumstances or that share a family history of divorce, violence etc.,

The researchers interpreted panelists' recommendations as the need for couples to be cognizant of the strengths and weaknesses of each partner's social network that can either

contribute to stability and the peacebuilding process or conversely, further strain the relationship.

> These larger dynamics play an important underlying part in building a foundation to have a lasting relationship. Those couples who oppress or act in a way to make their spouse feel less than erode trust and satisfaction. I think the concept of resilience applies at all levels, individually, as a couple, and as a social group. For me the behavioral, psychological, emotional and spiritual components can help...but overwhelming racism, classism, sexism, etc. can lead individuals, couples, and social groups to believe that nothing can alter the conflict.

Category 5: Clinical Interventions for Building and Maintaining Peace in Intimate Relationships

Conceptualizing clear clinical interventions served to synthesizes the research and clinical practice into a more complete picture. Panelists endorsed statements that indicated actively and regularly doing things as a couple is important to the peacebuilding process (n = 4). Among these statements, the one that received the highest possible agreement (median = 7; IQR = 0) acknowledged the importance of not having an individual but shared vision for the future and suggested “using Gottman's ‘sound marital house’ to help couples create a shared vision for the future. Create something that involves more than just individual dreams of achievement." In addition, panelists agreed with statements that setting aside specific days to work on the relationship such as "having love days", which is related to another statement that the panelists endorsed of "having the couple develop meaningful ceremonies and rituals that couples can do

together on a regular basis (e.g., going on a walk together, go to the park, traveling, reading book; n=1; median=6; IQR=1).

> To begin with, often asking couples how they got together - the beginning of their story. Aspects they liked about themselves as well as they liked in each other when they got together. Second is to get from both of them, what they liked about their parents' marriage and what they didn't like about their marriage and what qualities would they like to keep the same for themselves as well as what qualities do they not want to see in their relationship from their parents. Third, is to help them improve their communication in non-conflict times or "dwell times". For example, developing ceremonies and rituals the couple can do on a regular basis - going on a walk, holding each other's hands and sitting quietly in a park, or a beautiful nature scenery nearby. Communicating by just being and appreciating each other's presence. A yearly couples conference where just both of them go and "commune" with each other.

However, panelists were split in agreeing to have couples "learn to meditate and/or practice mindfulness based activities together" (n=1; median=5; IQR=3). Interestingly, panelists developed stronger consensus with principles associated with mindfulness despite not endorsing mindfulness per se. For example, panelists concurred that having each couple write a letter to one another stating all of the small things they appreciate about each other on a regular basis would be helpful, as well as write and carry a gratitude journal and discuss with each other about things written in the journal on a regular basis. Also, panelists agreed with the statement of having them individually take photos about what is most meaningful in their life and then come together and share with

one another the photos they took and their rationale. (n=3; median=6; IQR=1). Panelists disagreed with the idea of having solution-focused based interventions, (e.g., looking for exceptions to the problem or miracle questions) to help couples think specifically about the behavioral changes they can make to achieve peace (n=1; median=4; IQR=4). Additionally, panelists did not come to a consensus about using psychoeducation as a way to be more empathetic and emotionally attuned to the partner's needs, wants, and desires as a useful clinical intervention (n=1; median=5; IQR=3). These statements highlighted the importance of having couples and partners becoming more aware of how seemingly small attributes such as having gratitude, willingness to sacrifice for the betterment of the couple, and taking an appreciative stance towards the other partner is important for the clinician to facilitate couples building peace in their relationship.

> Have couples keep a gratitude journal and specifically write down daily things that their spouse does that makes them feel grateful.

In a similar manner, one panelist's response that had consensus with other panelists was to be grateful about life in general.

> Have each couple write a letter to one another stating all of the small things they appreciate about them personally. I would also have them come carry a gratitude journal to write down all the things they are grateful in life not just about their relationship.

While panelists did not come to a consensus about incorporating mindfulness in therapy, or using solution-focused interventions, panelists were in general consensus about helping the couple to intentionally structure their time together as a couple in order to create an atmosphere where peace can be built in their relationship. The following table

indicates all of the interventions that the panelists came to a consensus (i.e., a median score of a six or higher and IQR of 1.5 or lower).

Table 5. Clinical Interventions for Building and Maintaining Peace in Intimate Relationships

Item
Having love days, recognizing when clients could engage and don't, helping clients recognize why they choose not to engage.
Using Gottman's "sound marital house" as having couples create a shared vision for the future. Create something that involves more than just individual dreams of achievement.
Having the couple develop meaningful ceremonies and rituals that couples can do together on a regular basis (e.g., going on a walk together, go to the park, traveling, and reading a book).
Learn to meditate and/or practice mindfulness based activities together.
Have each couple write a letter to one another stating all of the small things they appreciate about them personally.
Write and carry a gratitude journal and discuss with each other about things written in the journal on a regular basis.
Solution-Focused based interventions, such as looking for exceptions to the problem or miracle questions to have couples think specifically about the behavioral changes they can make to achieve peace.
Psychoeducation about how to be more empathetic and emotionally attuned to the partner's needs, wants, and desires.
Having them individually take photos about what is most meaningful in their life and then come together and share with one another the photos they took and their rationale.

Category 6: Clinical Questions for Assessing Peacebuilding in Intimate Relationships

The fifth and final response category addressed clinical questions for assessing how couples build and maintain peace in intimate relationships. After the DQ I questionnaire, panelists reported 65 clinical questions they would ask to couples to assess for how couples build and maintain peace in their relationship. The 65 questions were then examined to look for redundancy or if questions could be synthesized for greater clarity. As a result, the 65 questions were reduced to 15 questions in the final profile

(See Appendix B). The clinical questions were collapsed into three main themes/subscales; couple introspection and prospection, interactional stance, and externalizing. The first theme involved how couples assessed how their relationship was going and where they saw relationship going in the future (n=5). Panelists indicated that healthy couples were able to accurately assess whether the relationship was on a beneficial trajectory or if they needed to create necessary changes in the relationship to become more connected (n=1; median=7; IQR=0).

