

School of Psychology and Speech Pathology

The Impact of Personality Structure on Outcomes of Mediation

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Thesis Declaration

To the best of my knowledge and belief this thesis contains no material previously published by any other person except where due acknowledgment has been made.

This thesis contains no material which has been accepted for the award of any other degree or diploma in any university.

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Acknowledgements

A PhD is a journey – and any journey is more about your fellow travellers than the terrain.

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Abstract

Over the last two decades mediation has become an empirically proven intervention to resolve conflict in the workplace. Both internationally and in Australia the facilitative mediation model has demonstrated positive outcomes in terms of satisfaction and effectiveness. Whilst most of the workplace population fall within the normal range of personality, individuals with personality disorders (PDs) are relatively common, ranging from at least 10% to 15% of the general population.

The aim of this research was therefore to investigate the clinical personality patterns, PDs, and defenses of individuals that contribute to lower levels of satisfaction with both the process and outcome of workplace mediation. An additional aim was to make research-based suggestions for mediators to effectively manage these personality factors in workplace mediation.

A mixed-methodology approach was employed. The first study used regression analyses to test the contribution of individuals with clinical personality patterns and PDs as well as defense styles to levels of satisfaction with both the process and the outcome of mediation. Personality styles were measured by the Millon Multiaxial Clinical Inventory (MCMI-III); Defense styles were measured by the Defense Style Questionnaire (DSQ); and Scores of Satisfaction with Mediation Process and Outcome were measured by the satisfaction with mediation scale (SMOS). The sample consisted of 76 participants from an Australian employee assistance program (EAP) who were undergoing workplace mediation with mediators from this EAP. Data were collected over a five year period. The inclusion criteria required participants to have completed the full mediation process which involved both the pre-mediation stage and the mediation itself.

A central hypothesis of Study 1 was that personality Clusters A (Odd-Eccentric), B (Dramatic-Emotional), and C (Anxious-Fearful) have a significant impact on both the mediation process (hypothesis 1a) and (hypothesis 1b). The results of this study provided partial support for these hypotheses.

The majority of participants in this study scored within the ‘normal’ personality range. Of those within the clinical range, the Narcissistic and Histrionic scales in Cluster B were the most prevalent. Cluster B (Dramatic-Emotional) and Cluster C (Anxious-Fearful) were a significant predictor of variance with a ‘small to moderate’ effect size (Cohen, 1988) for lower satisfaction with workplace mediation.

In addition, within Cluster B, a higher score on the Borderline scale of the MCMI-III was also a significant predictor of lower satisfaction with the process of mediation.

The Immature Defense Style was a significant predictor of the variance in satisfaction with the mediation process with a ‘small to moderate’ effect size (Cohen, 1988) but was not predictive of satisfaction with the outcome of mediation. The Mature and Neurotic Clusters were not significant predictors of satisfaction with mediation. Within all three Defense Styles, Denial was the only significant predictor of satisfaction with both the process and outcome of mediation.

In addition, a post hoc analysis revealed that participants’ higher levels of motivation to resolve the conflict and perceptions of lower levels of intensity of conflict were associated with higher satisfaction with mediation. These findings are partially consistent with research suggesting that variables such as ‘intensity of conflict’, ‘duration of conflict’, and ‘motivation to resolve the conflict’ impact strongly on satisfaction with the process and outcome of mediation (Wall et al., 2001).

In summary, the results of this study indicate higher scores on the MCMI-III for Cluster B (Dramatic-Emotional) and Cluster C (Anxious-Fearful) personalities and higher scores on the Immature Defense Style, and in particular on Denial on the DSQ can be considered potential predictors of lower satisfaction with workplace mediation.

The aim of the second study (qualitative) was to explore participants’ inner perceptions, experiences and reactions to mediation. In total, seven mediation participants, five women and two men, participated in the qualitative study. The outcomes of Study 2 provided themes of satisfaction with the process and outcome of mediation which was improved by instances where one or a combination of factors occurred. These were: the learning experience (skills such as active listening and assertive ‘I’ messages), the realisation of ‘denial’ or ‘blocking the truth in their own minds’, the cathartic nature of the mediation, the opportunity to understand the other participant’s point of view, and/or the experience of empathy for the other participant. These findings provide a preliminary direction for future research.

A significant limitation of both studies is that participants were not matched or paired within mediation dyads due to the commercial and practical constraints of using participants from a consulting organisation with external clients. In all but two

mediations, only one participant in the 'pair' going through mediation agreed to participate in the research.

Both studies provided results that supported the hypothesis that personality structure is predictive of satisfaction with workplace mediation. These constructs are particularly relevant in the context of mediation participants with clinical personality patterns or PDs. These results and supporting research provide a basis for the proposed model for an 'assessment of readiness for mediation' prior to pre-mediation as well as a preliminary 'conflict coaching model'.

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Introduction

This research explores workplace mediation. The word mediation is rooted in the Latin word 'medius' which means 'between' or 'the middle of'. A modern definition of mediation is:

“A process in which the participants, with the support of a mediator, identify issues, develop options, consider alternatives and make decisions about future actions and outcomes. The mediator acts as a third party to assist the participants to reach their decisions.” (Sourdin, 2008, p. 57)

In Australia and internationally mediation is used as an intervention where there is conflict. This includes conflict that arises in political, community, family, divorce, and workplace contexts. Mediators have a variety of professional backgrounds including law, business, and psychology. At its simplest, mediation involves “the intervention of a trained, impartial third party who will assist the participants to make their own decision” (Sourdin, 2008, p. 52).

The different approaches to mediation can be divided into two main categories. The first is process-oriented or facilitative mediation. The second is substance-oriented or evaluative mediation. In process-oriented mediation, the participants, rather than the mediator, are encouraged to provide the solution to the conflict and the mediator is a facilitator of the process. In substance-oriented mediation, the mediator controls the process and decides the outcome of the mediation, similar to that of a judge in a courtroom.

In most cases, workplace mediation models are process-oriented, with participants expected to find the solution to the conflict with the assistance of the mediator (Fisher & Ury, 1992; Occupational Services Australia (OSA), 2002). Given that the participants play such a large role in finding an outcome, their different personalities are likely to have a profound effect on the process of mediation.

The various editions of the American Psychiatric Association's Diagnostic and Statistical Manuals (DSM) are regarded as one of the primary classification systems for individuals with mental health symptoms and personality disorders

(PDs). The most recent edition of the DSM (DSM-5) published in 2013 includes the definitions and classification of previous editions as well as an additional section that outlines the controversial debates surrounding future definitions and frameworks of personality which have not yet been sufficiently validated to be the mainstream DSM classification. As with the DSM-IV-TR, the DSM-5 defines personality traits as:

enduring patterns of perceiving, relating to, and thinking about the environment and oneself that are exhibited in a wide range of social and personal contexts. Only when personality traits are inflexible and maladaptive and cause significant functional impairment or subjective distress do they constitute personality disorders. (American Psychiatric Association [APA] [DSM-IV-TR], 2000, p. 686; American Psychiatric Association [APA] [DSM-5], 2013, p. 647)

The DSM-IV-TR defines a personality disorder (PD) as:

an enduring pattern of inner experience and behaviour that deviates markedly from the expectations of the individual's culture, is pervasive and inflexible, has an onset in adolescence or early adulthood, is stable over time, and leads to distress or impairment. (APA, 2000 p. 685)

However the DSM-5 provides a more detailed definition of PD that expands on these characteristics and is outlined further in Chapter 2 (2.2.1).

The concept of personality playing a role in mediation has not been explored thoroughly in mediation research. Existing research focusses on situational factors other than personality structure such as: workplace culture; intensity of conflict; duration of conflict; and the mediator (Fisher & Ury, 1992; Wall, Stark, & Standifer, 2001). There is therefore a clear rationale for the importance of research exploring the effect of personality structure on workplace mediation.

Another reason for research on personality in workplace mediation is the increasing number of people experiencing interpersonal difficulties or personality clashes with a colleague, manager, or subordinate at work. A recent survey conducted by Lavender and Cavaiola (2010) revealed that a large proportion of people have worked with at least one individual whose personality was a significant

source of stress for them in the workplace. At an organisational level, human resource staff spend extensive resources and time resolving ‘personality clashes’ between co-workers or between management and staff. Preliminary research shows that within Australia, the cost associated with delays in resolving these personality clashes in the workplace is over \$6.5 billion per annum (Australian Safety and Compensation Council, 2012).

The study of personality has origins as far back as the beginning of civilisation where philosophers such as Plato, Aristotle, and Machiavelli theorised about what differentiates people from one another. Plato and Aristotle believed in the intrinsic morality of people where the strength of higher values such as reason dominated over emotion and bodily needs. Machiavelli, an Italian politician in the fifteenth century argued to the contrary that people were essentially selfish, greedy, and ungrateful and that these personalities would dominate reasonable personalities.

Freud in his seminal psychoanalytic theory explained these concepts in psychological terms and shaped the history of psychology in his ‘Model of the mind’. He proposed that personality consists of the id, ego, and superego. The id dictates basic needs and urges, the superego controls morality, and the ego moderates between the demands of the id, superego, and reality. The personality is therefore determined by which aspect of the mind dominates. The implications of this theory are that personality difficulties arise when either the id or superego dominate and drive behaviour that is not adaptive. The psychodynamic approach emphasises the importance of childhood experiences and the unconscious mind. Freud posited that the human mind is like an iceberg, with only a small amount visible and observable. It is the area below the iceberg, the subconscious mind, that influences behaviour most strongly. The concept of defenses or unconscious coping mechanisms is integral to the psychodynamic framework. Both personality and defenses are regarded as points on a continuum from adaptive to maladaptive. In psychodynamic terms, personality is described as an unconscious but stable way of thinking, feeling, behaving, and relating to others. Personality structure is regarded as healthy when people adapt in a way that encourages close interpersonal relationships, and meaningful and engaging goals. Personality structure is regarded as maladaptive when the patterns of coping are self-destructive and disruptive for others (PDM Task Force, 2006).

Millon's evolutionary theory of personality (1997) builds on psychodynamic theory providing clarification on the continuum of personality from adaptive to non-adaptive. Millon (2011) introduces the concept of flexibility in interactions, where a person's thoughts, feelings, and behaviours are adjusted to the situation. When there is an environmental influence, some personalities will adjust to the situation flexibly depending on the nature, timing, and intensity of the stress. Others will respond in an inflexible and rigid way that perpetuates and intensifies preexisting difficulties (vicious circles). When the person lacks flexibility or resilience under conditions of stress, they may have a PD. The theory is based on the assumption that a PD cannot be diagnosed at a specific cut-off point but is more of a combination of how different behaviours combine and interact at different levels of severity.

The value in both theoretical frameworks is the depth of understanding of human behaviour and the provision of a holistic understanding of types and levels of personality and defenses. The overarching theoretical context of this study is therefore based on the concepts of psychodynamic theory and Millon's evolutionary theory of personality.

Whilst individuals with PDs are not common in a clinical population and even less common in a normal population, they have a powerful impact on those around them. It is therefore important to understand the concept of personality pathology in order to formulate ways to manage these personalities. The most recent World Mental Health (WMH) survey published by the Royal College of Psychiatrists confirmed that at least 10% of the population have PDs (as cited in Huang et al., 2009). This has been confirmed by other population studies (Millon, 2011; Rissanen et al. 2013). The US National Epidemiologic Survey of Alcohol and Related Conditions (2001 – 2002) suggested an even higher estimate of approximately 15% (as cited in APA [DSM-5], 2013).

In general, the spectrum of personality from adaptive to maladaptive has sound empirical support as a robust and stable predictor of both positive and negative life outcomes (Barenbaum & Winter, 2008; Borghans, Golsteyn, Heckman, & Humphries, 2011; Bornstein, 2010; Caponecchia, Sun, & Wyatt, 2011; Eddy, 2006, 2008; Huang et al., 2009; Kernberg, 1993b; Lavender & Cavaola, 2010; McCrae & Costa Jr., 2008; McWilliams, 2012; Michels et al., 2010; Millon, 2011; PDM Task Force; Widiger & Simonsen, 2005; Yeomans, Clarkin, & Kernberg, 2002). Research studies have provided strong evidence of the link between personality with outcomes

such as mental health, job satisfaction, marital status, and relationship conflict (Matthews, Deary, & Whiteman, 2003; McCrae & Costa Jr., 2008; Millon, 2011; Millon, Millon, Meagher, Grossman, & Ramnath, 2004; Ozer & Reise, 1994).

Whilst researchers caution the definition and diagnosis of individuals with PDs in the workplace, there is a genuine need for models of mediation that facilitate a mediation process that is sensitive to the personality structure of mediation participants. An objective of the study is therefore to understand the personality structure of mediation participants with a view to improving their satisfaction with both the process and outcome of mediation.

Personality structure is the independent predictor of this study and incorporates both personality and defense measures. Satisfaction with both the process and outcome of mediation is the dependent predictor of this study. The terms personality styles, clinical personality patterns, and PDs are used to denote the levels of personality pathology. Additional recognised terms such as adaptive and maladaptive personality are also used to describe and discuss personality structure.

This thesis is divided into seven chapters. Chapter 1 commences with an overview of the literature and research relating to models of mediation with specific reference to existing research on satisfaction with the process and outcome of family and work mediation. Chapter 2 reviews the main classification systems of personality structure which include the categorical, dimensional, and hybrid dimensional-categorical perspectives. The chapter incorporates definitions and references to personality patterns within DSM-IV-TR and DSM-5. General research on personality and mediation are reviewed and methodological, conceptual, and practical limitations with existing classifications of personality are discussed. Chapter 3 provides a more detailed understanding of the conceptual and theoretical basis of the quantitative study. Key concepts such as personality structure and defenses are discussed in terms of psychodynamic theory and Millon's evolutionary model of personality. Chapter 4 provides a rationale for the study based on the disparate fields of literature and research on mediation and personality. Design considerations for Study 1 and Study 2 are outlined, with a rationale for using a psychodynamic framework for this study. Chapter 5 introduces Study 1, which aims to explore personality factors and defensive structures of mediation participants and to measure levels of satisfaction with mediation. Multiple regression analysis was selected as the most appropriate statistical technique to identify if personality and defense variables would be

significant predictors of levels of satisfaction with mediation. This chapter contains the aims, method, results and discussion related to Study 1. Implications of the findings, limitations of the study, and recommendations for further research are discussed. Chapter 6 contains a description of the qualitative study (Study 2) which aims to obtain in depth material to provide deeper insight into the relationships among constructs such as personality, defenses, and satisfaction with mediation outcomes. Implications for future qualitative research and study limitations are discussed. The thesis concludes with a general discussion in Chapter 7 which provides a summary and discussion of the results of both studies. The findings from both studies are integrated and evaluated. The chapter presents a series of preliminary models based on the implications of the findings from both studies. Suggestions for future research are included.

Chapter 1

Mediation Models and Outcomes

This chapter provides an outline of conflict and mediation frameworks, models, and research that have evolved most noticeably in the last 50 years. The last section of the chapter outlines specific studies that focus on the impact of personality as a predictor of mediation outcomes. Methodological flaws in mediation research are summarised and recommendations to strengthen future research are presented.

1.1 Introduction

The need to resolve conflict has been and always will be a necessity in community, family, and work life. In ancient times conflicts were settled by respected leaders of tribal or village communities. Mediation also occurred in Confucian and Buddhist communities where it was regarded as a peaceful method of resolving conflict. As society evolved, each dispute could not be heard individually. Formal laws were written down and delegated to those who were empowered to resolve disputes (Sourdin, 2008, pp. 8 - 9). The history of modern mediation developed in the United States in the 1930s as an intervention to resolve strikes initiated by unions. During the 1960s and early 70s, the US legal system was overwhelmed with work due to legal reforms and civil unrest. Mediation was introduced first as an alternative to reduce bloodshed and provide collaborative forums to address workers' grievances and then as a less costly and time consuming alternative to litigation in both labour and family law. The modern mediation movement spread to other common law countries such as Australia, New Zealand, England, Canada and South Africa in the 1980s and, since the 1990s through Asia and Europe. The evolution of mediation has reflected changes in global attitudes towards a more client-centred and consensus-based approach to resolving differences of opinion (Alexander, 2005; Sourdin, 2008; Speigel, Rogers, & Buckley, 1998).

Most models of conflict emphasise that conflict is normal and that each person negotiates their needs with others in different ways on an ongoing basis (Fisher & Ury, 1992; Kressel, 1997, 2007). Shell (2006) points out that “a

negotiation is an interactive communication process that may take place whenever we want something from someone else or another person wants something from us” (p. 3). Success is achieving cooperation, while failure is not being able to reach a shared agreement. Mediation is one of a range of processes that can be used to resolve conflict when negotiation has not been successful. During mediation an independent third party facilitates the process in order to assist in resolving the conflict.

The definition of mediation used by the National Alternative Dispute Resolution Advisory Council (NADRAC), an independent body charged with providing policy advice to the Australian Attorney-General, is as follows:

Mediation is a process where the participants, with the assistance of an independent person as mediator:

- listen to and are heard by each other
- work out what the disputed issues are
- work out what everyone agrees on
- work out what is important to each person
- aim to reach a workable agreement
- develop options to resolve each issue
- develop options that take into account each person’s needs and desires
- discuss what everyone could do as a way of assessing the options and exploring what might lead to an outcome that everyone can live with.

(National Alternative Dispute Resolution Advisory Council [NADRAC], 2012, p. 13)

There is much variation in individual perceptions of and reactions to conflict. In general, most definitions of conflict refer to “a process that begins when one party perceives that another party has negatively affected or is about to negatively affect, something the first party cares about” (Huczynski & Buchanan, 2007, p. 764). For some, conflict, even in retrospect, is unpleasant. For others it is a source of feedback

and learning. Even the simplest conflict between two people can be complex and a source of idiosyncratic meaning.

Researchers (McGuigan & Popp, 2012; Ridley-Duff & Bennett, 2011) also emphasise the complexity of conflict both intra-personally and interpersonally. They make the central point that conflict can arise as a perception rather than a reality and that this perception of needs, values, and interests is as important as the reality. This distinction between perception and reality reflects the fundamentals of psychodynamic theory where both the conscious and unconscious styles of dealing with conflict are regarded as equally important in determining an individual's behaviour. The template of responses to conflict in the future are derived from the approaches we have learnt in the past (McWilliams, 1994; Millon, 2011). Within the psychodynamic framework, anxiety arousing situations such as internal (intra-personal) or external (inter-personal) conflict is resolved by developing defenses or protective mechanisms. Defenses help to protect the individual from anxiety but in the process relegate the anxiety out of conscious awareness to the unconscious. In reality this means that a person may not be consciously aware of his or her behaviour in conflict, but it is driving his or her responses and expectations (Crawley & Grant, 2008; Grant & Crawley, 2002). Conflict resolution or mediation is therefore more likely to be successful if it takes into account the perceptions as well as the reality of both parties (PDM Task Force, 2006; Ridley-Duff & Bennett, 2011).

1.2 Mediation Frameworks

The mediation literature refers to mediation or alternative dispute resolution (ADR) within a range of different disciplines and contexts which include commercial, community, environmental, educational, workplace and family contexts. At present there is no one interdisciplinary model based on cross fertilisation of research findings in different disciplines (Lewicki, Weiss, & Lewin, 1992).

Two common frameworks used in family and workplace mediation are the rights-based versus interest-based framework and the substance-oriented versus the process-oriented framework respectively. The rights-based versus interest-based framework is usually referred to in legal contexts, whilst the substance-oriented versus the process-oriented framework is utilised commonly in workplace contexts.

Research in the traditional legal context refers to a rights-based framework that is designed to use legal processes to enforce equality between the participants in a dispute through the adjudicative legal system. Within a legal context, mediation or ADR is described as a ‘softer option’ that is interest-based and designed to encourage an ongoing relationship between participants such as in divorce and child custody cases (Sourdin, 2008). There is evidence to suggest that the interest-based framework provides greater satisfaction with mediation outcomes for both participants due to its focus on participants’ interests rather than the rights-based framework that enforces the law (Bingam & Novac, 2001; Blomgren Bingham, Hallberlin, Walker, & Chung, 2009; Center for Families Children and Courts, 2004; Kressel, 2007).

Similarly to the legal context, workplace mediation utilises substance-oriented and process-oriented frameworks (sometimes referred to as hard and soft approaches). Substance-oriented mediation enforces outcomes that are legally binding. The process-oriented framework is a needs based approach and is utilised when there is a requirement to improve and maintain the workplace relationship (Fisher & Ury, 1992; King Jr & Miles, 1990). As in the legal context, the substance-oriented mediation framework has achieved less successful outcomes in the workplace due to its authoritative nature as opposed to the collaborative approach.

1.3 Mediation Models

Mediation models arising from the legal and workplace frameworks have evolved differently in the United Kingdom (UK) and United States of America (USA). In the UK, the two models most used are the directive and facilitative workplace mediation models (Advisory Conciliation and Arbitration Service [ACAS], 2006, 2013). The difference between the models is based on the role of the mediator in the mediation process. In the USA, the two models most used are the problem-solving and transformative workplace mediation models (Bingham & Novac, 2001; Blomgren Bingham et al., 2009; Bush, 2001; Bush & Folger, 1994). The difference between the models is based on whether the mediation process is focused on task or relationship issues. Although there are close parallels between the directive and problem solving models and between the facilitative and transformative models, there are also key differences. Each model will be outlined separately.

1.3.1 Directive Models

The directive mediation model involves a process in which a mediator provides a solution or outcome based on their knowledge or expertise in a specific field such as family law. The mediator or arbitrator meets with both participants in the dispute, encourages them to negotiate, collects evidence, and provides information, opinion and advice according to requirements. Ultimately the mediator is in control of both the process and outcome of the mediation (Mediate.com, 1996-2012).

1.3.2 Facilitative / Problem solving models

The facilitative mediation model is the most widely used in workplace mediation in Australia and internationally and emphasises a mutually agreeable settlement that is based on interests and needs of the participants. A definition of this model is:

a process to assist the parties in reaching a mutually agreeable resolution. The mediator asks questions; validates and normalizes parties' points of view; searches for interests underneath the positions taken by parties; and assists the parties in finding and analyzing options for resolution. 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. (Mediate.com, 1996-2012)

Mediation stages consist of a private pre-mediation session, where the mediator meets with each of the mediation participants to ensure maximum readiness for mediation (NADRAC, 2011). In the pre-mediation, the mediator also assesses if the dispute is appropriate for mediation. If not, both mediation participants are referred to other more appropriate services. If mediation is appropriate, the mediator assesses each participant's capacity to negotiate, works to understand the emotions and expectations of each participant, and attempts to determine both participants' readiness to mediate. The primary objective of the pre-mediation is therefore for the mediator to assist both mediation participants to communicate with each other in the

joint session. Other objectives of the pre-mediation are: to provide the mediation participants with the opportunity to work through their emotions, so that they are prepared for a discussion in an objective and calm state of mind; to express opinions and impart information privately to the mediator if they feel more comfortable doing so than in the joint session; to rehearse responses; and to ensure that proposals are realistic. The joint mediation session is used to explore, discuss, and negotiate issues. Subsequent joint and private sessions are conducted if required. Mediation outcome and post mediation processes such as documenting the agreement concludes the mediation (Fisher & Ury, 1992; NADRAC, 2011; Sourdin, 2008).

1.3.3 Transformative Models

The transformative approach differs from the facilitative model by advocating that the participants develop and manage the 'rules of the game' (the way in which they reach the outcome) as well as the outcome itself; that is participants control both the process and the outcome of the mediation. A definition of this model is:

The transformative model of mediation utilises the values of "empowerment" of each of the parties as much as possible, and "recognition" by each of the parties of the other parties' needs, interests, values and points of view. The potential for transformative mediation is that any or all parties or their relationships may be transformed during the mediation. Transformative mediators meet with parties together, since only they can give each other "recognition". In some ways, the values of transformative mediation mirror those of early facilitative mediation, in its interest in empowering parties and transformation. (Mediate.com, 1996-2012)

Transformative mediation models have been identified as effective in restoring the self-confidence of parties that have been de-stabilised by workplace conflict (Bush, 2001; Bush & Folger, 1994; Fisher & Ury, 1992; King Jr & Miles, 1990).

In summary, there is no one mediation framework or model that spans the range of disciplines and contexts of conflict resolution. Within an Australian context, mediation frameworks generally follow a directive model when legally binding

decisions such as in family law are required. The facilitative model is utilised more often in workplace mediation, as the emphasis is on building a workplace relationship (Australian National Mediator Standards, 2007).

1.4 Satisfaction with Mediation process and outcomes

Research on mediation processes and outcomes in natural settings has focused primarily on participant satisfaction with process and outcome, as well as agreement between the participants, and improved current relationships. Another focus has also been on how mediation enhances individual participants' capacity for self-awareness and the resultant changed behaviours and greater understanding of the needs of others (Herrman, Hollett, & Gale, 2006).

The largest body of empirical research on mediation outcomes comprises of research on the facilitative model in the family mediation context. In the workplace context, the directive and transformational models have produced a smaller body of empirical research as this type of research requires organisational support that can be difficult to obtain in a commercial environment. Nevertheless both areas have produced evidence of high satisfaction with both the process and the outcome of mediation. Some of these studies are described in the following section.

1.4.1 Family mediation

Research conducted internationally and within Australia over the last fifty years constitutes the largest body of empirical research on family mediation. In most of these studies the facilitative model was used with the directive model being used when required (Bickerdike & Littlefield, 2000, 2004; Kelly, 2004; Shaw, 2010). There has, however, been little consistency in methodology, measures, and settings, making it difficult to generalise across studies. However several broad trends were identified particularly by Kelly's (2004) review of research which included a large range of international mediation programs in the public and private sector for custody mediation, divorce mediation, and child protection disputes. Studies with scientific measures, suitable sample sizes, and relevant statistical analyses were analysed, with some studies containing control groups and longitudinal data. Amongst other measures most studies examined different aspects of satisfaction with both the process and the outcome of mediation. Some studies utilised a mediation

sample without a control litigation sample group. Other studies specifically compared mediation and litigation in terms of satisfaction with both the process and the outcome of mediation. The first broad trend was that in family mediation most participants were satisfied with the mediation process. A second broad trend was that mediation was found to be more beneficial than litigation for divorcing couples. In general there is strong empirical evidence of satisfaction with both the process and outcomes of mediation but more so in relation to the process (Kelly, 2004). These trends are discussed in the following section.

1.4.1.1 High levels of satisfaction with mediation

A series of longitudinal studies on custody mediations conducted at the Center for Families Children and Courts in California (2004) has provided a database of nine separate data collections of over 18,000 contested child custody cases that participated in mediation. The majority of these cases (which included over 6,700 parents in the 1991 and 1993 studies) reported high levels of satisfaction with many (16) aspects of both the process and the outcome of mediation (Center for Families Children and Courts, 2004). Subsequently, other studies within the same system found both attorneys and participants who used mediation confirmed the trend of high satisfaction with the process of mediation. They also expressed agreement on the fairness of the mediation process and stated that they would strongly recommend mediation to others. In terms of satisfaction with the mediation the mediator's performance rated highest, whilst the actual process of mediation was the factor that rated lowest (Center for Families Children and Courts, 2004).

1.4.1.2 Low levels of satisfaction with litigation compared to mediation

In the field of divorce, research has shown that mediation provided more benefits than litigation for divorcing couples (Kelly, 2004; Thoennes, 2000). Approximately 70% of mediation cases were able to resolve all issues during the mediation session and an additional 20% of cases reached agreement on at least some of the issues (Thoennes, 2000). A later meta-analysis included three studies on family mediation process and outcomes that confirmed this trend (Shaw, 2010). This analysis included a longitudinal study by Emery, Matthews, and Wyer (1991), and other studies conducted by Pearson and Thoennes (1989), Kelly and Gigy (1989). Emery et al. (1991) found mothers in mediation experienced higher levels of

satisfaction with this process than did mothers in litigation and its processes. Similarly, Pearson and Thoennes (1989) found participants who participated in mediation were more satisfied with the process of mediation than those who participated in litigation processes, whether they reached an agreement or not. The mediation participants reported that the process had helped them understand their children's needs and reactions. They also reported enjoying airing their grievances and being able to identify and work through the issues in the mediation process (Pearson & Thoennes, 1989; Thoennes, 2000).

In the private sector, the Divorce and Mediation Project in California conducted by Kelly from 1989 to 1993 reported findings consistent with those of Pearson and Thoennes (1989), in that mediation provided an opportunity for participants to understand and respond to their ex-partners' point of view and as a result they were more satisfied with the mediation process compared with those who participated in litigation (Kelly, 2004; Kelly & Gigy, 1989). This program compared process and outcomes for two groups which were divided on the basis of the time period that their divorces were mediated. The first group was those who mediated their divorces from 1983 to 1985 at a non-profit mediation centre and agreed to participate in the study. The second group was those who filed for divorce from 1984 to 1986 and were asked to participate in the study based on random selection from the court records. From 65% to 80% of respondents rated high levels of satisfaction with the mediation process, particularly viewing their mediators as helpful, sensitive, and focused on the central issues. The mediation group rated mediation as a more empowering process than the litigation group rated litigation. Seventy six percent of the female sample and 62% of the male sample indicated that the mediation process improved their capacity to be 'reasonable' with the other participant, compared to 26% and 39% of male and female in the litigation group. In general, 69% of mediation respondents were satisfied compared to 47% in the litigation group (Kelly, 2004; Kelly & Gigy, 1989).

In the USA, the Centre for Research on Child Protection Mediation reported that in 21 programs started in the 1980s to 2002 (Center for Families Children and Courts, 2004), similar findings to other forms of mediation were obtained in terms of satisfaction with mediation process and outcomes. Overall, 70% of participants felt mediation was better than litigation. More than 90% of participants felt understood due to the opportunity to express concern regarding important issues and to be heard

and respected. Participants indicated they would not want to return to adversarial processes.

In most studies, participants in family mediation reported higher levels of satisfaction with family mediation than did litigation participants with legal processes. In most cases in mediation, participants felt respected, provided with an opportunity to express important issues, heard, and not pressured to reach agreements. The mediation process could be summed up in general by reports of win-win outcomes in both participants rather than the polarisation between participants which occurs during more adversarial processes such as litigation (Kelly, 2004).

In the private sector, mediation participants were significantly more satisfied on almost all measures of mediation than those in litigation. Measures of dissatisfaction with mediation were reported by parents of both genders on an average of 15% to 20% of the sample. Possible reasons hypothesised were: the possibility of the mediation being more rushed or coercive; untrained or inept mediators; or angry and dissatisfied parents who were dissatisfied with any process that did not meet their needs (Kelly, 2004).

In summary, evaluations of studies of family mediation indicate high levels of participant satisfaction, higher levels of satisfaction with mediation than with litigation, and a difference in levels of satisfaction with mediation between male and female participants. However in general research in mediation process is limited due to the complex and costly nature of this research. Further research that evaluates both the impact of mediator and participant characteristics as well as emotional interactions within the mediation dyad would provide greater insight and evidence based strategies for mediation practice (Kelly, 2004).

1.4.2 Workplace mediation context

As with family mediation, workplace mediation studies have produced similar positive outcomes for satisfaction with mediation process and outcomes. Most workplace mediation participants were satisfied with mediation and more satisfied with mediation than traditional grievance and disciplinary processes (Greenwood & Rasmussen, 2013; Kressel, 2007; Mahoney & Klass, 2008).

In the USA, the 'Resolve Employment Disputes, Reach Equitable Solutions Swiftly' (REDRESS) program has afforded researchers the opportunity to review

longitudinal evaluation data of the largest employment mediation program. This research reviewed by Bingham and Novac (2001) has provided evidence of the effectiveness of both the process and the outcome of workplace mediation.

The REDRESS program is the most extensive field test of employment mediation to date (Bingham & Novac, 2001; Blomgren Bingham et al., 2009). From 1994 to 2006, the United States Postal Service (USPS) ran the program to address complaints of discrimination in the workplace. Approximately 1,000 disputes a month in 90 cities in the USA were tracked and evaluated over 12 years. Over 7,651 evidence based reports were generated from the study. Results indicated that satisfaction among participants was in the 'extremely high' category ranging from 90% to 94% depending on whether or not they had representation. In addition 91% of the sample rated their perception of the fairness of mediation as in the 'very satisfied' or 'somewhat satisfied' category. Results were divided into satisfaction with both the process and the outcome of mediation. Average satisfaction with the mediation process was 92% and 92.4% for complainants and management respectively. Similarly average satisfaction with the outcome of mediation was 67% and 72.5% respectively. This result was explained by the focus of the program which was to provide an empowering process for participants rather than a focus on outcome. Whilst the satisfaction with outcome was relatively high, the significantly higher levels of satisfaction with the process reflected the focus of the mediation program and were particularly significant bearing in mind the history of adversarial labour relations within the USPS (Blomgren Bingham et al., 2009).