The second theme of clinical questions (n=5) were categorized on the relational stance (Whiting, 2008) each partner took with one another. Panelists concurred that partners who regularly took a relational stance (sense of "we-ness") rather than an individual stance (e.g., self-centered or selfish) are able to adapt to problems that arise in their relationships and as a result become a more cohesive unit (n=2; median=6; IQR=1). Additionally, panelists agreed that clinical questions should center around positive principles of gratitude in their general life and in the relationship, in addition to sacrifice for the betterment of the relationship as a way couples can build and maintain peace in their relationship (n=2; median=6; IQR=1).

The last theme of the clinical questions to assess how couples are building and maintaining peace is externalizing (n = 5). Adapted from White's (1991) Narrative Therapy approach, couples who have high peace in their relationship are able to separate or "externalize" conflict and problems in their relationship and unite against the problem. Additionally, panelists approved a statement calling for couples to contemplate what the relationship would look like if there was more positive peace in the relationship (n=1; median=7; IQR=0). Lastly, panelists agreed that mental health practitioners should ask

questions that help couples think of what their relationship would be like if they viewed conflict and relational problems as something "outside" their relationship influencing them rather than being defined by the problem (n=1; median=6; IQR=2) .

Summary of Results

The primary areas in which expert panelists gained most consensus were related to five core categories: 1) specific shortcoming of mental health field has when assessing healthy couples; 2) specific elements of the peacebuilding process in intimate relationships; 3) salient contextual factors that influence the peacebuilding process; 4) relevant clinical intervention strategies to increase a couple's level of peacebuilding; and 5) useful clinical questions to assess for peacebuilding in intimate relationships. Within category of identifying specific elements of the peacebuilding process, panelists specifically identified four distinct elements that make up the construct of peacebuilding, namely: how couples cognitively appraise interactions both individually and relationally, how couples behaviorally orient themselves to their partner, how couples emotionally respond to their partners' specific needs, and how spiritually the couple is connected with a community or how they generate meaning as a couple. Panelists agreed that the field of mental health would benefit from a more balanced approach of not overly focusing on pathology and disorder in the couple relationship, but what unique, signature strengths that the couple possesses.

CHAPTER 5

DISCUSSION

Although marriage continues to be an important institution legitimizing intimate partner relationships, marriage itself continues to evolve as societal expectations change (Cherlin, 2004). With respect to marriages, more than half of first marriages end in divorce (Amato, 2004; Cherlin, 2004; Pinsof, 2002). When looking at contributing factors that lead to relationship dissolution, infidelity is not only the leading impetus for divorce (Amato, 2004) but is on the rise across all age groups (Allen et al., 2008). Additionally, research on intimate partner violence indicates that it occurs at alarmingly high rates, with over one-fifth of couples reporting at least one episode of violence over the course of a year (Schafer, Caetano, & Clark, 1998). These and other issues that arise in intimate relationships (e.g., substance abuse, conflict) represent significant obstacles to intimate and marital relationships. With so many problems that negatively affect relationships, one might question how can peace and relationship vitality and sustainability be attained?

This is the first study to examine how mental health practitioners conceptualize peace among intimate partners. By tapping into the expertise of seasoned couple's therapists and family scholars, my goal was to develop a clearer conceptualization of the role that peacebuilding and peacekeeping may have in healthy functioning among intimate relationships. More specifically, since conflict is ubiquitous in all relationships, being able to assess and provide useful interventions to help intimate couples build and

maintain peace will help mental health practitioners and researchers to find the mechanisms that lead to intimate relationships flourishing.

There is still a lack of research related to empirically supported interventions specific to how couples flourish (Fincham & Beach, 2010). Being able to demonstrate the validity and clinical utility in incorporating a peacebuilding framework in practice helps to determine exactly what the process of peacebuilding interventions should include. However, until a clearer understanding of peacebuilding can be demonstrated, research will likely be vague and scattered. While there may be difficulties in capturing and measuring systemic change (Kazak, 2002) in couple flourishing, especially from a peacebuilding framework, a contribution must be added to the wall of research and practice involving intimate partner relationships to move the field forward (Fincham & Beach, 2010). Being able to research the clinical utility and efficacy of peacebuilding process in intimate relationships will help refine future peacebuilding-related interventions and techniques. Moreover, by understanding how couples build and maintain peace in relationships this will hopefully spillover into how to educate and train novice therapists working with couples. However, this will only come to pass when there is more rigorous research validating the clinical utility of integrating peacebuilding into working with couples and other intimate relationships. This discussion section will be organized by two overarching themes from the expert panelists' responses which are: 1) components of the peacebuilding process in intimate relationships, and 2) intersection of contextual factors and peacebuilding in intimate relationships.

Overarching Theme 1: Components of the Peacebuilding Process in Intimate Relationships

One of the organizing principles that panelists highlighted as an important part of the peacebuilding process in intimate relationships is the willingness of partners to consistently be present and connected to the relationship (n=1; median=6; IQR=1). The relational component of being present and connected is related to previous relationship literature that finds physical and emotional intimacy as a driving factor of relationship quality (Amato, 2004; Fincham & Beach, 2010). Intimacy has been positively related with satisfaction in marriage (Patrick, Sells, Giordano & Tollerud, 2007) and well-being in general (e.g., Prager & Buhrmester, 1998). On the other hand, lacking marital intimacy is related to higher severity of depression (Waring & Patton, 1984). Thus, connecting with one's partner intimately is essential for achieving a high quality marriage.