In the UK, the government commissioned a program to promote the use of workplace mediation to reduce costs of employment tribunals (Gibbons, 2007). As part of the review, The Advisory, Conciliation and Arbitration Service (ACAS) and the Chartered Institute of Personnel and Development (CIPD, a professional body for Human Resources [HR] in the UK) conducted a series of surveys of workplace mediation. ACAS then produced guidelines on workplace mediation as one of a series of ADR interventions. These mediation guidelines were based on the facilitative mediation model (Ridley-Duff & Bennett, 2011). In general the reviews found evidence of managers and HR practitioners having little knowledge and experience with the mediation process, with only a small proportion of the group having regular exposure to workplace mediation. Within this limited scope, the first ACAS review in 2005 included findings that indicated support for mediation. Most

participants experienced constructive learning from mediation. They also reported that they would utilise mediation again when resolving conflict in the future. Organisations reported resolution of intractable disputes, when all other avenues had been exhausted, indicating that mediation was more effective than other interventions (ACAS, 2006). A more recent survey by ACAS in 2008 of 500 organisations supports the earlier findings that mediation was not used on a regular basis in organisations in the UK. Only 7% of the respondents of 500 organisations had used mediation, while 56% were aware of mediation but had not implemented it as a conflict resolution strategy. The majority of this small proportion was of the opinion that mediation could be a constructive tool for resolving disputes in the workplace, but that it should be only used if all other avenues had been exhausted, as it was perceived as a costly intervention (ACAS, 2010). Results of a larger survey conducted by CIPD (2008) in the UK in large and public sector organisations contradicted this finding, suggesting that mediation is being used more frequently and that the facilitative model is the main model used. A response by 766 organisations, resulted in 327 reporting the ongoing use of mediation services, with over two thirds reporting that their organisation had used mediation at least once and up to five times in the last year. An interesting finding in this research was that 55% of respondents cited mediation as most appropriate where there are relationship breakdowns, bullying, and harassment as mediation provides a framework to explore and question social norms.

Within Australia, ADR is still in its infancy but the past five years have been active in terms of developing a system and culture of workplace conflict resolution (O'Boyle, Forsyth, Banks, & McDaniel, 2012). The Fair Work system instituted in 2009 governs the present Australian dispute resolution. Within this system, there have been a large number of indicators of effectiveness of mediation outcome. Some of the indicators include accessibility, cost, informality, speed/efficiency, expertise, independence/impartiality, fairness, and an agent of social change (O'Boyle et al., 2012).

In summary, there is clear evidence that workplace mediation is increasingly becoming a significant vehicle for resolving conflict in the US, UK, and Australia. Research indicates high levels of satisfaction for participants even in situations where issues are emotionally complex and other options have been exhausted. This finding is consistent with family mediation research, which shows high levels of satisfaction

with mediation over litigation (Greenwood & Rasmussen, 2013; Ridley-Duff & Bennett, 2011).

1.5 Additional factors impacting Mediation

Research on family and workplace mediation has demonstrated high levels of satisfaction with mediation. Aside from personality, conflict styles, emotions, and perceptions of conflict have all been found to impact on this outcome. Studies reflecting the early interest in conflict styles and its impact on mediation are described in 1.5.1. This is followed by research relating to situational factors, emotions, and perceptions of mediation in 1.5.2 and 1.5.3 respectively.

1.5.1 Conflict Styles

Within the field of workplace models, most conflict resolution processes relied on Blake and Mouton's (1964, 1978) initial and subsequent conceptualisation of conflict styles that used a 'grid model' with two dimensions and five personality or conflict resolution styles (King Jr. & Miles, 1990; Shell, 2001).

Blake and Mouton's (1964) seminal model of a 'Conflict Managerial Grid' is therefore still regarded as the original dimensional classification of conflict styles and has been used as a reference point by researchers and mediators in the workplace who have extended the model. Blake and Mouton's 'Conflict Managerial Grid' (1964, 1978) is based on two central dimensions. The first is 'concern for production (results)' and the second is 'concern for people' (valuing people and maintaining relationships). From these two dimensions, five managerial styles were developed. These were: 'high concern for production, low concern for people'; 'low concern for production, high concern for people'; 'low concern for production, low concern for people'; 'moderate concern for production, moderate concern for people'; and 'high concern for production, high concern for people'. These five styles characterised how managers dealt with conflict. Blake and Mouton strongly advocated for collaborative behaviour (high concern for production, high concern for people) as the most effective style to resolve conflict (as cited in Lewicki et al., 1992).

Thomas and Kilmann's 'Dual Concern model' (1974) based their model on the conflict managerial grid, but proposed two alternative dimensions: The first was 'assertiveness' (the degree to which one tries to satisfy one's own concerns) and the second was 'cooperativeness' (the degree to which one tries to satisfy others'

concerns) (Thomas & Kilmann, 1974). The five conflict styles that emerged from these two dimensions were: avoidant (low assertiveness and low cooperativeness); accommodative (low assertiveness and high cooperativeness); competitive (high assertiveness and low cooperativeness); sharing or compromise (moderate assertiveness and moderate cooperativeness); and collaborative (high assertiveness and high cooperativeness).

Terhune (1970) argued that both personality traits and the situation impacted on the behaviour of people in conflict. He argued further that the more complex the situation, the harder it becomes to detect and measure the impact of personality factors. In workplace mediation both situational and personality factors tended to interact to inform and influence the outcome of the mediation. Individuals who displayed the personality trait of 'concern for self' modified their style to 'concern for others' when interacting with a target with a perceived higher status. Whilst the studies reviewed by Terhune are controlled in terms of their experimental design, the limited conditions of these studies, particularly the lack of complexity in the research design, restricted the generalisations that could be derived from them (Terhune, 1970).

A study by Utley, Richardson, and Pilkington (1989) confirmed that both the situational context and personality traits impact the outcomes of mediation especially when considering the target in the conflict, who is more vulnerable than the perpetrator of the bullying.

A review of conflict instruments conducted by Womack (1988) also suggested that situational factors must be considered as conflict management styles are flexible, depending on the situation. This was supported by King Jr. and Miles's (1990) findings that conflict styles were modified to the specific situation. Shell (2001) suggested that potential reasons for these findings were that most conflict resolution models measure predispositions as opposed to stable traits. This means that the conflict resolution strategies could be modified to suit the situation unlike personality patterns which are consistent across a range of situations (Baron, 1989; Greenwood & Rasmussen, 2013; Shell, 2001).

1.5.2 Situational Factors

Wall et al. (2001) and Wall and Lynn (1993) highlighted eight mitigating and situational factors that have an impact on workplace mediation outcomes. These are:

the stage of the conflict; the level of conflict (as the level of conflict increases, the likelihood of satisfactory outcomes decreases); the motivation and commitment of both participants (mediation is more likely to produce more effective outcomes when participants are motivated to negotiate); availability of resources (where there are limited opportunities in the workplace to make changes, the more difficult it may be to reach an agreement); type of issue (issues of policy or principle may be more difficult to mediate than financial or relationship issues); power differentials between the participants (where one party is more senior than the other and/or has authority over the other, the likelihood of an effective outcome may decrease); the mediator's rank; and the visibility of mediation.

More recently, researchers in the Netherlands have investigated the impact of different perceptions held by mediation participants on the level of conflict in workplace (Jehn, Rupert, & Nauta, 2006). In a study designed to provide strategies to organisations and mediators on how to manage different perceptions of the intensity of conflict, working with employees in the educational sector, these researchers compared how asymmetry in the perceptions of mediation participants impacted on their satisfaction with the process. Surveys and semi structured interviews were conducted with 30 mediation participants in order to measure the difference between a participant's perception of the level of conflict for both themselves and for the other participant in the mediation dyad.

Jehn et al. (2006) indicated that mediators in organisations would benefit from greater awareness of the different levels of conflict perceived by each participant. They recommended that in practice mediators acknowledge and address these differences. For example, it may be necessary for a mediator to give one participant more time in the pre-mediation to express emotions because this participant has experienced more frustration than the other participant. However, since mediators are bound by the role of neutrality, which is fundamental to good outcomes, there needs to be a reciprocal opportunity for the other participant to express their point of view. The researchers emphasised the importance of both participants having an equal perception of support from the mediator to maximise satisfaction with both the process and outcome of mediation.

A significant limitation of the study was that data was collected from single participants in mediation as only a small proportion of the participants (less than 5%) in the matched dyads agreed to participate in the research. Researchers however

observed that this limitation in itself could be considered useful information as the individual perception of the level of conflict was related to less successful mediation outcomes irrespective of the other participant's perception. This had implications for working with mediation participants on a one on one basis. They did however recommend that future dyadic research would extend research in this area (Jehn et al., 2006).

1.5.3 Emotions in mediation

There is an increasing amount of debate and emphasis on the role of personality and emotions in research within the field of family mediation (Pruitt, 2006).

Shapiro (2006) highlights the value of emotions as an important variable in mediation. He distinguishes between the expression of emotions in order to communicate as opposed to the venting of emotions in mediation which can disrupt the process, making it hard to listen to one another, to understand one another's interests, or empathise with one another. He refers to current neuropsychological findings that strong emotions can disrupt rational thinking causing irrational behaviour, such as insulting one another or storming out of the room when experiencing rage or frustration (Shapiro, 2006). He advocates for the expression of negative emotions to the extent that it relieves distress, and enables participants to understand their emotions and take control of their own internal world, rather than venting which can lead to the escalation of emotional reactivity. Shapiro cautions that venting of emotions can reduce the likelihood of win-win solutions, creating a sense of hopelessness that an agreement with the other side can be reached. He promotes the value of using pre-mediation sessions, to allow the participants to vent without provoking a battle with each other in a joint session, particularly in emotional conflicts (Shapiro, 2006). He also explores the idea of working with emotional resistance or defenses to prevent a cycle of reactivity and rigidity that may emerge when there are strong emotions and little objectivity (Shapiro, 2006).

Saposnek (2006) confirms that negative emotions encourage rigidity, and can lead to retaliation as opposed to reconciliation. This cycle of communication creates a vicious circle of polarisation that increases anxiety for both participants in the mediation (Saposnek, 2006). This line of reasoning is in line with

neuropsychotherapy research which advocates for the establishment of safety to allow for the reduction of the intensity of distress responses and the facilitation of a therapeutic alliance. The implications are that emotionality and problem solving are mutually exclusive and cognitive processing does not occur when emotions are heightened (Allison & Rossouw, 2013; Rossouw, 2013).

The point of difference between Shapiro and Saposnek's beliefs is the degree of optimism they have regarding the containment of emotions. Shapiro believes that venting negative emotions can be positive as participants can gain insight and move beyond these emotions to a point of understanding. Saposnek challenges this reasoning and believes that when a negative emotion such as anger and the resultant desire to dominate the other party is so entrenched in the relationship, it cannot be overcome in the mediation. He recommends that in such situations the mediator should limit emotional displays during the mediation session and facilitate an "armed truce" in which both parties remain estranged but agree to behave in ways that are less damaging to each other. To achieve a positive outcome, Saposnek advocates for strong mediator control over each session to establish and maintain ground rules that minimise power struggles and create a safe structure for further discussion. This recommendation is in line with the traditional facilitative model which advocates for mediator control over hostile disputants' interchange. Saposnek disagrees strongly with modern mediation models such as transformative mediation that advocate for a non-directive exchange based on empowerment. In this type of mediation, participants have no ground rules or structure and no attempt is made to control hostility. Parties are encouraged at every point to make their own decisions about process. Whilst this offers self-reliance, and the opportunity to solve their own problems, Saposnek cautions against using this method in situations where there are high levels of emotionality and rigidity. Once again, these recommendations are in line with the neuropsychotherapy research which emphasises that distress triggers the release of stress hormones leading to a fight-flight response to fear and stress as a protective survival mechanism. This state of neural activation prevents the basic human need of safety to maximise cognitive processing (Allison & Rossouw, 2013; Rossouw, 2013).

These findings are consistent with Bickerdike and Littlefield's study conducted on the impact of conflict style, attachment style, and emotions on family mediation process and outcome (2000). In a sample of 112 couples, conflict styles

and pre-mediation levels of attachment and emotions (anger and sadness) of participants were measured. Conflict styles were measured by a matrix of four possible styles: problem solving strategies based on high concern for self and others; avoidance strategies based on low concern for self and other; yielding strategies based on low concern for self and high concern for the other's outcome; and lastly, contentious strategies based on low concern for other and high concern with own outcome. Conflict styles and antecedent anger and attachment in mediation were found to be predictive of mediation outcome.

The study supported the notion that overall mediation was more successful when mediators used a tailored approach to suit the conflict style of the couple. Where a couple had the same conflict style, mediators obtained a satisfactory outcome by using a persistent and patient approach, focused on the main outcome issues rather than the relationship issues. The strategy was flawed however when there was a difference in attachment and problem solving styles. For example, if one participant had the need for space and time while the other the need for faster resolution, the latter was likely to become annoyed by the way the mediation was conducted, particularly the pace. The most successful strategy appeared to be a naming of the differences in conflict styles at the beginning of mediation so that both participants were aware of the possibility of differences and potential polarisation (Bickerdike & Littlefield, 2000).

In summary, research has provided a clear indication that aside from personality, additional factors such as conflict styles, emotions of mediation participants, motivation to resolve conflict, and perceptions of the level of conflict also impact on both the process and the outcome of mediation. Research on these additional factors is an important contribution to mediation practice as they offer additional strategies to achieve higher levels of satisfaction with mediation (Pruitt, 2006).

1.6 Summary and Recommendations for Future Research

Research over the last 50 years, has provided strong empirical evidence of high levels of satisfaction with mediation in both family and work related contexts, particularly using a facilitative mediation model. Factors contributing to this result include both the personality of mediation participants as well as situational variables

such as emotions, conflict style, and perception of intensity of conflict. In both scholarly and popular literature there is consensus of the need for further research on the impact of personality patterns including personality pathology on both the process and outcome of mediation (Caponecchia et al. 2011; Crawshaw, 2007; Fisher & Ury, 1992; Greenwood & Rasmussen, 2013; King Jr. & Miles, 1990; Kressel, 2007; Shell, 2001, 2006; Terhune, 1970; Ungerer, Waters, Barnett, & Dolby, 1997; Utley et al., 1989; Wall & Lynn, 1993; Wall et al., 2001; Womack, 1988). Specific classification systems and theories of personality will be reviewed to provide a context for the theoretical framework of this study. Chapter 2 provides an overview of personality structure, followed by an overview of defenses in Chapter 3.

Chapter 2

Personality and Personality Disorders

This chapter provides an outline of definitions, classifications, and theories of personality structure. The last section of the chapter outlines specific studies that focus on the impact of personality as a predictor of relationship outcomes. Methodological flaws in this research are summarised and recommendations to strengthen future research are presented.

2.1 Introduction

The field of personality is notorious for its lack of theoretical coherence. As a result there is a diverse literature on personality and little consensus on how to define and assess personality within an integrated framework. Because of the lack of theoretical coherence in personality research, there are varied definitions of the concept of personality. Some definitions are based on theoretical models of personality such as psychodynamic theory and Millon's evolutionary theory of personality. Other definitions of personality are atheoretical such as the various Diagnostic and Statistical Manuals of Mental Disorders (DSM) (APA, 1987, 2000, 2013). Some definitions of personality are categorical, where each personality is regarded as an entity in itself (APA, 2013; PDM Task Force, 2006). Others definitions are based on personality as a continuous variable (Millon, 2011). Finally, some definitions of personality focus on adaptive personality, whilst others are focused on maladaptive personality (APA, 2013; PDM Task Force, 2006; Millon, 2011).

2.2 Definitions of Personality

The definitions of personality are discussed below starting with a general definition of personality, followed by the atheoretical DSM-5 definitions of personality traits and disorders. Definitions of personality from psychodynamic theory are then presented. Features of these definitions are summarised and discussed.

Most definitions and descriptions of personality capture the ‘uniqueness’ of the person in some form or other. Allport (1961), the distinguished American psychologist, described personality as the dynamics within a person that are manifested in actions, thoughts, and feelings. Westen, Gabbard, and Ortigo (2010), provide a broader and more contemporary description of personality as being a dynamic and complex construct of traits, self-concept, cognitions, affect, behaviour patterns, genetic make-up, perception, motivation, interpersonal dynamics, and resilience.

2.2.1 DSM-5 definition of personality

The first edition of the Diagnostic and Statistical Manual: Mental Disorders (DSM-I) was published by the American Psychiatric Association (APA) in 1952. It was the first official manual of mental disorders and contained a glossary of descriptions of the diagnostic categories. Subsequently the manual has been periodically revised including a major revision of the third edition in 1987 which included a multi-axial system of diagnosis and the identification of PDs in Axis II. The most recent revision was the 2013 fifth edition of this manual (DSM-5) which contained a substantial review of diagnostic categories including PDs. This revision has provided the same classification of PDs as the prior version (DSM-IV- TR) but included an additional section on dimensional approaches to personality classification. DSM-5 (APA, 2013) is the most recent atheoretical classification of PDs based on researched populations across different samples, sites, and theoretical frameworks. The classification divides PDs into ten discrete categories which are grouped into three clusters.

The alternative dimensional approach which is presented in a separate chapter of the DSM-5 identifies levels of severity of impairment for any person with a PD at any point in time. Within this section, the DSM-5 defines a personality trait as “a tendency to feel, perceive, behave, and think in relatively consistent ways across time and across situations in which the trait may manifest” (APA, 2013, p. 772). Personality traits are present to different extents in different people. For example, a person may have a high level of the personality trait of neuroticism. This person would therefore show higher levels of this trait in situations where others would not feel, think or respond in the same way (APA, 2013).

When personality traits are inflexible and dysfunctional they constitute a PD which is described within five criteria (A to F):

- A. An enduring pattern of inner experience and behaviour that deviates markedly from the expectations of the individual's culture. This pattern is manifested in two (or more) of the following areas:
 - 1. Cognition (i.e., ways of perceiving and interpreting self, other people, and events).
 - 2. Affectivity (i.e., the range, intensity, liability, and appropriateness of emotional response).
 - 3. Interpersonal functioning.
 - 4. Impulse control.
- B. The enduring pattern is inflexible and pervasive across a broad range of personal and social situations.
- C. The enduring pattern leads to clinically significant distress or impairment in social, occupational, or other important areas of functioning.
- D. The pattern is stable and of long duration, and its onset can be traced back to at least adolescence or early adulthood.
- E. The pattern is not better explained as a manifestation or a consequence of another mental disorder.
- F. The pattern is not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication, exposure to a toxin) or other medical condition (e.g., head trauma). (APA, 2013, pp. 646-647)

Axis II lists ten PDs and two additional categories. The first additional category is for personality change due to a medical condition. The second is for an unspecified PD consisting of a combination of personality traits of several PDs which do not meet the criteria for any one PD; or when the individual meets the

criteria for a PD that is not included in the DSM-5 classification (e.g., Sadistic PD or Passive-Aggressive PD) (APA, 2013).

The ten PDs listed in DSM-5 are grouped in three clusters. Each cluster represents a dimension of personality dysfunction.

Cluster A is called the odd or eccentric cluster. Disorders in this cluster share problems with social awkwardness and social withdrawal. Cluster A includes Paranoid PD, Schizoid PD, and Schizotypal PD. Paranoid PD is characterised by a lack of trust of others' motives which are perceived as suspicious; Schizoid PD is characterised by a constricted level of emotional expression and detachment from interpersonal relationships; and Schizotypal PD is characterised by a pattern of discomfort in interpersonal relationships, with distorted thoughts and ideas, accompanied by eccentric behaviour (APA, 2013).

Cluster B is called the dramatic, emotional, or erratic cluster. Disorders in this cluster share problems with impulse control and emotional regulation. Cluster B includes Antisocial PD, Borderline PD, Histrionic PD and Narcissistic PD. Antisocial PD is characterised by a profound lack of emotions and empathy and pattern of behaviour that exhibits violation of social norms and the boundaries of others; Borderline PD is characterised by a pattern of impulsivity and unstable interpersonal relationships, self-image, and affect; Histrionic PD is characterised by a need for admiration which results in a pattern of dramatic behaviour in order to attract attention; and Narcissistic PD is characterised by a deep need for admiration and a distorted perception of self-importance resulting in an over invested sense of self and a lack of empathy or awareness of others' needs (APA, 2013).

Cluster C is called the anxious or fearful cluster. Individuals with these PDs share a high level of anxiety. Cluster C includes Avoidant PD, Dependent PD, and Obsessive-compulsive Disorder. Avoidant PD is characterised by a pattern of intense sensitivity to feedback and low self-esteem resulting in an ongoing avoidance of social interactions; Dependent PD is characterised by low self-esteem with a reliance on others for support, and results in submissive and clinging behaviour in order to secure the support of others; and Obsessive-compulsive PD is characterised by a preoccupation with orderliness, perfectionism, and control in an interpersonal context (APA, 2013).

Recent research indicates that individuals with PDs in Cluster B are associated with high societal costs and a low quality of life. Although each PD is

different, a common feature amongst them is problems with impulse control and emotional regulation that are regarded as more resistant to change than individuals with PDs in Cluster C (Avoidant, Dependent, and Obsessive-compulsive) but less so than Cluster A (Paranoid, Schizoid, and Schizotypal), which is the least prevalent in work environments (Luyten & Blatt, 2011; McMurrin, Duggan, Christopher, & Huband, 2006; Soeteman & Kim, 2013; Wakefield, 2013; Zimmermann, 2012).

2.2.2 Psychodynamic definitions

In the psychodynamic tradition, personality is regarded as far more complex than can be captured within a categorical definition. In fact the definition of personality is seen as detracting from the unique nature of each individual person. Any definition is therefore provisional and open for review in the light of new information. However it can be useful to understand the overall nature of a person's character in order to understand their capacity to cope and adapt in different situations. Personality is therefore defined as a stable way of thinking, feeling, behaving, and relating to others (McWilliams, 1994). Some of these patterns are automatic, whilst others are unconscious (PDM Task Force, 2006). The ways in which people reduce anxiety, grief, and threats are regarded as important parts of personality. Some patterns of adapting to life circumstances and defending against threats are more adaptive than others. Personality structure is regarded as healthy when people adapt in a way that encourages close interpersonal relationships, and meaningful and engaging goals. Personality structure is regarded as maladaptive when the patterns of coping are self-destructive and disruptive for others (PDM Task Force, 2006).

2.2.3 Millon's Definition of Personality

Millon (2011), in his evolutionary theory of personality, also emphasises the importance of the dimensional nature of personality. Personality is described in terms of style, type, and disorder and is regarded as a construct representing patterns which can be both adaptive and maladaptive in specific and repetitive patterns. One of the essential features of Millon's theory of personality is the emphasis on the interactional component of personality. Millon defines 'normal personality' as consisting of flexible interactions with the environment, where thoughts, feelings,

and behaviours are consistent with normal expectations in the situation over time (Millon, 2011). Millon emphasises that when interactions or interpersonal behaviour becomes rigid and habitual, vicious circles are perpetuated and the general resilience of a person is reduced. These patterns are based on the existing personality structure of the person, rather than an external trigger or circumstance. They range from mild (normal) to severe (maladaptive), irrespective of systemic or environmental factors (Millon, 2011; Strack & Millon, 2007).

In summary, the theoretical definitions of personality emphasise the complexity of personality. Both psychodynamic theory and Millon's evolutionary theory of personality focus on the holistic understanding of the full range and causes of personality structure, which provide a rich context for describing personality. The various editions of the DSM define personality more specifically and are based on a check list of symptoms and behaviours that are characteristic of different personalities. This classification defines and describes categorical definitions of individuals with PDs outside the context of a theoretical framework (APA, 1987, 2000, 2013; Millon, 2011; Millon & Grossman, 2007; Ozer & Reise, 1994; Wakefield, 2013; Widiger & Costa Jr, 2012; Widiger & Frances, 2002; Widiger & Simonsen, 2005; Zimmerman, 2012).

2.3 Theories of Personality

Over the last decade there has been a call for integrated theories of personality and PDs, which incorporate the full spectrum of personality structure. This need for an integrated approach to the classification of personality and PDs is imperative if personality theory is to stay relevant and clinically applicable in a broader context such as the workplace. This section provides an outline of psychodynamic theory as a sound theoretical framework consistent with evidence based research for understanding personality structure.

Psychodynamic theory defines personality in terms of “what one *is* rather than what one *has*” (PDM Task Force, 2006, p. 17). This theory provides a logical basis for understanding personality structure within a scholarly tradition based on understanding the full spectrum of individual functioning over and above specific symptoms or aspects of functioning. Within this theory constructs such as genetic make-up, traits, defenses, self-concept, cognitions, affect, behaviour, perception,

motivation, interpersonal dynamics, and resiliency are incorporated to produce a complex framework that provides a number of central concepts that are relevant to the current classification of personality (Barenbaum & Winter, 2008; Bornstein, 2010; Dolinsky Cahall, 2006; Kernberg, 1993b; PDM Task Force, 2006; Yeomans et al., 2002).

In psychodynamic terms, the concept of personality is organised around two dimensions. The dimension of ‘level’ refers to the intensity of pathology. The dimension of ‘type’, distinguishes between different manifestations of personality structure (Barenbaum & Winter, 2008; Bornstein, 2010; Huprich & Bornstein, 2007; McWilliams, 1994; PDM Task Force, 2006; Shedler et al., 2010; White, 2013; Yeomans et al., 2002).

2.3.1 Level of Personality Organisation

The general consensus amongst psychodynamic theorists is that personality structure exists on a continuum of relatively healthy to a disturbed level. The continuum extends from neurotic to borderline to psychotic and includes defenses, reality-testing, and identity integration (Dolinsky Cahall, 2006; Kernberg, 1993b; McWilliams, 1994; Yeomans et al., 2002).

Freud originally distinguished between ‘neurotic’ and ‘psychotic’ levels of personality. The category of neurotic-level-personality structure was reserved for emotionally healthy people that were aware of the depth of specific problems and had a high capacity to function despite emotional pain. In contrast, psychotic personalities were believed to perceive the problem as existing outside of themselves (Dolinsky Cahall, 2006; Kernberg 1993a, b; McWilliams, 1994). The category of ‘borderline level’ of personality structure emerged in the mid twentieth century, where a middle ground between neurotic and psychotic was designated, which was regarded as more serious than neurosis, but not as vulnerable as a psychotic personality structure (McWilliams, 2011, 2012). The term ‘Borderline PD’ was originally used in the third edition of the DSM in 1987 and subsequently in DSM-IV-TR and DSM-5 to describe a type of PD (APA, 1987, 2000, 2013). However Kernberg (1993a, b), along with other psychodynamic theorists, supports the term borderline as a ‘level’ (Dolinsky Cahall, 2006; PDM Task Force, 2006). Within the context of trauma based research the term Borderline PD is regarded as controversial. Research studies suggest an alternative description for Borderline PD as ‘survivors of

complex trauma due to the evidence that those with the Borderline PD label often have a history of abuse, or extended interpersonal victimisation. Despite controversy over which term is more appropriate, there is consensus that individuals within this category have challenges in relating with others, changes in the nature and quality of relationships over time, and trust and power issues in relationships (Briere, Hodges & Godbout, 2010, p.).

Despite controversy over the term, there is consensus on the manifestation of the problems of individuals at both the borderline ‘level’ and borderline personality ‘type’.

Kernberg’s internal object relations theory provides a clear classification system organised around the dimensions of severity as well as categories of personality types (Dolinsky Cahall, 2006; Kernberg, 1993a, b). The theory describes four levels of personality organisation ranging from the mildest to the most severe. The levels are neurotic, high borderline, low borderline, and psychotic personality organisation. The ‘neurotic’ level of personality structure is characterised by a capacity for deep and caring relationships with others and a fully integrated system of internal values. This level of personality organisation is characterised by the capacity to manage anxiety, control impulsiveness, maintain emotional intimacy, and establish creativity and effectiveness at work. The distinguishing factor between a normal and neurotic personality is their level of flexibility. A personality structure that is ‘inflexible’ or ‘rigid’ is characterised by maladaptive traits that cannot be readily changed in response to the environment. This personality structure includes the ‘borderline’ and ‘psychotic’ levels of personality organisation. The ‘borderline’ level of personality organisation is characterised by a limited capacity for close interpersonal interactions, particularly in intimate relationships. The ‘psychotic’ level of personality structure is characterised by a failure to establish and maintain a normal identity, a lack of reality testing, and an unintegrated concept of self and significant others (Dolinsky Cahall, 2006; Kernberg, 1993b; Yeomans et al., 2002). Each level of personality contains specific personality types, clinical patterns, and PDs. These are discussed in the following section.

2.3.2 Type of personality organisation

Although most people do not fit neatly into a specific category of personality, different theoretical frameworks include specific clinical personality patterns and PDs.

In the PDM, levels of personality organisation are categorised according to ‘neurotic’, ‘high borderline’, ‘low borderline’, and ‘psychotic’ levels based on type of defenses, interpersonal interactions, and identity formation. At the mildest level, ‘neurotic’, the Obsessive-compulsive, Hysterical, Depressive, and Masochistic personalities are grouped together. At the ‘high borderline’ level of personality organisation, the next level of severity, the Avoidant, Sado-masochistic, Dependent, Narcissistic, and Histrionic PDs are grouped together. At the ‘low borderline’ level, Paranoid, Hypochondriac, Schizotypal, Schizoid, Hypomanic, Borderline, Antisocial, and Narcissistic PDs are included. At the most severe level, ‘psychotic’, individuals with PDs such as Borderline personality disorder (rather than level), Schizoid, Schizotypal, Paranoid, and Antisocial are categorised together (McWilliams, 1994; PDM Taskforce, 2006).

In Kernberg’s internal object relations model, the ‘neurotic’ level of personality organisation includes the Hysterical, Depressive-masochistic, Obsessive, and Avoidant PDs. The ‘borderline’ level of personality organisation includes individuals with PDs such as Borderline, Schizoid, Schizotypal, Paranoid, Hypomanic, Hypochondria, Narcissistic, and Antisocial PDs. The ‘psychotic’ level of personality organisations represents people with atypical forms of psychosis, which exclude criteria for PDs (Kernberg, 1993a; McWilliams, 2011, 2012; Yeomans et al., 2002).

In summary, many contemporary researchers posit that psychodynamic theory can be the most unifying and useful personality framework. The major contributions of these theorists are the depth and idiosyncratic descriptions of personality both in terms of type and level of organisation. This provides for a holistic understanding of the individuality of each person. A limitation of this theory is its lack of empirical support (PDM, 2006). More recently researchers such as Dolinsky Cahall (2006), McWilliams, (2011, 2012),; PDM Task Force (2006), and Shedler et al. (2010) have begun to provide empirical data to support the theory.

2.3 Classification Frameworks of Personality

The vast literature on personality classification is now broadly divided into three general perspectives: categorical, dimensional, and hybrid dimensional-categorical (Clark, 2007; Eaton, Krueger, South, Simms, & Clark, 2011; Livesley & Jang, 2005; Shedler et al., 2010). The categorical model focuses on discrete, binary judgments as opposed to quantitative variations of traits. The dimensional model focuses on quantitative scores as opposed to qualitative distinctions (Millon, 1999). The hybrid dimensional-categorical perspective conserves both qualitative and quantitative clinical information. Within this perspective, personality is defined in terms of both how and how much the person resembles a prototype (Millon, 1999). Each perspective will be discussed in 2.3.1, 2.3.2, and 2.3.3 respectively.

2.3.1 Categorical Perspective

Within the categorical perspective, personality structure is generally described in terms of PDs and divided into categories based on specific criteria with defining features. A specific number of pathological symptoms or traits from a larger list of symptoms must be present to indicate a PD diagnosis. For example, in the DSM-IV-TR, the diagnosis of Borderline PD can only be made if there are at least five symptoms or traits from a list of nine (APA, 2000; Sellborn, Anderson, & Bagby, 2013).

An obvious and widely commented on limitation of the DSM-IV-TR is the absence of a mechanism to address the severity of the disorder as they are either present or not i.e., the system is categorical and has no dimensional component. Various researchers have reported that clinicians prefer categorical diagnoses because they are more familiar and easier to use. This preference, however, ignores the widespread use of dimensional or quantitative measures (Livesley & Jang, 2005; Skodol, Johnson, Cohen, Sneed, & Crawford, 2007; Widiger, 2010).

A second limitation of the categorical perspective is the issue of excessively high rates of comorbidity with other PDs. This is evident in the various editions of the DSM where each PD is a separate category (APA, 1987, 2000, 2013; Eaton et al., 2011; PDM Task Force, 2006). However PD categories often overlap creating comorbidity. This is more apparent with severe PDs where there are maladaptive

personality patterns in many areas (Eaton et al., 2011; PDM Task Force, 2006; Widiger, 2010). The cluster system has, however reduced the likelihood of comorbidity between categories by grouping clinical personality patterns and PDs with similar features together within one group (Tyrer et al., 2007; Tyrer et al., 2010).

A third limitation is the low level of convergent and discriminant validity of measures designed to assess PD's. Cluster and factor analyses have often produced findings that are inconsistent with the DSM-IV-TR, casting doubt on the solidity of its empirical foundation (Eaton et al., 2011; Livesley & Jang, 2005).