Additionally, panelists noted that having a shared activity with one's partner on a regular basis is an important part of the peacebuilding process (n=1; median=6; IQR=1). Research findings demonstrate that 60% to 80% of the time, when people disclose their most positive daily experiences with their partner (Gable et al., 2004), this becomes a regular opportunity for intimacy building. When couples take advantage of the opportunity to share in a mutually satisfactory activity, they increase the potential intimacy that they can experience. By having regular time with one's partner, a couple is able to move beyond the prosaic of the relationship and move towards becoming present and responsive to their needs. Most research has focused on support (partners' responses to negative events), however, one study, (Gable, Gonzaga, & Strachman, 2006), found that responses to positive events tend to be better predictors of relationship well-being

than responses to negative events. In Gottman and Levenson's work on happy marriages, he finds that the longevity of marriages is best predicted by the ratio of positive versus negative interactions (Gottman & Levenson, 1999).

The results from the expert panelists indicated that there are multilayered approaches in identifying contributing factors into peacebuilding in intimate relationships. Panelists came to a consensus around statements that indicated that the peacebuilding process involved partners being overall grateful about life and about their partner's qualities (n=2; median=6; IQR=1). Relationship researchers report that expressing gratitude on a regular basis is an important means by which positive deposits may be made into relationship bank accounts(Gottman & Levenson, 1999). In a recent study, participants were randomly assigned to write about daily events, express gratitude to a friend, discuss a positive memory with a friend, or think grateful thoughts about a friend twice a week for three weeks. At the conclusion of the three weeks, those who were randomly assigned to express gratitude to their friend reported higher positive regard for their friend and more comfort voicing relationship concerns than did those in the two control conditions (Lambert & Fincham, 2011). Also, those who expressed gratitude to a close relationship partner reported greater perceived communal strength (e.g., caring, willingness to sacrifice) than participants in all control conditions (Lambert, Clark, Durtschi, Fincham, & Graham, 2010). Similarly, Algoe, Fredrickson, and Gable (2013) found that benefactors positive perceptions of beneficiaries were increased when gratitude was expressed for the benefit received, and these perceptions, in turn, enhanced their relationship quality. These studies suggest that expressing gratitude to someone you are close to is an important way of making positive relationship deposits.

When there is a positive balance of relationship deposits this can help the overall relationship in times of conflict. For instance, research indicates that a husband's level of enthusiasm in everyday marital interactions was related to a wife's affection in the midst of conflict (Driver & Gottman, 2004), indicating that being pleasant and making positive emotional deposits into the metaphorical emotional bank account can change the nature of conflict. Also, Gottman and Levinson (1992) found that couples rated as having more pleasant interactions (compared with couples with less pleasant interactions) reported marital problems as less severe, higher marital satisfaction, better physical health, and less risk for divorce. Finally, Janicki, Kamarck, Shiffman, and Gwaltney (2006) showed that the intensity of conflict with a spouse predicted marital satisfaction unless there was a record of positive partner interactions, in which case the conflict did not matter as much. Again, it seems as though having a positive balance through prior positive deposits helps to keep relationships strong even in the midst of conflict.

In sum, intimate partner relationships can include a plethora of problems including infidelity, intimate partner violence, emotional distance and isolation, mistrust, and chronic conflict, often serving as a catalyst for marital dissolution. Previous research on intimate relationships has overly focused on the negative and destructive results of negative interactions with couples. Until recently, less attention has been given to the unique role specific positive interactional behaviors play in a relationship flourishing. The expert panelists in this study have identified potential factors that contribute to relationship flourishing. In doing so, this will help family researchers and mental health practitioners design empirically supported and relevant interventions that promote peacebuilding with intimate relationships. As a result, inevitable conflicts that occur in

all relationships will not lead to a cascade of negative events in a relationship but lead to positive transformation (Lederach, 2004).

Overarching Theme 2: Intersection of Contextual Factors and Peacebuilding in Intimate Relationships

From a global perspective, peace implies a state of satisfaction. Yet, it is very difficult to be satisfied when people are denied basic necessities such as food, clothing, shelter, safety, education, access to healthcare, dignity and mutual respect. Not surprisingly, therefore, there is little peace in a world characterized by painful differences between the haves and have-nots. From a more micro or relational perspective, peace entails the ability for a person, couple, or group of people the ability to be accepted as a person with your own thoughts, desires, and dreams, and without fear of being oppressed, discredited or not feeling valued. From this context, it is not surprising that the panelists strongly endorsed statements related to social justice principles (e.g., power, gender, race, class, etc.). Intimate relationships in which one partner feels oppressed or perceives that their contributions to the relationship are not being valued it is likely that process of building peace will be significantly be hindered. As a result, this type of relationship will be adversely affected when conflict arises. Conversely, in intimate relationships where both partners in the relationship perceive an overall equality there will be more able to adapt and transform from conflict and stress. Consequently, this type of relationship will more likely lead to a more stable and higher quality relationship.

Interestingly, panelists also indicated that not only interpersonal dynamics (e.g., power, gender, class, etc.) within the relationships influence the peacebuilding process, but also the social community where the couples resides affects the couple's relationship

(n=2, median=6; IQR=1). The results are consistent with previous literature that have highlighted that community dynamics, particularly residential stability, neighborhood safety, access to resources, adversely affect individuals (see Wickrama & Bryant 2003; Wickrama, Bryant, & Wickrama, 2010; Simons et al., 2010). The findings also point to looking at the peacebuilding process in intimate relationships as a multi-directional process that happens individually, relationally, and communally isomorphically.

The role of intimate relationships in sustaining a peaceful and just relationship against the inequality or injustice both in and out of the relationship also transmitted and strategies to survive a racist system are taught. Instead of being experienced as oppressive, family is experienced as a haven from the hostile environment of work and society, sometimes even serving as a support system that contributes to their upward mobility (Bell & Nkomo, 2001). One of statements that panelists did not come to a consensus about was how racial dynamics, both in the relationship or in the couple's social community, played a salient part in the peacebuilding process. This could be, in part, due to panelists unsure about how to disentangle overt versus covert influences. While it is easily recognizable to see how overt forms of racial discrimination could potentially create a stressful environment for a couple, it may be less clear to see how more covert or subtler forms of racial discrimination or prejudice in a community would hinder their peacebuilding process. In addition, Bryant et al. (2010) posit that most forms of racial discrimination in a respective community often go unnoticed by members of that community, yet a growing body of evidence demonstrates negative health outcomes for individuals residing in communities where they face significant racial prejudice

(Wickrama & Bryant, 2003; Wickrama & Bryant, 2008; Wickrama, O'Neal, & Lee, 2013).