Finally, an obvious and widely commented on limitation of various editions of the DSM is that it is 'atheoretical' (Millon, 2011; PDM Task Force, 2006). Despite its lack of theoretical context, biological, psychological, and social factors are taken into account when categorising personality.

As a result of these limitations, it is clear that the categorical classification of personality would benefit from a more holistic approach that includes a dimensional measure of personality (Clark, 2007; Costa Jr. & McCrae, 1986; Livesley & Jang, 2005; McCrae & Costa Jr., 2008).

2.3.2 Dimensional Perspective

Personality structure from a dimensional perspective is described in terms of a profile of traits as opposed to a 'diagnosis' of a clinical personality type or PD (Clark, 2007). A trait is defined as a 'personal quality' and represents a pattern of thinking, feeling, and relating to others in a range of social and personal contexts (APA, 2000). According to the dimensional perspective, personality pathology results from maladaptive variants of traits either alone, or in combination (Clark, 2007; Strack & Millon, 2007).

An influential trait model referred to extensively in the literature is the Five Factor Model (FFM) developed in the 1980s (John, Naumann, & Soto, 2010). This model utilised factor analyses to develop five personality dimensions which are: agreeableness, conscientiousness, extraversion, openness, and neuroticism. These factors have been shown to predict a wide array of emotional and behavioural outcomes such as well-being, relationship conflict, physical health, mental health, and job satisfaction (Baron, 1989; Costa Jr. & McCrae, 1986; McCrae & Costa Jr., 2008; Widiger & Costa Jr., 2012). One of the strengths of this perspective is its

empirical support that has led to the development of a range of dimensional measurement tools (McCrae & Costa Jr., 2008). In addition this approach captures commonalities among personality traits, thus creating an integrative classification of normal and abnormal personality structure. Personality theorists have suggested that the dimensional perspective could serve as a complementary tool to describe, assess, and diagnose PDs (Livesley & Jang, 2005; Strack & Millon, 2007; Widiger & Costa Jr., 2012). It is, however, considered too theoretical and overly empirical by some researchers (Clarke, 2007).

A distinct advantage of the dimensional approach is its emphasis on behaviours thereby providing an everyday language for clinicians to identify and manage specific behaviours. This emphasis is consistent with current clinical approaches that focus on specific behaviours rather than diagnoses or labelling of personalities (Clark, 2007; Livesley & Jang, 2005; Strack & Millon, 2007).

There is resistance to the dimensional approach by clinicians based on the concern that the existing knowledge on PDs which is diagnostic and categorical could become obsolete or difficult to use if it were integrated with a dimensional perspective (Livesley & Jang, 2005).

The shortcomings of both the categorical and dimensional perspectives have resulted in a third approach which is a hybrid dimensional-categorical perspective.

2.3.3 Hybrid dimensional-categorical perspective

Within the hybrid dimensional-categorical perspective, personality structure is generally described in terms of a hierarchy, with dimensions being the building blocks for categories of personality (Clark, 2007; Livesley & Jang, 2005; Strack & Millon, 2007; Yeomans et al., 2002). Both the DSM-5 and MCMI-III utilise this approach. Each is described in 2.3.3.1 and 2.3.3.2 below.

2.3.3.1 DSM-5

The need for a hybrid dimensional-categorical approach was reflected in the debates surrounding the revision of the DSM-IV-TR to produce the current DSM-5. Based on the feedback from clinicians that the dimensional model was too detailed and time-consuming, the DSM-5 work group retained the existing categorical approach but also included an additional multidimensional model in Section III as a supplementary reference point. This model retained six PD types: Avoidant,

Antisocial, Borderline, Narcissistic, Obsessive-compulsive, and Schizotypal. Each disorder is defined both in terms of traits and behaviours. In addition there is a category for PD-trait specified (PD-TS) that applies when a PD is present, but does not meet the criteria for a specific PD. In this case, the severity of the disorder would be noted (APA, 2013).

Within this model, PDs are rated according to two criteria. The first group of criteria are levels of impairment in functioning in terms of strength of identity integration, self-direction, empathy, and intimacy. The second group of criteria are PD traits such as negative affectivity (vs emotional stability), detachment (vs extraversion), antagonism (vs agreeableness), disinhibition (vs conscientiousness) and psychoticism (vs lucidity). Each trait has a range of levels with definitions that encompass thoughts, emotions and behaviour at that level, and are relatively consistent across time and situation (APA, 2013). The utility of this model is its focus on a range of personality variables, rather than a specific diagnostic label. One of the stated aims of including this model in the DSM-5 is to stimulate research in the hybrid dimensional-categorical perspective (APA, 2013; Bagby, 2013).

2.3.3.2 Millon's Clinical Multi-axial Inventory of Personality (MCMI-III)

The MCMI-III is based on Millon's evolutionary theory of personality and utilises the construct of a 'prototype' rather than single traits to identify diverse features that comprise personality (Millon, 2011). According to this 'prototype' model, each individual may vary widely in the degree to which they approximate to the prototype. Individuals who possess more of the features that represent the personality are considered more typical of that prototype. The prototype model accommodates both diversity of and overlap between categories. Within this context clinical personality patterns and PDs are viewed as styles of human adaptation rather than a diagnostic category. Each of the personalities has a complex range and structure and represents a pattern of the person's persistent characteristics in terms of thoughts, feelings, behaviour, sense of self, and relationships with others (Millon, 2011).

Millon's approach to matching people with a personality prototype is unique in its key assumption that differences in the nature, timing and intensity of environmental influences lead some individuals to adapt and others to develop pathological traits (Millon, Davis, & Millon, 1997). This approach is highlighted in

the MCMI-III which identifies three specific points that differentiate between normal, clinical personality patterns and PDs.

In summary, Millon's evolutionary theory of personality and the MCMI-III (described in greater detail in Chapter 5 in 5.5.3.1) meet many of the criteria called for by current researchers of personality. Firstly, it is grounded in theory based on the 'evolutionary theory of personality'. Secondly, the classification of personality types is linked to the various editions of the DSM, making it easier for researchers and clinicians to integrate this theory and measure with mainstream research. Thirdly, the hybrid dimensional-categorical perspective allows researchers to describe the unique nature of each personality. Lastly, this classification reflects the results of empirical research and observations from everyday practice. The hybrid dimensional-categorical perspective is generally acknowledged as the future direction of personality research (Millon, 2011; Shedler et al., 2010).

2.4 Research

In general, the construct of personality has sound empirical support as a robust and stable predictor of both positive and negative life outcomes such as mental health, job satisfaction, relationship conflict, and marital functioning (Barenbaum & Winter, 2008; Borghans et al., 2011; Bornstein, 2010; Bradbury & Karney, 2004; Caponecchia, et al., 2011; Eddy, 2006; Huang et al., 2009; Kernberg, 1993b; Lavender & Cavaiola, 2010; McCrae & Costa Jr., 2008; McWilliams, 2012; Millon, 2011; Millon & Grossman, 2007; PDM Task Force, 2006; Shedler et al., 2010; Widiger & Simonsen, 2005; Yeomans et al., 2002).

One of the prominent areas of personality research over the last three decades has been in the field of relationships. Whilst there are no specific empirical studies that focus on PDs and workplace relationships there are a few key studies on marital satisfaction which have found a strong association between PDs and marital dissatisfaction; two more recent studies are described below.

In a pivotal study of personality pathology and marital functioning, South, Turkheimer, and Oltmanns (2008) examined the relationship between PD symptoms and marital satisfaction of both spouses as assessed by self and spouse report. The cross sectional data was collected from a community sample of 82 married couples. The personality measure used was the Multisource Assessment of Personality

Pathology (MAPP) which is based on DSM-IV criteria with a self-report and informant version. Self-reported marital satisfaction for each spouse was assessed using the Short Marital Adjustment Test (SMAT). The researchers hypothesised that higher scores of self and spouse reported personality pathology for either one or both partners would be negatively associated with self-reported marital satisfaction. Multilevel modelling was used to estimate couple and partner effects. Results revealed that as hypothesised, self and spouse reported higher levels of personality pathology were related to lower levels of marital satisfaction for each spouse. More specifically, higher scores on Borderline and Dependent scales for both self and spousal reporting were negatively associated with marital satisfaction. The findings of this study suggest that personality pathology of one or both partners is associated with lower levels of marital satisfaction. The authors speculated that the findings were due to the negative behaviours of pathological personality traits and clinical personality patterns and their characteristic lack of insight into the impact of their behaviours on others which also results in denial of responsibility and projection of blame onto the partner. The well recognised characteristic of inflexibility associated with pathological personality traits and clinical personality patterns also limits their capacity to improve interactions.

Another important study conducted by Knabb, Vogt, Gibbel, and Brickley (2012) examined the extent to which clinical personality patterns predict marital functioning in a sample of 270 heterosexual married couples that were experiencing marital distress. The MCMI-III was used to measure personality and the Dyadic Adjustment Scale (DAS) was used as a measure of marital distress. The researchers found significant differences in frequencies between husbands and wives on scales measuring clinical personality patterns and PDs, as well as significant ‘actor’ and ‘partner’ effects. Results of the study revealed that five of eleven clinical personality patterns and one severe personality pathology scale predicted an actor or partner effect on marital functioning. More specifically, a negative partner effect emerged for the Antisocial scale suggesting that the more insensitive and dishonest one spouse is, the more dysfunctional his or her partner will experience the marriage. In addition, a negative partner effect for the Paranoid scale suggested that the more suspicious one partner is, the less likely his or her spouse will report that the marriage is satisfactory. Finally, a negative actor effect materialised for Masochistic personality pattern suggesting that wives who have masochistic personality features

tend to report lower marital functioning. Contrary to hypotheses, the Avoidant clinical personality patterns were not significantly predictive of perceptions of lower marital functioning. Suggested reasons for this were those personalities that utilise avoidant behaviour may need approval and therefore do not feel safe enough to express disappointment in their relationships.

In summary, research on marital satisfaction confirms the negative association between PDs and relationship satisfaction. It is hypothesised that this is due to the inflexible patterns of PD behaviours which are maladaptive and limit capacity to adapt to the challenges of interpersonal relationships.

2.5 Summary

This chapter summarises relevant definitions, theories, and classifications of personality pathology. A review over the last two decades has revealed that psychodynamic theory provides a holistic approach to understanding and assessing personality structure in terms of behaviours and underlying dynamics (Bornstein, 2010; Cavaiola & Lavender, 2000; McWilliams, 2012; Millon & Grossman, 2007; PDM Task Force, 2006, Ronson, 2011; White, 2013). The hybrid dimensional-categorical perspective of personality classification is a practical way to capture and measure both the categories and dimensions of personality pathology (Clark, 2007; Eaton et al., 2011; Livesley & Jang, 2005; Shedler et al., 2010). Within psychodynamic theory, the concept of defenses is intrinsic to understanding personality structure. The definitions, classifications, and measures of defenses are presented in Chapter 3.

Chapter 3

Defenses

This chapter provides an outline of definitions, classifications, and measures of defenses which are an integral part of the psychodynamic theory of personality. The last section of the chapter outlines specific studies that analyse the relationship between personality and defenses as well as the impact of defenses as a predictor of relationship outcomes.

3.1 Introduction

Defenses or coping mechanisms are integral to understanding personality structure. According to some theorists, the assessment of defenses is regarded as more clinically valuable than assessing personality structure through traits or behaviours (APA, 2000; Baumeister, Dale, & Sommer, 1998; Crawshaw, 2007; McWilliams, 2012; Perry & Perry, 2004; Ungerer et al., 1997). This is evidenced by the constant referral to specific defenses or constellations of defenses in the context of personality types or disorders (Crawshaw, 2007; McWilliams, 1994, 1999, 2011, 2012; Millon, 2011; PDM Task Force, 2006; Vaillant, 1992; White, 2013).

3.2 Definitions

Anna Freud, the founder of the classification system of defenses, defined defense mechanisms as “the ways and means by which the ego wards off anxiety, and exercises control over impulsive behaviour, affects and instinctive urges” (1946, p. 5). In contemporary terms, the term ‘defense’ can refer to a range of adaptations from healthy adaptations that work throughout life to maladaptive responses that restrict overall functioning. Millon (2011) describes defenses as behaviours that are coping strategies to deal with ongoing triggers that provoke anxiety. Over time these coping strategies become generalised and habitual. Whilst they reduce anxiety, they can limit healthy functioning. For example, defenses such as denial and projection may reduce anxiety and awareness of difficult emotions, but can lead to a lack of coping skills that are required for normal functioning.

3.3 Theoretical origins of Defenses

The use of defense mechanisms or coping strategies to reduce anxiety associated with stress has been well documented (Campos, Besser, & Blatt, 2011; Cramer, 2012; Freud, 1946; Perry & Perry, 2004; Vaillant, 1992). It is also widely believed that defense mechanisms shape personality structures (Andrews, Sing, & Bond, 1993; McWilliams, 1994, 2012; Millon, 2011; Muris & Merckelbach, 1996; PDM Task Force, 2006).

The term ‘defense’ dates back to Sigmund Freud who was responsible for originally observing and naming the term, which referred to the defensive process of avoiding anxiety, at a high cost to overall functioning. The origin of the concept derived from his work with hysterical patients who utilised defenses such as repression and conversion. The overall connotation of the term defense in this context was therefore pathological and the term ‘defensive’ began to be understood in this context. This connotation is inaccurate in terms of Freud’s original intention which was to characterise defenses as a military metaphor which described the process of defenses as tactical manoeuvres designed to achieve outcomes in complex situations (McWilliams, 1994, White, 2013).

Whilst defenses are not given the same prominence within the context of Millon’s evolutionary theory of personality, they are considered a feature of personality structure (Millon, 1999). Millon describes defenses as regulatory mechanisms and describes the importance of these mechanisms being consciously recognised in order to circumvent them becoming chronically enacted. If defenses are not consciously recognised, Millon hypothesises an escalation of the problem rather than a reduction in anxiety or stress. He supports the psychodynamic view that in times of stress, unconscious processes emerge to protect against anxiety and that the task of therapy is to unravel these residues of the past and to bring them into consciousness, so that they can be re-evaluated in a constructive fashion. The person can then explore a more productive way of life. In terms of evolutionary principles, Millon further hypothesises that persons faced with similar experiences learn to cope in parallel ways. Given that there are a limited number of ways of coping, adaptive or maladaptive coping will often reflect level and type of personality styles and disorders. He endorses the approach of all editions of the DSM which provide a

multidimensional consideration to personality in the context of a specific and separate axis for PDs as well as a scale that lists defensive structures (Millon, 1999).

Defenses can be understood in terms of both level and type of defense. Each of these will be discussed in 3.4.1 and 3.4.2 respectively.

3.4 Levels and Types of Defenses

3.4.1 Level of Defenses

Within the psychodynamic tradition, defenses can be understood in terms of a continuum of adaptiveness from primitive to higher-order defenses. Primitive defenses are generally more global and indicate of lack of awareness and insight into reality in the context of a specific situation (McWilliams, 1994, 2011; PDM Task Force, 2006). Within object-relations theory, the neurotic-level personality structure is reserved for emotionally healthy people that are aware of the depth of specific problems and have a high capacity to function despite emotional pain. The use of secondary (higher-order) defenses is more common at the neurotic level of personality structure (McWilliams, 1994).

Within Kernberg's (1993a, b) internal object relations model, which is regarded as particularly clear in terms of defensive processes, defenses are characterised at the neurotic, borderline, and psychotic levels of personality organisation. At the neurotic level of personality organisation, the repression-based defenses predominate, creating an unconscious lack of awareness of internal and external conflicts and of anxiety provoking situations. At the borderline level of personality organisation, the existence of primitive defenses is predominant, with the splitting defense being reinforced by other primitive defenses such as projective identification, denial, primitive idealisation, devaluation, omnipotence, and omnipotent control. All of these defenses distort interpersonal communication and relationships. At the psychotic level of personality organisation, defenses such as splitting and other primitive defenses predominate, leading to compromised reality testing (Cahall, 2006; Kernberg, 1993a,b; Yeomans et al., 2002).

3.4.2 Types of Defenses

Within each level of defensive structure, specific types of defenses are included dependant on the model or theoretical framework. Within the

psychodynamic tradition, defenses are differentiated in terms of ‘primitive’ and ‘higher-order’ defenses (McWilliams, 1994). Primitive defenses include defenses such as denial, primitive withdrawal, omnipotent control, projective identification, splitting of the ego, and dissociation. Higher-order defenses include defenses such as acting out, displacement, intellectualisation, isolation, rationalisation, repression, regression, moralisation, compartmentalisation, undoing, turning against the self, reaction formation, reversal, identification, sexualisation, and sublimation (McWilliams, 1994).