While racial dynamics continues to play an important role in forming relationships, social class, gender, and other demographic variables are also critical factors in explaining how social justice principles can disrupt the peacebuilding process. For instance, panelists indicated a high level of agreement about how gender inequality in an intimate relationship or in the social community will influence a couple's peacebuilding process. The findings from the panelists show that the process of building and maintaining peace should incorporate structural aspects of the relationship that engender a shared power in the relationship. Recent literature has highlighted how gender scripts and conformity to gender stereotypes can effect relationship satisfaction (Bermudez, Sharp, & Taniguchi, 2014). Gender stereotypes typically serve to maintain gender inequalities in society. The concept of ambivalent sexism recognizes the complex nature of gender attitudes in which women are often associated with positive and negative qualities (Glick & Fiske, 2001). For example, untangling sexism into two components can provide greater awareness of how gender can impact relationship stability. The first component, hostile sexism refers to the negative attitudes of women as inferior and incompetent relative to men. Second, benevolent sexism refers to the perception that women need to be protected, supported, and adored by men. There has been considerable empirical support for benevolent sexism, possibly because it is seen as more socially acceptable than hostile sexism. Gender stereotypes are found not just in American culture. Across cultures, males tend to be associated with stronger and more active characteristics than females (Glick & Fiske, 2001). In terms of couples building

peace in a relationship, I contend that part of relationship stability and relationship satisfaction is best analyzed over time and not cross-sectionally. By looking at couples over time, one can get at a clearer understanding of how the contextual influences (i.e., community environment) and relationship dynamics (i.e., partner's perceived equality in the relationship) that would either help or hinder the peacebuilding process. Couples who exhibit undesirable power differences between each partner will unlikely, over time, foster and maintain peace in the relationship, which will leave them vulnerable to being adversely affected by conflict.

Limitations

There are limitations in this study worth noting. The panel members were not sampled from a defined population list, so the response rate and representativeness are nearly impossible to determine. Furthermore, getting an equal representation of the numerous mental health sub-disciplines would be unfeasible and it would be difficult to ascertain how one would proportionally weight how many panelists to use from a given mental health sub-discipline. For instance, since psychology has the longest history and largest amount of clinical practitioners it would be intuitive to have more the clinical psychologists that make up the expert panel than other sub-disciplines. However, marriage and family therapists offer a unique perspective given their specified training with working with couples from a systemic perspective, thus warranting a strong representation in the panel. The professionals' panel was not large, but it was very diverse, including respondents with a broad range of professional backgrounds, training, and country of origin. There was some attrition after Round 1 (DQ I; n=4). Most of the accepted items were endorsed in the first round. The attrition rate may have influenced

the outcome of some of the marginal items in round two (DQ II). In addition, it is important to note that consensus does not mean validity. Although the feedback from the panel members indicated that certain specific components of how peacebuilding in intimate relationships is conceptualized and what are useful clinical questions for assessing couples' peacebuilding process in the relationship, future research may refine and improve them. Furthermore, panelists in this dissertation study did not have the opportunity to comment on methodological process, and thus, might have felt constrained by the limitations of the modified Delphi method. The ultimate test of their validity of the understanding the peacebuilding process in intimate relationships would to conduct factor analyses to examine and confirm the reliability and validity of measuring these constructs related to peacebuilding among intimate partners.

It is also important to note that panelists were not asked about their own theoretical orientations that influenced them. For example, a panelist who was heavily influenced by different therapeutic modalities (e.g., narrative therapy, solution-focused therapy, etc.) would most likely have a different response from other panelists who were oriented by different theories (structural family therapy, Bowen family therapy, etc.). Moreover, by having panelist identify their theoretical influences as part of the demographic questionnaire it might minimize potential biases from other panelists by making the panelists' responses more situated and transparent to the other panelists.

Additionally, since the concept of peacebuilding might be a fuzzy concept, a more in-depth qualitative study exploring specifically and concretely how not only mental health practitioners but laypeople operationalize peace in relationships. By not having a standardized definition that panelists were coming from, variations into what components

constitute peacebuilding might look differently with different definitions. Furthermore, the peacebuilding process might look different at different ages. For instance, a newlywed couples' peacebuilding process would probably look different than a couple who have been in a committed relationship for a considerably longer time period.

Another noted limitation in this study is that all panelists were recruited from developed English speaking countries, therefore, it is not expected that the factors in the peacebuilding process will necessarily be generalizable to other countries or to minority cultures within those countries. These endorsements by a panel of experts are not a comprehensive guide in how to assess and provide clinical interventions that promote peacebuilding in intimate relationships. In this case, the panelists provided many broad and essential components of peacebuilding, assessment questions, and clinical interventions without providing a detailed outline for how to assess and intervene with intimate relationships from a peacebuilding framework. Follow up studies identifying how effective and clinically relevant the concepts of peacebuilding in intimate relationship with diverse samples further validate the findings from this study. Moreover, using diverse samples from non-Western samples, specifically cultures that are more collectivistic in nature would add a rich layer in understanding how the peacebuilding process might be similar or dissimilar in cultures that emphasize a collective whole versus individual autonomy. Further research also needs to test the assessment measure with clinical and non-clinical couples.