Ego psychologists, emphasise the role of defenses such as repression or denial to protect against various life stages such as grief and loss. Within this context, defense mechanisms are regarded as essential adaptations to the stress of life stages which prevent ‘decompensation’ or inability to cope with stressful external or internal conflict. For example, a healthy defense such as repression involves the ability to ‘put aside’ a stressful situation in order to cope with the pressure of a situation. A more extreme version of this defense would be denial, which would be a non-rational, unconscious way of dealing with something unpleasant by ignoring what is happening and either regarding it as ‘not happening’ or ‘forgetting about it because it is too painful’ (McWilliams, 1994, White, 2013).

3.5 Classification of Defenses

The DSM-IV-TR defines defense mechanisms in the Defensive Functioning Scale as “automatic psychological mechanisms to protect the individual from anxiety and stress. These defenses reduce reactivity to internal and external stress; however the individual is often not consciously aware of this process taking place” (APA, 2000, p. 807).

The Functioning Scale in the DSM-IV-TR categorises defenses into defense levels that range from adaptive to maladaptive. The ‘high adaptive’ level of defenses reflects optimal adaptation to managing stress and allows for the conscious awareness and management of stress (e.g., anticipation, humour, self-assertion, self-observation, and suppression). The ‘mental inhibitions level’ reflects a less adaptive level of coping where potentially threatening feelings, thoughts, and wishes are kept out of awareness (e.g., dissociation, isolation of affect, reaction formation, and repression). The ‘minor image-distorting level’ manifests in a distorted self-image

and image of others in an effort to improve self-esteem (e.g., devaluation, idealisation, and omnipotence). The ‘disavowal level’ manifests in efforts to keep stress out of conscious awareness (e.g., denial, projection, and rationalisation). The ‘major image-distorting level’ of defensiveness reflects a more serious level of distortion of self-image or image of others. This level includes examples such as projective identification and splitting. The ‘action level’ of defense reflects coping strategies to manage stress behaviourally such as acting out and passive aggression. Lastly the most severe level of defense is ‘defensive dysregulation’ which reflects difficulty regulating stress resulting in psychosis (e.g., delusional projection, psychotic denial, and psychotic distortion). The only category considered to be adaptive is the ‘high adaptive level’ where there is evidence of conscious awareness and management of anxiety producing triggers. All other levels are considered increasingly maladaptive (APA, 2000).

Consistent with the trend of viewing personality on a continuum of adaptive to maladaptive, defense mechanisms are also categorised in a range of continua depending on the specific theorist or model (APA, 2000; McWilliams, 2011; Vaillant, 1992). Vaillant (1992) categorised defenses into psychotic, immature, neurotic, and mature levels of defenses which reflect a similar hierarchy to the DSM IV-TR (Vaillant, 1992).

3.6 Measures of Defenses

Along with general psychodynamic concepts, one of the difficulties of measuring defenses empirically is the ‘unconscious’ nature of these defenses. As a result there are to the author’s knowledge few valid and reliable measures of defenses. The most widely used contemporary measure of defenses is the Defense Style Questionnaire (DSQ) which measures defenses as conscious behavioural coping strategies or behaviours, based on the assumption that defenses are stable personality traits and can be analysed objectively. Early pioneers in the field of defense measures investigated many aspects of defenses including: definition, whether defenses can be considered adaptive or maladaptive, whether they are entirely unconscious or have conscious aspects, whether they can be measured, and finally if they can be grouped into styles that have theoretical or clinical implications. Following on from findings of Vaillant’s twenty year longitudinal study of defenses

(Vaillant, 1976), Bond, Gardner, Christian, and Sigal (1983) developed the DSQ in the 1980s.

Subsequently researchers including Bond et al. (1983), Perry & Vaillant (1990), Vaillant (1992), and Andrews, Pollock, and Stewart (1989) have designed studies to validate and strengthen the empirical properties of this measure. The resulting DSQ has been widely used as a self-report measure of immature, neurotic, and mature defense styles. Andrews et al. (1993) revised the DSQ from a 72-item to a 40-item questionnaire to enhance reliability and provide a more practical inventory that reduces fatigue. The psychometric properties of this measure are described in detail in Chapter 5 (5.5.3.2).

The DSQ groups individual defense mechanisms into three levels: immature, neurotic, and mature defense mechanisms. Mature defenses manifest in normal psychological development, immature defense mechanisms manifest in pathological development, and neurotic defenses manifest in levels of pathology that do not necessarily fit into either normal or pathological personality structure (Andrews et al., 1989; Andrews et al., 1993; McWilliams, 1994; Vaillant, 1992; Yeomans, et.al., 2002). Andrews et al., (1989) and Andrews et al., (1993) distinguish between ‘mature’ and ‘immature’ defensive processes, based on a person’s capacity to operate from a conscious or unconscious perspective (i.e., the capacity to perceive and adapt to reality even when it is difficult). Another criterion that can be used to distinguish between ‘mature’ and ‘immature’ defenses is the level of complexity of the defense. The more complex and conscious, the more mature the defense. Therefore denial, which is regarded as an ‘immature’ defense, has less cognitive processing and is more unconscious than a mature or conscious defense such as humour (Andrews et al., 1993; Cramer, 2012).

Mature defenses begin as healthy, creative behaviours, and continue to work adaptively through specific stages of life. In some instances, defenses become less adaptive and result in unconscious avoidance of anxiety provoking situations, leading to an ‘immature’ defensive process (Andrews et al., 1993; McWilliams, 1994, 2011).

3.7 Research on defenses

Andrews et al. (1993) conducted valuable research on defenses providing insight into how defense styles commonly used in everyday life could be measured and operationalised in behaviours. They and others also demonstrated that defenses

are not only associated with personality structure but also with the presence or absence of clinical symptoms such as anxiety or depression (Andrews et al., 1993; Muris & Merckelbach, 1996).

In the area of marital adjustment, Ungerer et al.'s pivotal 1997 study, based on Vaillant's model of defense mechanisms (1977, 1992), demonstrated a strong association between defense style and adjustment in marital relationships (Ungerer et al., 1997). Specific findings were firstly, immature defense mechanisms function as adaptations to distress in interpersonal situations. Secondly, defenses can be used as an index of success in coping with a stressor, where the use of a mature defense mechanism is regarded as a sign of success in coping. In this study, Ungerer et al. found a correlation and strong predictive relationship between the frequent use of immature defenses with poorer marital adjustment. Ungerer et al. hypothesised that individuals using immature defenses do not recognise and resolve distressing emotions and interactions with their partners. As a result, this may lead to conflict, avoidance, and lower satisfaction in the marital relationship. This dynamic was consistent with research suggesting that the expression of emotions within a marital relationship leads to higher levels of satisfaction with the marriage (Ungerer et al., 1997). An interesting aspect of this study was that individual defenses served as more accurate predictors of marital satisfaction than defense clusters. This finding suggests that individuals use a specific repertoire of defenses when dealing with stress and these defenses are more sensitive predictors of marital satisfaction than global defenses. The results of Ungerer et al.'s study supported the value of understanding defensive functioning in relationships. In summary, this study provides strong evidence of importance of defense mechanisms as a moderators of marital satisfaction.

Other research findings on defense styles include a study by Sinha and Watson (1999, 2004) who examined the predictive value of defense styles using the DSQ-40 for the eleven PDs specified in DSM-III-R and DSM-IV. PDs were measured with the MCMI-II and other established PD scales. In this study, participants were differentiated on the basis of diagnosed PDs from participants without diagnosed PDs. The findings were in accordance with the theoretical expectation that immature defense styles are the best predictor of almost all PDs. Conversely, mature defense styles were negatively associated with most PDs. Notable exceptions in the study were related to the neurotic defense styles, which

were found to be positively associated with Dependent, Histrionic, Compulsive, and Borderline disorders and negatively associated with Schizoid, Narcissistic, Antisocial, and Paranoid PDs (Sinha & Watson, 1999, 2004).

The Psychodiagnostic Manual (PDM) reflects a similar trend of strong associations between characteristic defenses and specific personality patterns. Within this body of research, Schizoid personality patterns are documented as ‘sensitive to interpersonal stimulation’ and tend to respond defensively via withdrawal (Shedler et al., 2010). Psychopathic/Antisocial personality patterns tend to use the defense of ‘omnipotent control’. Narcissistic personality patterns can be similar to psychopathic personality patterns and use the defense of idealising and devaluing others (Kernberg, 1993a, b). Psychodynamic clinicians report that these defenses appear to protect the fragile self-esteem of the narcissist, creating a sense of specialness by virtue of their relationship with someone they idealize, or a sense of contempt for those that they devalue (PDM Task Force, 2006).

Other empirical studies have also established correlations amongst personality and defenses particularly within the dependant and depressive personality patterns. Blatt’s research (cited in PDM Task Force, 2006) on depressive personalities suggests this type of personality structure is the most common type encountered in clinical practice. A significant feature of this personality pattern is the use of idealisation of others and devaluation of self as central defenses (PDM Task Force, 2006). There is also a strong correlation between Dependent PDs and devaluation of self as central defenses. Bornstein (2010) also reports defenses of regression and avoidance in the Dependent PD. The PDM categorises the Passive-aggressive personality style as strongly associated with the defenses of projection (negativity to others), rationalisation, and denial (PDM Task Force, 2006). The Compulsive personality patterns are characterised by defenses such as isolation and intellectualisation.

Avoidant or phobic personalities are characterised by defenses such as avoidance, displacement, projection and rationalisation. The central dynamic in this type of personality is the focus on dealing with anxiety by attaching the anxiety to a specific feared situation that is then avoided. The tendency to feel unsafe in that specific situation can lead to both behavioural and verbal avoidance. The PDM reports that this pattern can lead to defenses such as denial and projection (PDM Task Force, 2006).

The trends reflected in the PDM support Millon's evolutionary theory of personality. Millon (2011) describes normal personalities as relatively free from immature defenses and behaviours that foster vicious circles and intensify pre-existing difficulties. Those individuals that demonstrate distorted cognitions and maladaptive behaviour provoke negative reactions from others, reactivating earlier conflicts, perpetuating and intensifying ongoing difficulties, and severely limit opportunities for new learning. These individuals are therefore described as having fewer capacities for coping with the demands of life. What skills they do have tend to be applied inflexibly and in situations in which they are inappropriate. They also demonstrate a lack of flexibility and resilience in conflicts and Millon hypothesises that they have few mature defenses to cope with unresolved conflicts and new difficulties.

Contemporary research on defenses suggests that an important assumption is that psychological health involves not only utilising mature defenses, but also being able to use a 'variety' of defensive processes, i.e., if a person habitually reacts to every stress with a specific defense such as projection, they are not as 'healthy' as one who uses different ways of coping, depending on the circumstances. These concepts express the idea originating from Reich's 1933 thesis that mental health is strongly associated with flexibility (as cited in McWilliams, 1994, p. 22, Crawshaw, 2007; White, 2013).

This idea is supported by Cramer's research on developmental changes in the use of defenses. This research, based on a reconstruction of longitudinal data from the early 1920s, suggests that resilience or ego strength in mature adults is a marker of flexibility and the ability to adapt and respond to changes without the excessive use of 'immature defenses' (Cramer, 2012). This author reports on research studies that investigate three specific defenses: Denial, Projection, and Identification. Denial is characterised by 'ignoring' thoughts, feelings, or experiences that create anxiety; for example saying 'I am NOT angry' despite the incongruity in his/her reaction or behaviour. A second defense, Projection, is defined as dealing with disturbing thoughts by attributing them to someone or something else; for example, blaming someone else for behaving in a hostile way, when they themselves are feeling threatened). A third defense, Identification, relates to adapting oneself to become more like someone who is admired. This defense relates to the well-known psychodynamic concept of 'identifying with the abuser' which can result in the

‘abused’ beginning to act in a similar way to the ‘abuser’. Another good example of identification relates to a bereaved person protecting themselves against loneliness or isolation from the loss by internalising the lost person’s wishes, which keeps the person alive within themselves (Cramer, 2012).

In summary, the importance of the concept of defenses in the context of personality structure is intrinsic to psychodynamic theory and supported by a rich body of research (Campos et al., 2011; Cramer, 2012; McWilliams, 1994; Millon, 2011; PDM Task Force, 2006; Yeomans et al., 2002). There are a variety of conceptualisations about how defenses are linked to personality structure. The integration of a single framework that incorporates all types and levels of personality structure and defenses has been an elusive goal that has dominated and continues to preoccupy the efforts of researchers in this field (Andrews et al., 1993; Campos et al., 2011; Connor-Smith, & Flachsbart, 2007; Cramer, 2012; Crawshaw, 2007; McWilliams, 2011, 2012; Muris & Merckelbach, 1996; PDM Task Force, 2006; Ungerer et al., 1997; Vaillant, 1992; White, 2013; Yeomans et al., 2002).

3.8 Summary

Defenses are a key concept in understanding personality structure and can provide valuable information on how different personalities cope with stress and anxiety. Research indicates that defenses are not only closely correlated with clinical personality patterns and PDs, but are also predictive of satisfaction with relationships. Whilst the concept of defenses is difficult to operationalise as it is based on unconscious behaviour, it is sometimes regarded as an even greater predictor of outcomes than personality structure. The use of this construct in this study is explained in greater detail in Chapter 4.

Chapter 4

Rationale and Design Considerations

4.1 Introduction

This chapter outlines the main research goals, design considerations (methodology and procedure), and rationale of both studies reported in this dissertation. The specific aims and hypotheses for Study 1 (quantitative) and Study 2 (qualitative) are discussed in detail in Chapters 5 and 6 respectively.

4.2 Research goals

The major goals of this project were to obtain a broader understanding of personality patterns and defenses of participants in the context of workplace mediation, specifically, to:

- (i) explore the frequency of specific groups of personality patterns and defenses in workplace mediation
- (ii) understand the impact of personality patterns and defenses on satisfaction with both the process and the outcome of workplace mediation
- (iii) develop a specific understanding of the relationship between personality patterns and defenses in the context of mediation, and
- (iv) obtain further insight into the relationships between personality patterns, defenses, and satisfaction with both the process and outcome of workplace mediation by conducting a qualitative study to draw out themes that may provide greater depth to the quantitative study.

4.3 Design considerations for study 1

4.3.1 Introduction

Study 1 was designed to measure the impact of personality structure on both the process and the outcome of workplace mediation from a quantitative perspective. Psychodynamic theory was used as a unifying theoretical framework for the study as this theory emphasises the uniqueness of each personality in an in depth and holistic framework which includes both levels and types of personality and defenses. The

link between personality and defenses is fundamental to a holistic understanding of the overall functioning of different personalities and their reactions to different contexts and situations. Psychodynamic theory in this context has rarely been subjected to empirical measurement and is therefore largely theoretical rather than practical (Dolinsky Cahall, 2006; McWilliams, 2012; PDM Task Force, 2006; Shedler et al., 2010). Millon's Multiaxial Clinical Inventory (MCMI-III), which is consistent with the DSM-IV-TR and DSM-5, is used as the basis of the classification system for this study. This classification system provides a practical measure for the design of the study. As there were very few research studies that focus on the workplace from a psychodynamic perspective, the use of measures consistent with the DSM was deemed an appropriate scientific approach within this context. Satisfaction with mediation outcome was conceptualised as satisfaction with both the process and the outcome of mediation. This is consistent with research in family mediation which has demonstrated the utility of separating the concept of satisfaction into 'process' and 'outcome' (Bickerdike & Littlefield, 2000, 2004; Kelly, 2004; Shaw, 2010).

The constructs used in the analyses of the data for Study 1 are illustrated in Figure 1:

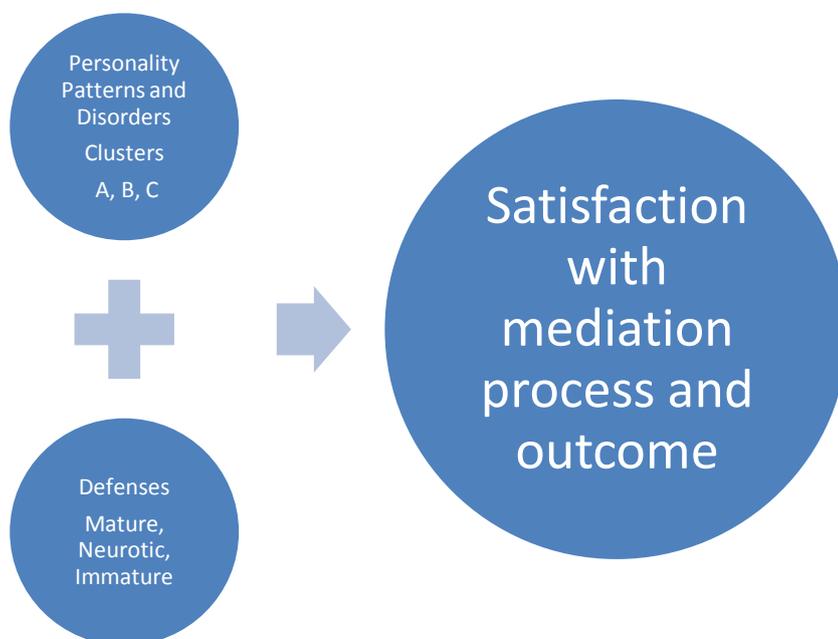


Figure 1: Constructs used in the data analysis

Personality Structure is the independent predictor of outcomes in this study and is operationalised in terms of clinical personality patterns and PDs and defenses. Satisfaction with mediation outcome and process are the dependent variables in this study. The rationale for measuring these constructs (clinical personality patterns and PDs, defenses, and satisfaction with mediation process and outcome) is discussed in 4.3.2, 4.3.3, and 4.3.4 respectively.

4.3.2 Clinical Personality Patterns and PDs

In Study 1, the first independent predictor of satisfaction with the both the process and outcome of mediation is personality structure, which comprises clinical personality patterns and PDs. Whilst most studies of workplace conflict and mediation utilise models of normal personality styles, the impact of clinical personality patterns and PDs in the workplace is relatively unexplored. Mediation is a process to resolve conflict in an open, honest and clear manner. Since people with clinical personality patterns and PDs generally have difficulties in interpersonal issues, it is conceivable that conflict may be generated by these personalities even where there is no trigger. It is also conceivable that even if there is an effective process such as mediation to resolve conflict, people with clinical personality patterns and PDs may be dissatisfied with the process and the outcome of mediation. The gap in the literature arises partly from the separate streams of research generated from the clinical and organisational fields of psychology. There is, however, an increased awareness and need for interventions with people with clinical personality patterns and PDs in the workplace. Whilst the labelling or pathologising of personality types in the workplace is discouraged, evidenced based research that provides information on how to effectively manage clinical personalities and PDs is becoming increasingly valued (Cava, 2000; Cavaiola & Lavender, 2000; Clarke, 2005; Crawshaw, 2007; Eddy, 2006, 2008; Millon & Grossman, 2007; Sutton, 2007; White, 2013).

According to the DSM-IV-TR, PDs are divided into three clusters (Cluster A (Odd-Eccentric), Cluster B (Dramatic-Emotional), and Cluster C (Anxious-Fearful) (APA, 2000). Whilst all three clusters describe inflexible and unconscious behaviours and defenses, Cluster B, which includes the Antisocial, Borderline, Histrionic, Narcissistic, and Sadistic PDs, is the cluster that is likely to generate the most uncomfortable interpersonal interactions. This is illustrated within the clinical

literature where Antisocial PDs are regarded as exploitative of others; Narcissistic PDs have a tendency to patronise and devalue others; Sadistic PDs are known to dominate and control relations; Borderline PDs tend to have unstable interpersonal relationships; and the Histrionic PDs tend to breach interpersonal boundaries (APA, 2000, 2013; Cavaola & Lavender, 2000; Crawshaw, 2007; Millon, 2011; Millon & Grossman, 2007; PDM Task Force, 2006; Ronsen, 2012; White, 2013). This is further supported by research indicating that PDs in Cluster B are generally associated with a low quality of life (McMurrin et al., 2006; Millon & Grossman, 2007; PDM Taskforce, 2006; Soeteman & Kim, 2013; White, 2013).

Considering the prevalence and common thread of interpersonal conflict in Cluster B personalities it is reasonable to hypothesise that this cluster would contribute more than Cluster A and C to low satisfaction with mediation. The potential for interpersonal conflict in Cluster B personalities forms the rationale for hypothesising that Cluster B personalities are a predictor of lower satisfaction with both the process and the outcome of workplace mediation.

In this study, the Millon Clinical Multi-axial Inventory (MCMI-III) (see Appendix C) is used as the measure of clinical personality patterns and PDs. This measure was used based on its reputation as a well-constructed questionnaire with high levels of reliability and validity. It is also consistent with the DSM-III (APA, 1987). As most research studies on personality refer to the DSM, this reference point places this study in the realm of evidence based research. The second rationale for using this questionnaire is the utility of its design which is based on a hybrid dimensional-categorical classification, which describes the full continuum of personality from adaptive to maladaptive. The measure captures data on personality styles (normal), clinical personality patterns, and PDs. As this classification is consistent with the latest version of the DSM (DSM-5), the measure is consistent with the future direction of personality assessment (APA, 2013). In addition, reliability and validity studies on the MCMI-III report a well-constructed questionnaire. Alpha coefficients are greater than 0.8 for 20 of the 28 scales (0.71 to 0.79 for the remaining scales) and there is high test-retest reliability, with a median of 0.91. For the personality scales, the test-retest reliability over an average of a 379-day interval was 0.69 which suggests a moderate level of long-term stability (Craig, 2005; Groth-Marnat, 2009; Millon et al., 1997).

4.3.3 Defenses

In Study 1, the second independent predictor of satisfaction with the both the process and outcome of mediation is defenses. The rationale for the use of this construct was based on recognition of the widely acknowledged assertion that the concept of defenses is intrinsic to psychodynamic theory, particularly in the context of PDs. Psychodynamic theory stresses the value of understanding the full range of defenses from immature (maladaptive), neurotic, to mature (adaptive) in maintaining anxiety, interpersonal relationships and self-esteem. In fact, the concept of defenses is regarded by some clinicians as pivotal in the assessment of personality patterns (McWilliams, 2011; PDM Task Force, 2006; Prunas, Preti, Huemer, Shaw, & Steiner, 2014). A specific manifestation of this is the general acknowledgement in the therapeutic literature that an individual's awareness of their own defenses can help them to modify maladaptive responses and develop more effective coping strategies (Crawshaw, 2007; McWilliams, 2011; White, 2013). Another important application of the concept of using defenses in mediation is that recognition and management of defenses by mediators may reduce resistance in mediation participants, and thus maximise satisfaction in both the process and the outcome of mediation. For example, if a mediator recognises that a mediation participant is in 'Denial' regarding the impact of their own contribution to the conflict, they may spend time in the pre-mediation assessing if the mediation will be constructive.

The rationale for the hypotheses that the immature level of defenses, specifically Denial and Projection, is likely to lead to lower satisfaction with both the process and the outcome of mediation has both an empirical and theoretical rationale. At an empirical level a large range of studies have found that immature defenses are predictive of and associated with Cluster B clinical personality patterns and PDs (Andrews et al., 1993; Campos et al., 2011; Cramer, 2012; Crawshaw, 2007; McWilliams, 1994, 1999, 2011, 2012; Muris & Merckelbach, 1996; Prunas et al., 2014; Sinha & Watson, 2004; Ungerer et al., 1997; White, 2013; Yeomans et al., 2002). As such, the hypothesis that Denial and Projection are predictive of lower satisfaction with both the process and the outcome of mediation is consistent with hypotheses 1a and 1b. At a theoretical level in terms of psychodynamic theory the defenses of Denial and Projection are regarded as the most primitive defenses arising from early childhood development. With normal personality development, these defenses are modified or reduced to negligible levels; however with clinical

personality patterns or PDs these defenses remain operational and can be maladaptive (Baumeister et al., 1998; Cramer, 2012; Crawshaw, 2007; McWilliams, 2011; Millon 1999; White, 2013). For example, in a community adult population, Cramer (2012) found Borderline PD was significantly associated with Denial and overall, Cluster B PDs were significantly associated with Denial and Projection. Based on this evidence, it is reasonable to assume that people with clinical personality patterns or PDs who use these defenses may experience a lower level of satisfaction with both the process and the outcome of mediation.

Considering the centrality of the defenses of Denial and Projection it is reasonable to hypothesise that they would contribute more than other immature defenses to low satisfaction with mediation.

In the current study, the Defense Style Questionnaire (DSQ) (see Appendix D) is used as the measure of defenses. An important rationale for using this measure is its utility in capturing the conscious derivatives of defenses from a behavioural perspective (Andrews et al., 1993). As defenses are inherently unconscious, a measure that operationalises defenses in terms of overt behaviour is an innovative and useful way to understand defenses. As with the MCMI-III, the DSQ's consistency with the DSM provides a common reference point for defenses. In addition, the DSQ has high construct validity, criterion-related validity and the test-retest reliability of each item (Andrews et al., 1993).

Both measures (MCMI-III and DSQ) are described in detail in Chapter 5.

4.3.4 Satisfaction with the Process and Outcome of Mediation

In Study 1, the dependent variable was the participants' satisfaction with both the process and the outcome of mediation. This variable was selected for two reasons. Firstly this variable is generally used as a proxy measure of whether mediation has been successful. Secondly this variable has been used extensively and has been validated as a psychometrically sound dependent variable in the field of family mediation (Kelly, 2004).

In this study, the Satisfaction with Mediation Outcomes (SMOS) scale (See Appendix E) is used as the measure of satisfaction with both the process and the outcome of mediation. The rationale for using the SMOS scale is based on its evidence of both face validity and overall construct validity (Goldie, 2004). In addition, the generalisability of the scales was tested through the administration of

the questionnaire to a group of clients who sought mediation services at PPC Worldwide. This measure is described in greater detail in Chapter 5.

4.4 Design considerations for Study 2

One of the limitations with quantitative studies in general and Study 1 in particular is the lack of depth and detail in terms of information on the respondents' beliefs, perceptions, or accounts of their experience of mediation. Study 1 was designed to highlight specific predictors of low satisfaction with both the process and the outcome of mediation. Study 2 was designed to obtain in-depth material to explore the perceptions and experiences of participants in workplace mediation. It was designed to extend the information obtained in Study 1 through in-depth semi-structured interviews guided by an interview schedule, developed to explore in greater depth the general topics of the impact of personality and defense style on mediation outcomes (see Appendix F). The interviews were then conducted, tape recorded, and transcribed. This study is described in detail in Chapter 6.

4.5 Summary

Over the last decade, there has been a proliferation of popular literature describing PDs in the workplace (Cava, 2000; Cavaiola & Lavender, 2000; Clarke, 2005; Crawshaw, 2007; Eddy, 2006, 2008; Lavender & Cavaiola, 2010; Millon & Grossman, 2007; Ronson, 2011; White, 2013). Despite substantial interest by researchers, relatively little empirical research has been conducted in this area.

Consistent recommendations throughout mediation literature call for extended development of theories and practical applications that will broaden existing understanding of the personality of mediation participants (Sourdin, 2008; White, 2013). There is, however, a genuine paucity of empirical research, particularly in an organisational context, exploring maladaptive personality patterns within a theoretical framework. Workplace mediation is a process that is required when two individuals cannot resolve a conflict without the assistance of an external party. It is therefore reasonable to hypothesise that the personality structure or pathology of participants may be an important variable influencing mediation outcomes. This study was designed to provide insight into a clear “gap in the

research” between two disparate fields of research on personality structure and workplace mediation.

In order to bridge this gap in the research, a strong theoretical framework that encompasses both personality and PDs was required. The literature suggests that the psychodynamic model is regarded as a useful unifying framework to integrate such research (Bornstein, 2010).

This study is exploratory with no identified templates or research precedents. It is therefore an attempt to explore and link personality structure with both the process and outcome of workplace mediation. It is the researcher’s hope that this may lead to innovative but practical approaches to accommodate different personality structures and interpersonal behaviours in the workplace mediation process.

Chapter 5

Study 1: The impact of personality structure on satisfaction with the process and outcome of workplace mediation

5.1 Introduction

The aim of this study was to explore personality factors and defenses of mediation participants and to measure levels of satisfaction with mediation. Multiple regression was selected as the most appropriate statistical technique to determine whether personality and defense variables are significant predictors of levels of satisfaction with mediation (Allen & Bennet, 2008; Coakes, 2005; Hayes, 2000).

5.2 Aims

The aims of the study were:

- i) To investigate the personality profile, defenses, and satisfaction with mediation outcomes amongst participants presenting for mediation.
- ii) To identify personality factors and defenses that correlate with low levels of satisfaction with mediation outcomes amongst individuals presenting for mediation and to make research-based suggestions concerning how mediators can effectively manage these factors in the mediation.

5.3 Hypotheses

Based on general research in the fields of personality structure and mediation outcomes and on clinical practice, it was hypothesised that:
H1a: Personality Clusters A (Odd-Eccentric), B (Dramatic-Emotional), and C (Anxious-Fearful) each uniquely explain a significant proportion of the variance in the overall satisfaction with mediation process score.

H1b: Personality Clusters A (Odd-Eccentric), B (Dramatic-Emotional), and C (Anxious-Fearful) each uniquely explain a significant proportion of the variance in the overall satisfaction with mediation outcome score.

H2a: Defense Styles (Immature, Neurotic, and Mature) each uniquely explain a significant proportion of the variance in the overall satisfaction with mediation process score.

H2b: Defense Styles (Immature, Neurotic, and Mature) each uniquely explain a significant proportion of the variance in the overall satisfaction with mediation outcome score.

H3a: Clinical Personality Patterns in Cluster B (Dramatic-Emotional) (Histrionic, Narcissistic, Borderline, Antisocial, and Sadistic) each uniquely explain a significant proportion of the variance in the overall satisfaction with mediation process score.

H3b: Clinical Personality Patterns in Cluster B (Dramatic-Emotional) (Histrionic, Narcissistic, Borderline, Antisocial, and Sadistic) each uniquely explain a significant proportion of the variance in the overall satisfaction with mediation outcome score.

H4a: Defenses in the Immature Defense Style (Denial and Projection) each uniquely explain a significant proportion of the variance in the overall satisfaction with mediation process score.

H4b: Defenses in the Immature Defense Style (Denial and Projection) each uniquely explain a significant proportion of the variance in the overall satisfaction with mediation outcome score.

5.4 Model adherence study

The dependent variable of the main study was designed to measure satisfaction with both the process and the outcome of mediation. Before the study was conducted, it was regarded as an important pre-requisite to establish that the mediation model being used by mediators at OSA group (an employee assistance programme and organisational development consultancy – currently called PPC Worldwide) was being consistently applied by the mediators employed by the consultancy. The model adherence study was conducted by a practicum student at PPC Worldwide, as part of her Masters in Organisational Psychology (Goldie, 2008). Model adherence is regarded as an important factor in research examining outcome effects (Resnick et al., 2005). ‘Model adherence’, therefore referred to the extent to which OSA Group mediators delivered the mediation according to the prescribed model.

Nine mediators participated in the study. Five were internal employees of PPC Worldwide. Four mediators were regular consultants to PPC Worldwide. Six of the participants were female, and three were male. All of the participants had been

facilitating mediations for a minimum of one year, with a mean of 2.5 years. All participants had undergone the Nipping It in the Bud (NIB) training workshop, which was the in-house training mediation model for PPC Worldwide. Semi-structured interviews were conducted to gather information pertaining to model adherence. Results revealed that there was strong adherence to the PPC Worldwide model for mediation, with an overall adherence rating of 79%. All of the recommended guidelines prescribed in the NIB manual were adhered to within 71% accuracy (see Appendix G, Goldie, 2008).

5.5 Main study

This section outlines central aspects of the main study. The pilot study, participants, measures, procedures, and data screening are described.

5.5.1 Pilot study

A pilot study was conducted from January to November 2005 where approximately 30 participants were approached to participate in the research with only seven participants completing questionnaires over a year of active collection. The response rate was extremely low which suggested a self-selection bias common to this type of research. Feedback from participants in mediation indicated that the personal nature of the psychometric questionnaires were a deterrent to participation in the study, especially after having undergone a rigorous and sometimes stressful process of mediation. This reason was therefore regarded as the main factor associated with the low response rate. Additional reasons given by participants for not participating in the pilot study included: the clinical nature of the data, the effort required to complete the questionnaire after having gone through mediation (most participants expressed the desire to ‘just move on with their lives’ and not dissect the mediation process), and a lack of trust regarding the confidentiality and anonymity of participants. The following factors were deemed helpful to increase response rates in the main study: face-to-face administration of questionnaires; prior contact with respondents so that they were expecting the questionnaire; and reiteration of confidentiality and anonymity. These factors were addressed once data collection began in 2006 following completion of the pilot study.