Clinical Implications

Given the purpose of this study was to examine how seasoned panelists conceptualizes peacebuilding in intimate relationships and what clinical questions they

would use to assess peacebuilding, this present study has important clinical and theoretical implications for mental health practitioners and training programs. Of importance, there are two main themes of assessment and intervention. First, assessment in terms of how therapists conceptualizes the case and how they assess couple dynamics, has increasing implications on impacting how both the couple navigates the presenting concerns *in addition* to ways in which the couple can enhance their signature strengths. Often therapy centers around diagnosing the problem, targeting an intervention to ameliorate the problem, however, therapists rarely diagnose and assess a couple's ability to build and maintain peace in their relationship. I briefly discuss the utility of mental health practitioners who work with couples to directly assess the peacebuilding process and why therapists should consider it as an important part of treatment plan. Second, this study makes a case for developing clinical interventions that target building lasting, sustainable peace from a relational standpoint. I briefly discuss the importance of considering this broader framework when creating interventions as part of couple's therapy.

Assessment

There is considerable clinical research indicating different elements or factors that drive the therapeutic process of change. In his seminal articles, Lambert (1986, 1992) described four "common factors" that account for change, regardless of treatment modality. Following an extensive review of outcome research over the course of decades, Lambert identified four therapeutic factors. The four factors were "extratherapeutic variables (40%); therapeutic alliance (30%); hope, expectancy, and placebo (15%); and model or technique (15%). Wampold (2010) noted that when

therapy becomes beneficial to the client is when therapists are able to induce positive expectations and assist the client's participation in healthy actions (Asay & Lambert, 2008; Duncan, Miller, Wampold; & Hubble, 2010). This is important consideration for clinicians to be aware of in the therapy room as they help co-construct the dialogue with the couple. Therapists assessing for strengths and growth areas as it pertains to the peacebuilding process for couples will most likely activate the couple's hope that couples therapy will improve their relationship. While assessing for peacebuilding does not ignore or discard destructive elements in the relationship, therapists who assess and incorporate relevant ways for the couple to capitalize on their collective strengths will shape the dialogue in ways that can translate into change long after therapy has been finished.

As indicated by some of the responses from the panelists, part of assessing the peacebuilding process involves being aware of the couple's social environment or respective communities. Couples who reside--either socially or geographically--in a place where there is high conflict and strife will influence the couple's ability to build the foundations of peace in their relationship. It would be important for therapists to integrate peacebuilding community variables into their assessment process. White and Epston (1990) drew attention to identifying the culturally dominant discourses that influence individuals, and by extension--couples' experiences. It is through identifying how the couple's social community intersects with their own relational dynamics that will either enhance or hinder the couple's ability to build peace in their relationship. For instance, if a couple belongs to a faith-based community where the couple feels judged, ostracized, or conversely, accepted, this will indirectly influence the social resources that

are available to them. Furthermore, Boss (2006) underscores the important role communities play in helping couples become more resilient. She argues when looking at resiliency, therapists should examine it as a "complex relational process that must include community" (Boss 2006, p. 57). Moreover, Boss (2004) states that communities can play a healing role in helping individuals, couples, and families overcome trauma or hardships. Ultimately, when assessing for peacebuilding in couples, therapists should simultaneously integrate social community factors that intersect with the couple's resources to build and maintain peace in their relationship. The Clinical Guide (see Appendix C) offers a useful tool for clinicians that help them to first, identify salient interpersonal characteristics of the relationship of the couple, and second, creating further dialogue about what are the unique relational attributes that can contribute to the peacebuilding process.

Lastly, it is also important for clinicians to be constantly assessing not just how contextual factors (e.g., discrimination based on race, class, gender, etc.) influence the couples' relationship but also how interpersonal justice plays a role. For instance, an intimate partner couple could live in a stressful neighborhood where they are constantly concerned about their safety and not let their environment adversely impact their relationship yet at the same time be facing gender discrimination in their own relationship. Thus, an assessment of dynamics for the couples' situated context and their own relationship is warranted. A clinician can utilize the concept of peacebuilding, which includes interpersonal justice, while working with couples and/or families. However, the therapist must ask him/herself the following questions: To what extent does this help or assist in the clients' goals for treatment? Will it reduce problematic conflict

and lead to less distress in the couple's relationship? Rachel Hare-Mustin (1994) explored this topic from a feminist postmodern lens. Hare-Mustin (1994) proposes that "The therapy room is like a room lines with mirrors. It reflects back only what is voiced within it." (p. 22). Quite often, therapists maintain the dominant discourses that reinforce social order and suppress the view of marginalized groups, such as women, ethnic minorities, and financially disadvantaged. Clinicians may fail to challenge male dominance, prejudice, and privilege because it could infiltrate a clients' right to autonomy and self-determination. By approaching peacebuilding on its multiple levels, which includes interpersonal and community, a therapist can challenged those dominant discourses while also supporting the overarching goal of improving upon relationships.

Intervention

Interventions have a central role in the clinical process and can lead to helping couples produce change and foster growth and adaption. With regard to the peacebuilding process with couples, panelists endorsed interventions that centered on creating a shared meaning and purpose in the relationship. In addition, panelists agreed that interventions should incorporate consistent shared ceremonies, rituals, or activities that move couples beyond the prosaic and fosters greater intimacy. This is consistent with Gottman et al's work (1990, 1999) in having couples create a shared sense of meaning. The Shared Meanings Questionnaire focuses on identifying relationship roles, general life goals, and symbols in the couple relationship. However, this questionnaire does not explore in great depth the process of how these rituals or shared vision is constructed. For clinicians assessing for peacebuilding in relationship, the process for how clients negotiate and coordinate their shared vision of the future is just as critical as

actual shared vision itself. It is most likely that a couple's shared vision of the future will be modified throughout the course of their relationship so it is important that these rituals, roles, and shared vision become revisited regularly.

In addition, panelists also were in agreement about asking clinical questions that help couples separate or externalize their problems from their couple identity. Clinical research has underscored the importance of couples having the ability to not attribute negative attributes or experiences to their partner are more likely to be resilient to negative events (Amato, 2004). Similarly, clinicians using a narrative therapy (White & Epstein, 1990) as a modality often used "externalization" as a way to get individuals or couples to disentangle their problem-saturated story with their identity. As such, part of building and maintaining peace in intimate relationships is having the therapists helping them view problems as something they have control in overcoming and not something inherent in the relationship. Furthermore, by clinicians becoming more purposeful in integrating a peacebuilding framework in their interventions with couples this will promote couple efficacy in being able to effectively manage distress in the relationship in order to flourish as a couple. As a result of this dissertation study, a clinical guide (see Appendix) will help mental health clinicians be able to identify specifically how couples are interacting in a way that will either actively build or erode peace. The clinical guide will also help clinicians be more intentional in assessing how the clients' social context impacts their intimate relationship. For instance, a mental health practitioner using this clinical guide will help augment their respective theoretical orientation in therapy by bringing forth important relationship information. In turn, this relational information would serve to benefit the clinician by identifying key elements that will lead to

relationship flourishing (Fincham &Beach, 2010) that would otherwise not be identified or organized conceptually

Summary and Conclusion

John Gottman once stated that family therapy is at a "major impasse" (Gottman, 1999). This "impasse" Gottman lamented, was due, in part, to family therapists not having an accurate depiction of marital dissolution (what is "dysfunctional"), and what real couples do to keep their relationships happy and stable (what is "functional"; Gottman, 1999). It is the second statement that should be more troubling for family therapists and other mental health practitioners is that scientifically we still do not have a clear understanding of how couples create, build, and maintain peace leading to health and well-being in the relationship. Tacitly, the assumptions of healthy relationships are still either conceptualized as the absence of negative interactions and experiences, or imprecise concepts (e.g., "positive communication" or being in a happy relationship). There is a need for family scholars, mental health practitioners to have a clearer understanding of the core features and targeted mechanisms that produce happier and stable marriages and intimate partner relationships. The goal of this study was to begin to fill this gap. Participants in this study believed that mental health practitioners still overemphasize illness, pathology, and negative experiences in research and in couples therapy. Second, I found an important part of assessing the peacebuilding process in intimate relationships involves accounting for salient contextual factors (i.e., the intersection of race, class, gender, community, etc.). Third, panelists were in consensus about a multitude of components that influence the peacebuilding process. Specifically, the results highlighted the current shortcomings of mental health practitioners and the

need for family scholars and clinicians to understand the important factors that make up the peacebuilding process in intimate relationship. Furthermore, I found that panelists were in high agreement that clinical questions to assess for peacebuilding in intimate relationships should center around three categories: couple introspection and prospection (i.e., their ability to take stock of the relationship and its current trajectory), interactional stance, and externalizing.

Finally, it is said that the Inuit ("Eskimos") have about a dozen words for "snow" (distinguishing between wet, powder, consistency, etc.) and that among the Bedouin there are more than a hundred words for "camel" (ornery, easy-to-ride, etc.; Barash, 2010). However, within the English language there is only one word describing peace. While there are other words that might approximate peace, such as harmony, such words generally connote a lack of conflict. Moreover, peace is often defined in terms of the absence of conflict indicating that all conflict is negative and to be avoided. My hope is that this study will serve to broaden how mental health practitioners and specifically family therapists and scholars conceptualize peace in terms of a relational, ongoing process. Maybe when--or if--peace becomes as important to family researchers, psychotherapists, and larger communities as snow is for the Inuit or camels are to the Bedouin, we will distinguish as carefully among the different varieties of peace. In the end, the dissertation study calls for family scholars, practitioners, and other professional organizations that interface with individuals, couples, and families to purposively (1) become more aware of how peacebuilding in intimate relationships influences well-being; (2) assess the level of peacebuilding in relationships; and (3) provide relevant

interventions that promote and build peace as an enduring characteristic in intimate relationships.

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APPENDIX A

UNIVERSITY OF GEORGIA

CONSENT FORM

In Search of Peace: Exploring the Role of Peacebuilding in Intimate Relationships

Researcher's Statement

We are asking you to take part in a research study. Before you decide to participate in this study, it is important that you understand why the research is being done and what it will involve. This form is designed to give you the information about the study so you can decide whether to be in the study or not. Please take the time to read the following information carefully. Please ask the researcher if there is anything that is not clear or if you need more information. When all your questions have been answered, you can decide if you want to be in the study or not. This process is called "informed consent." A copy of this form will be given to you.

Principal Investigator: Maria Bermudez

Department of Human and Family Science

mbermude@uga.edu (706)-542-3296

Purpose of the Study

This study posits that relationship flourishing depends not on the absence of conflict but how peace is built within an intimate relationship. However, little is known on how healthy couples build and sustain peace within an intimate relationship. The purpose of the research study is to survey professionals with expertise in working with intimate couples in the mental health field to come to a consensus of a working clinical instrument to measure how couples build and sustain peace in their relationships. The sample will be purposive as panelists must have either clinical or research experience working with intimate couples in the mental health field in order to participate.

Study Procedures

If you agree to participate, you will be asked to …

Potential participants will receive an email with an invitation letter to participate and the option to complete the survey through the direct link provided in that email to the online survey tool Qualtrics. Upon receiving an email invitation to this study, participants will have the opportunity to fill out the demographic questionnaire and the first of two Delphi questionnaires. The initial questionnaire consists of nine demographic questions and seven open ended questions about how clinicians and scholars identify how couples build and maintain peace in their intimate relationship. This questionnaire should not take longer than 15-20 minutes. The second questionnaire will be emailed to the participants individually and they will have the opportunity to rate their level of agreement to all of the responses of the first questionnaire by the other participants. The second questionnaire will take approximately 15 minutes.

Risks and discomforts

There are no anticipated harmful effects either physically, psychologically, socially, or spiritually. Through a series of open ended questions on the first questionnaire and a rating of responses on a likert scale on the second questionnaire, this study will ask participants to identify significant components of how healthy couples build and maintain peace in their relationship.

Benefits

Benefits to participants and others include increased knowledge and understanding of how couples build and maintain peace in intimate relationships. Additionally, the study will provide a foundation for future research for clinicians in how to best help couples find peace in their relationships.

Privacy/Confidentiality

Contents of e-mail and other forms of written communication will be stored in a password protected Word document in the possession of Morgan Stinson. All participants who respond to the e-mail will be de-identified. Information gathered from the first questionnaire will contain general demographic questions, along with the seven open-ended questions and be stored electronically via a secured, password protected website. The survey responses on the follow-up questionnaire will also be stored

electronically on the same secured website. Immediately after all of the data are collected, any or all identifiable information will be erased and deleted.

Internet Security Statement

Internet communications are insecure and there is a limit to the confidentiality that can be guaranteed due to the technology itself. However, once the materials are received by the researcher, standard confidentiality procedures will be employed.

Taking part is voluntary

Your involvement in the study is voluntary, and you may choose not to participate or to stop at any time without penalty or loss of benefits to which you are otherwise entitled.

If you decide to stop or withdraw from the study, the information/data collected from or about you up to the point of your withdrawal will be kept as part of the study and may continue to be analyzed.

If you have questions

The main researcher conducting this study is Morgan Stinson, a doctoral candidate at the University of Georgia. Please ask any questions you have now. If you have questions later, you may contact Morgan Stinson at stinsonm@uga.edu or at *(706)461-9997*. If you have any questions or concerns regarding your rights as a research participant in this study, you may contact the Institutional Review Board (IRB) Chairperson at 706.542.3199 or irb@uga.edu.

APPENDIX B

Clinical Guide

Questions for Helping Clinical Couples Assess Peace in Intimate Relationship

1. How does each member of the couple demonstrate peace in their relationship?
2. What behaviors, emotional, psychological, and spiritual evidence do you have to show this?
3. How does each partner show gratitude and mutual acceptance in their relationship?
4. How do the differences of each partner contribute to maintaining peace in your relationship?
5. How many different ways does one partner contribute to the growth of the other? What qualities do they both share that you wish other couples can benefit from?
6. What times in the past has each partner acted toward the other partner in a way that was selfless and heartfelt?
7. Despite the challenges of work, finance, and time crunch, how does each partner find time to enjoy each other?
8. Concretely and specifically, how has their relationship been able to weather some of the rocky storms in their lives?
9. How can being a peaceful couple transform their relationship? What would that look like?
10. What are some ways in which the couple can give each other time for introspection and mindfully consider how to live peacefully?
11. When does each partner feel at peace internally (individual peace)?

12. When does each partner feel most at peace in their relationship with their partner (relational peace)?

13. What environment is most soothing to them as a couple? How can they build this environment in their home, neighborhood, and community?

14. How can having peace in their relationship help them overcome conflict in their relationship?

15. What are some of the sacrifices the couple is willing to make in order to have more peace in their relationship?

APPENDIX C

Session Rating Scale for Peacebuilding in Intimate Relationships

Name: _____ **Date: ____/_____/_____**

Please rate today's session by placing a mark on the line nearest to the description that best fits your experience.

Gratitude

I feel like my my partner does not appreciate me ---------- I feel like my partner appreciates me

Sacrifice

I rarely sacrifice my needs for the betterment of the relationship ---------- I always sacrifice my needs for the betterment of the relationship

Communication

I didn't feel heard or understood ---------- I felt heard and understood

Respect

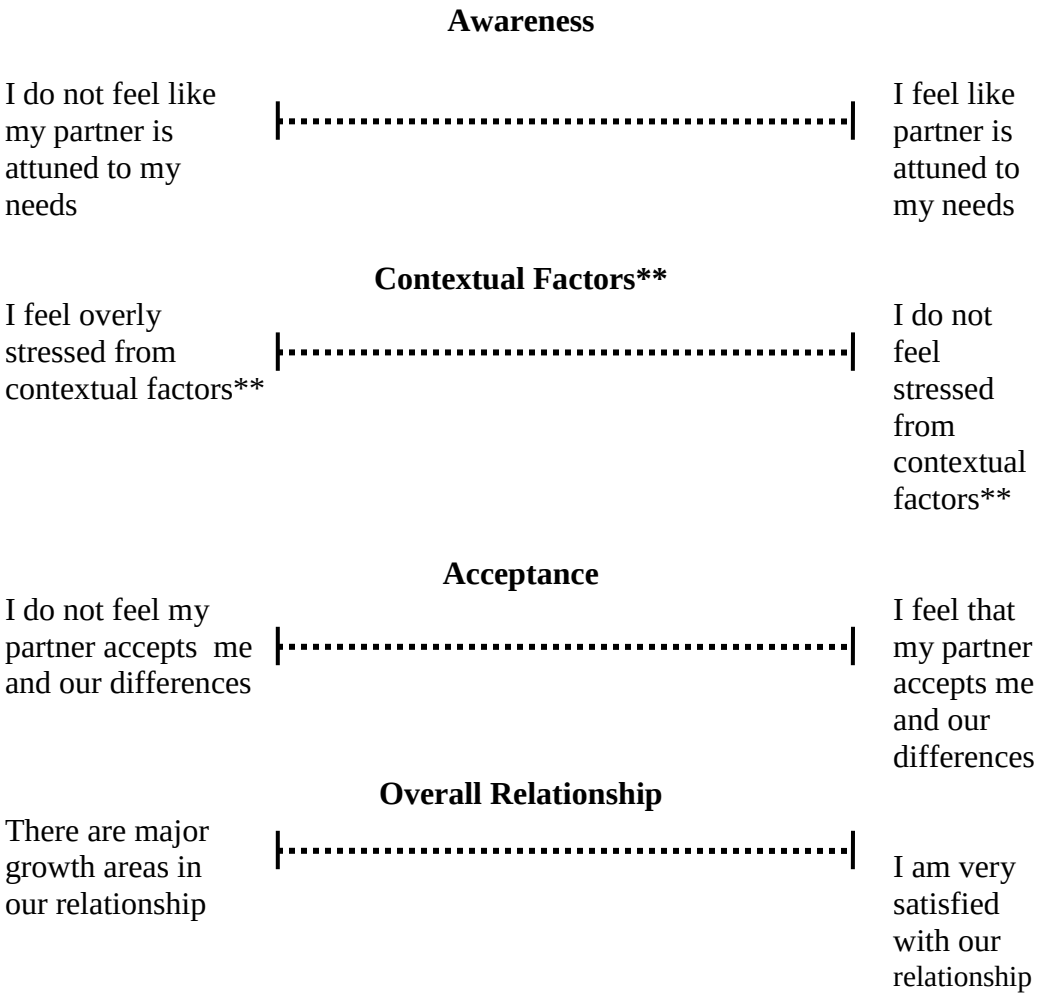
I felt there wasn't mutual respect respect ---------- I felt there was mutual respect

Flexibility

My relationship feels overly rigid ---------- Our relationship is very flexible

Shared Activity

I do not feel like we share activities together ---------- We often share activities together



**Contextual Factors could mean neighborhood safety, discriminate based on race, class, gender, sexuality, age,

Figure 1 Peacebuilding Session Rating Scale. This form is an adaptation of a therapy session rating form published in by Duncan, Miller, Sparks, J. Reynolds, Brown, & Johnson (2003) and the supervision session rating scale form by O'Donovan et al. (2011).

APPENDIX D

Research Recruitment Flyer

ATTENTION ALL MENTAL HEALTH CLINICIANS WHO HAVE OVER TEN YEARS OF RESEARCH OR CLINICAL EXPERIENCE WORKING WITH COUPLES!

Title: *In Search of Peace: The Role of Peacebuilding in Intimate Relationships*

Purpose of the study: This research study posits that relationship flourishing depends not on the absence of conflict but how peace is built within an intimate relationship. However, little is known on how healthy couples build and sustain peace within an intimate relationship. This research study will attempt to gain consensus of a panel of experts in the field of mental health on how couples build and maintain peace in their relationships. Please go to:

https://ugeorgia.qualtrics.com/SE/?SID=SV_eWiNjHkhJBGFvFP

and complete the surveys at your nearest convenience.

Study Procedure: Participating in this research study involves answering a set of demographic questions and seven open-ended questions online that will approximately take 10-15 minutes. Afterwards a follow-up online survey will be sent to your email

address to rate the level of agreement from all of the aggregated responses from all of the other panelists.

You can skip questions or quit at any time and decide not to participate. If you know of anyone who would be interested in participating in this survey, I would greatly appreciate you forwarding them my link. If you have any questions please feel free to contact me, stinsonm@uga.edu, 706-461-9997 or my adviser Maria Bermudez, mbermude@uga.edu, 706-542-3296 with any further questions.

APPENDIX E

Consent Cover Letter

DATE

Dear :

I am a doctoral student under the direction of Dr. Maria Bermudez in the Department of Human Development and Family Science at The University of Georgia. I invite you to participate in a research study entitled *In Search for Peace: Exploring the Role of Peacebuilding in Intimate Relationships*. The purpose of this study is to survey mental health professionals (clinical, research, or teaching) with expertise in couple therapy to come to a consensus about how couples build and maintain peace in their intimate relationships.

Your participation will involve filling out two questionnaires. The first questionnaire will consist of seven open ended statements about how you (clinician, researcher, or teacher) understand how couples build and maintain peace in their intimate relationships. The first questionnaire will take approximately 25-30 minutes. Once the first questionnaire is completed, a second questionnaire will be sent via e-mail to respond on a likert scale, indicating the level of agreement you have with the responses of the other participants. This second questionnaire will take approximately 15-20 minutes to respond. Your involvement in the study is voluntary, and you may choose not to participate or to stop at any time without penalty or loss of benefits to which you are otherwise entitled. If you decide to stop or withdraw from the study, the information/data collected from or about

you up to the point of your withdrawal will be kept as part of the study and may continue to be analyzed. Contents of e-mail and other forms of written communication will be stored in a password protected Word document in the possession of Morgan Stinson. All participants who respond to the e-mail will be de-identified. The results of the research study may be published, but your name or any identifying information will not be used. In fact, the published results will be presented in summary form only.

The findings from this project may provide information on how clinicians can better identify and promote healthy ways in which couples can build and maintain peace in their relationships. There are no known risks or discomforts associated with this research.

If you have any questions about this research project, please feel free to call me *at* (706) 461-9997 or send an e-mail to stinsonm@uga.edu. Questions or concerns about your rights as a research participant should be directed to The Chairperson, University of Georgia Institutional Review Board, 629 Boyd GSRC, Athens, Georgia 30602; telephone (706) 542-3199; email address irb@uga.edu.

By completing this online questionnaire, you are agreeing to participate in the above described research project.

Thank you for your consideration! Please keep this letter for your records.

Sincerely,

Morgan A. Stinson, M.S.

APPENDIX F

Demographics Questionnaire

The following information is important to better understanding the results of our study. Even if you choose not to participate in the full Delphi study, it would still be helpful to have you fill out this brief demographics questionnaire.

1.) Please indicate your name and contact information. Name Company City/Town State Zip Country Email Address

2.) What is your age? _____

3.) Sex Male Female Other

4.) Please select your highest degree. Drop down list will be provided with the following choices: MS MSW M.Th. M. Div Ph.D. Ed.D. Psy. D. D. Min D. Th. M.D. J. D. Other, please indicate in box below

5.) Field within which you received that degree _____

6.) What license(s) do you current hold (click on one or more of the following options provided in Qualtrics, options to be LMFT, LCSW, LPC, MD, PA, RN, NP, LPN, Other, please specify)

7.) What is your current occupation? _____

8.) Please indicate the percentage of time you spend doing the following in your current job as well as the number of years you have been professionally active in that category.

_____% _____ Teaching _____% _____ Clinical Supervision _____% _____ Conducting Therapy _____% _____ Research & Writing _____% _____ Administrative _____% _____ Other, please indicate in box below

9.) Please indicate the number of articles, books, chapters and/or presentations you have published regarding intimate couple relationships.