5.5.2 Participants

Data were collected over a five year period from participants who were engaged in a mediation process at PPC Worldwide from January 2006 to November 2010. The participants were from client organisations of PPC Worldwide, which was engaged by these client organisations to provide workplace mediation services when and as required. As PPC Worldwide completes an average of at least 25 mediations per annum, yielding 50 participants per annum, approximately 250 participants were approached over the five year duration of the study by the mediation coordinator. The nature of the disputes was based on resolving workplace relationships following a dispute regarding organisational issues. Examples of disputes included issues such as clarity of roles, boundaries at work, management styles, and patterns of communication. There were no disputes relating to formal grievances for sexual harassment or bullying as the facilitative model is not designed for this purpose (Kelly, 2004; NADRAC, 2011).

One hundred and forty seven participants agreed to participate in the research over the five year period (approximately 30 participants per year). Of this total, 108 participants completed the mediation process and agreed to participate in the research. Of those participants, 76 (73%) completed the research questionnaire to a level that could be considered acceptable for processing. See 5.5.5 for Tabachnick & Fidell's (1996) guidelines for this level.

Overall the response rate from all mediation participants at PPC Worldwide over the five year period was 51.7%.

Within this sample only one participant per mediation pair was included in the study. This took place because in all but two mediation pairs, only one participant agreed to participate in the study. In almost all of the mediations, the participant who agreed to take part in the study was the 'initiator' of the mediation process. The study did not therefore match or 'pair' participants in order to understand the relationship between the specific personality styles and defenses between participants in the dyad.

The final sample consisted of 76 participants who were recruited from PPC Worldwide. Of these participants, 59 were female (77.6%) and 17 were male (22.4%). Thirteen (17.1%) were single, 45 (59.2%) were married/de facto, and 18 (23.7%) were divorced/separated.

The age of participants ranged from 21 to over 51 years. Of these participants, 15% were aged between 21 and 30 years, 22% were aged between 31

and 40 years, 40% were in the age range of 41 years to 50 years, and 24% were 51 years or over. Forty-five per cent of the sample was professional, 30% were from middle management, 11% were in senior management, 4% had technical roles in their organisation, and 11% had administrative or secretarial roles. Thirty-three per cent did not perform a supervisory function, 30% supervised 1 to 5 staff, 13% supervised 6 to 10 staff, 13% supervised 11 to 15 staff, and 12% supervised more than 15 staff. Forty-seven per cent of participants worked in government organisations, 15% in private, and 16% in community organisations. The remainder (22%) worked in varied types of organisations in the service sector or consultancies.

5.5.3 Measures

The questionnaire consisted of three measures plus 11 demographic questions. Personality styles were measured by the Millon Multiaxial Clinical Inventory (MCMI-III) (Millon et al., 1997); Defense Styles were measured by the Defense Style Questionnaire (DSQ) (Andrews et al., 1993); and satisfaction with both the process and the outcome of mediation were measured by the Satisfaction with Mediation Outcome Scale (SMOS) (Goldie, 2004).

5.5.3.1 Millon Multiaxial Clinical Inventory (MCMI-III)

The Millon Multiaxial Clinical Inventory (MCMI-III) is a standardised, self-report theoretically derived inventory for measuring personality styles, clinical patterns and disorders for clinical and nonclinical populations (Axis II of the DSM-IV-TR). The inventory also measures emotional health (Axis 1 of the DSM-IV-TR), and attitude toward taking tests. This provides information on how personality affects emotional health (clinical syndromes) and vice versa (Craig, 2005; Millon et al., 1997).

The current version, MCMI-III, comprises 175 dichotomous (true-false) questions that are scored on 28 scales. The scales are divided into four modifying/validity indices, 11 clinical personality pattern scales, 3 severe personality pathology scales, and 10 clinical syndrome scales. The clinical personality pattern category includes the following 11 scales: Schizoid, Avoidant, Depressive, Dependent, Histrionic, Narcissistic, Antisocial, Aggressive (Sadistic), Compulsive, Passive-Aggressive (Negativistic), and Self-Defeating Scales. The severe personality pathology category includes the following three scales: Schizotypal, Borderline, and

Paranoid. The clinical syndromes category includes seven symptom scales. These are as follows: Anxiety, Somatoform, Bipolar, Manic, Dysthymia, Alcohol Dependence, Drug Dependence, and Posttraumatic Stress Disorder. The severe syndromes category includes three scales which are: Thought Disorder, Major Depression, and Delusional Disorder.

The MCMI-III is designed with a Base Rate (BR) distribution and BR scores. This distribution is based on Millon's argument that it is inappropriate to use normal scale distributions (such as T-Scores, or standard scores) to transform raw scores, because PDs are not normally distributed in the general population (Millon et al., 1997). The distribution of BR scores is based on the defining features of the disorder at the diagnostic level and the prevalence rate of the disorder within a standardised sample. Each category provides a prototype with individual scores on each variable in each category, ranging from a BR of 0 to 115. Within the Clinical Personality Pattern range, BR scores less than BR 75 are considered to be personality styles in the normal range of personality, BR scores greater than 74 but less than BR 85 are interpreted as Clinical Personality Patterns, and BR scores greater than 84 reflect PDs at a diagnostic level. The traditional anchor point for inferring that a person is in the 'Clinical Personality Pattern' range is at least BR75. A base rate score of at least BR75 on any scale means that the person has sufficient amount of the personality style for it to be interpreted as a Clinical Personality Pattern. BR85 is the traditional anchor point for inferring that the person has a strong possibility of manifesting a PD. The higher the BR score, the more severe the PD. In general, BR35 is the median score for nonclinical populations and BR 60 is the median score for clinical populations.

Participants can score in each of the four categories and 24 scales (excluding the modifying indices for disclosure, desirability, debasement, and validity). Researchers have generally used $BR > 74$ as an operational measure, particularly when computing diagnostic power statistics (Craig, 2005; Millon et al., 1997).

The information obtained from the MCMI-III focuses on clinical symptoms (Axis I), as well as personality patterns and disorders (Axis II). Reliability and validity studies on the MCMI-III report a well-constructed questionnaire. Alpha coefficients are greater than .8 for 20 of the 28 scales and there is high test-retest reliability, with a median of .91. For the personality scales, the test-retest reliability

over an average of a 379-day interval was .69 which suggests a moderate level of long-term stability (Craig, 2005; Groth-Marnat, 2003).

The inventory is considered unique in that the scales and items are aligned with Millon's theory of personality as well as the DSM-IV-TR classification of personality (Craig, 2005; Groth-Marnat, 2003). They can therefore be used to suggest specific personality profiles and clinical dynamics, as well as information on social history and current behaviour. For example, where an item in the inventory relating to a lack of self-reliance, such as item 108 "*I worry a great deal about being left alone and having to take care of myself*" is endorsed, inferences about the individual's personality and behaviour can be made according to Millon's theory of personality and the criteria for Dependent PD in the DSM-IV-TR.

Another important feature of the inventory is that many of the personality scales have both a theoretical and item overlap. The implication is that an elevation on one Clinical Personality scale may have a corresponding elevation on another Clinical Personality and/or Clinical Syndrome scale such as Anxiety or Dysthymia. The categories are therefore both independent and correlated. The profile therefore allows for a more holistic understanding of the person (Groth-Marnat, 2003). Millon et al. (1997) caution that there are no pure profiles as real-world personalities are variants and mixtures of the basic personality patterns. Within the categorical perspective, personality structure is generally described in terms of PDs and divided into categories based on specific criteria with defining features. A specific number of pathological symptoms or traits from a larger list of symptoms must be present to indicate a PD diagnosis. For example, in the DSM-IV-TR, the diagnosis Borderline PD can only be made if there are at least five symptoms or traits from a list of nine (APA, 2000; Sellborn, Anderson, & Bagby, 2013). The MCMI-III is not considered to provide a diagnosis, but rather a profile of information to be interpreted in conjunction with biographical, observational and interview data (Groth-Marnat, 2009; Millon et al., 1997).

5.5.3.2 Defense Measure – Defense Style Questionnaire (DSQ)

The DSQ developed by Andrews et al. (1993) is a self-report questionnaire designed to assess defenses along a developmental continuum from Immature to Neurotic through to Mature defenses (see Appendix D). In 1989, Andrews et al. developed the questionnaire to make it consistent with the DSM-III-R (Andrews et

al., 1993). A revised 40-item questionnaire was designed in 1993 to aim for greater internal consistency than the 72-item questionnaire and provides a more practical inventory that reduces fatigue. The inventory represents each defense with two items. Strong emphasis was given to evaluating construct validity, criterion-related validity and the test-retest reliability of each item (Andrews et al., 1993).

The test-retest reliability is based on the presumption that defense style is presumed to be a personality trait that is stable over time. The DSQ is used to capture and measure the participant's characteristic way of dealing with anxiety and conflict, based on the assumption that the participant has sufficient insight to describe his or her conscious or unconscious behaviour (Andrews et al., 1993). Test-retest correlations of .60 for the Immature factor and .71 for the Mature factor were found. The construct validity of the revised 40-item questionnaire was .95, .93, and .97 amongst the Immature, Neurotic, and Mature factors respectively. The questionnaire can therefore be regarded as demonstrating adequate reliability and validity.

The 20 defenses in the DSQ consisted of three factors in the form of Immature, Neurotic, and Mature Defense Styles. Twelve defenses were included in the Immature Defense Style: Passive-aggression, Acting-out, Isolation, Devaluation, Autistic fantasy, Denial, Displacement, Dissociation, Splitting, Rationalisation, and Somatisation. Neurotic defenses included four defenses: Undoing, Pseudo altruism, Idealisation, and Reaction Formation. Four defenses were included in the Mature Defenses Style: Sublimation, Humour, Anticipation, and Suppression. Immature Defense Styles manifest in some areas of psychopathological development, including Borderline personality whereas Neurotic and Mature Defense Styles manifest in normal psychological development (Andrews et al., 1993; McWilliams, 1994, 2011; Vaillant, 1992; Yeomans et al., 2002).

The DSQ data from this study did not fit the proposed three-factor solution (Immature, Neurotic, and Mature). Each of the four statistics that were used to assess fit (Root Mean Square Error of Approximation [RMSEA], the Non-normed Fit Index ([NNFI], the Comparative Fit Index ([CFI], and the Standardised Root Mean Square Residual [SRMR]) concurred that the fit was poor (RMSEA = .11 > .05, NNFI = .70 < 0.90, CFI = .73 < .90, SRMR = .11 > .10). The poor fit was not attributable to assigning Rationalisation to the Immature factor rather than the Mature factor because a revised model that incorporated this change also fit poorly. Despite the

apparent statistical overlap between the three factors, they are conceptually distinct constructs and were analysed as such.

5.5.3.3 Satisfaction with Mediation Outcome Measure (SMOS)

The Satisfaction with Mediation Outcome Scale (SMOS) is designed to measure satisfaction with both the process and outcome of mediation in work related disputes (see Appendix E). The scale was adapted from Kelly and Gigy's (1988) original Client Assessment of Mediation Services (CAMS) scale by Goldie as a partial requirement for a Masters in Organisational Psychology at Curtin University. The original CAMS questionnaire was developed as part of a longitudinal study of divorce mediation to measure clients' attitudes toward important aspects of both the process and the outcome of mediation. While the scale was developed for divorce mediation, the items were designed to be generalised to other settings such as the workplace (Kelly, 2004; Kelly & Gigy, 1988, 1989). The CAMS scale was therefore selected for adaptation to workplace mediation in this study.

For the present study, one entire factor of satisfaction with child-specific issues and agreements was omitted from the scale as it was not relevant in a work-related forum. The adapted scale appeared to be measuring two components of general satisfaction with mediation: satisfaction with outcome and agreements (satisfaction with agreements and emotional satisfaction) and satisfaction with process (effective mediator, empowerment of client, impartiality of mediator, focus on issues, and impact on work relationships).

The SMOS data from this study fitted the proposed two-factor solution (Process, Outcome) on three of four statistics (NNFI = .92 >.90, CFI = .95 >.90, SRMR =.05 <.10). The RMSEA, however, indicated a poor fit (RMSEA =.16 >.05); however, for relatively small sample sizes (N = 76), the RMSEA tends to be inflated. In fact, some researchers argue that the RMSEA should not be computed for small sample sizes (Kenny, Kaniskan, & McCoach, 2014).

5.5.4 Procedure

The mediation coordinator at PPC Worldwide gave information about the research study to all mediation participants attending the agency for mediation in Western Australia, Australia between January 2006 and November 2010. The mediation coordinator explained the objectives of the research and sought verbal

consent for participation in the research project from both the referring manager and both participants. If verbal consent was granted, the mediation coordinator made contact with participants by telephone and explained both the mediation process and the research protocol. If verbal consent was refused, the mediator followed the mediation process without the research component.

The research protocol was as follows: The PPC Worldwide mediator handed a 'research package' containing an information sheet and research consent form (see Appendix A), biographical questionnaire (see Appendix B), Millon Multiaxial Clinical Inventory (MCMI-III), and Defense Style Questionnaire (DSQ) (see Appendices C and D) to each participant at the beginning of the individual pre-mediation session. The mediator clarified that the 'research package' would be processed and used in the research only if the mediation took place and that the 'research package' would be destroyed if mediation did not take place. The inclusion criteria required participants to have completed the full mediation process which involved both the pre-mediation stage and the mediation itself.

Participants were also informed that the results would be processed only after the mediator has completed the mediation; the results would be kept completely separate to the mediation file; and that there would be no feedback at an organisational or individual level. A number was allocated to each 'research package'. There was no identifiable information on any set of data. Each set of data was stored in a locked cabinet.

For the results phase each 'research package' was processed once the mediation has been completed. The MCMI was sent to Pearson Assessments for computer scoring. The DSQ and SMOS were hand scored by the researcher. Results were entered on an ongoing basis into the research database. Once the full set of data was obtained, statistical analysis began.

For the purposes of this study scores less than or equal to BR74 on the MCMI-III were reported as personality styles as these scores were below the cut off point for personality patterns and disorders and were not considered clinically significant (Millon et al., 1997); scores greater than BR74 to BR 84 on the MCMI-III were reported as clinical personality patterns; and scores greater than BR 84 were reported as PDs. These cut-off points were used as the MCMI-III is based on data which reflects personality pathology from clinical personality patterns (BR scores > 74), and PDs (BR scores > 84).

In the analyses, clinical personality patterns and PDs were grouped into three Clusters based on the DSM-IV-TR. The researcher's final grouping comprised Clusters based on the DSM-IV-TR and MCMI-III personality style categories. Cluster A (Odd-Eccentric) included Schizoid, Paranoid and Schizotypal clinical personality styles and PDs. Cluster B (Dramatic-Emotional) included Narcissistic, Histrionic, Sadistic, Borderline, and Antisocial clinical personality styles and PDs. Cluster C (Anxious-Fearful) included Compulsive, Depressive, Dependent, Masochistic, Negativistic, and Avoidant clinical personality styles and PDs (APA, 2000). The individual defense mechanisms were divided into three defense levels that range from Immature, Neurotic, to Mature (Andrews et al., 1993; McWilliams, 1994; Vaillant, 1992; Yeomans et al., 2002).

5.5.5 Data Screening and Missing Data

Following data entry, the data were examined for accuracy of input, out of range values, and missing values. Variables with 5% or more missing data should be subjected to further testing to determine if the missing data are related to other variables (Tabachnick & Fidell, 1996). There were no variables with 5% or more missing data in this study.

5.6 Results

The results are presented in four sections. The first section presents the characteristics of the sample ($N = 76$). The second section reports the correlations among Personality Clusters (A, B, and C), Defense Styles (Immature, Neurotic, and Mature) and scores of satisfaction with both the process and the outcome of mediation. The third section comprises the main analyses in which the research questions under investigation are addressed and the hypotheses tested. This section reports the results of eight multiple regression analyses that investigated the relationships between the personality and defense scales (the predictors) and satisfaction with both the process and the outcome of mediation (the dependent variables).

5.6.1 Characteristics of Sample

The characteristics of the sample are described according to personality characteristics as measured by the MCM-III and defense characteristics as measured by DSQ (Andrews et al., 1993; Millon et al., 1997).

5.6.1.1 Personality Characteristics of Sample as measured by MCMI-III

Table 1 presents the means and standard deviation (SD) of BR scores of the participants in this study for the 14 personality scales of the MCMI-III according to range.

Table 1 Means and SD of BR scores on MCMI-III

Range		Schizoid	Avoidant	Depressive	Dependent	Histrionic	Narcissistic	Antisocial	Sadistic	Compulsive	Negativistic	Masochistic	Schizoid	Borderline	Paranoid
<75	Mean	36.81	27.38	23.62	26.69	54.69	57.61	36.11	39.84	59.50	32.41	24.01	25.78	25.99	35.74
	N	68	71	65	68	52	49	75	73	58	69	68	76	75	74
	SD	24.45	23.18	20.30	20.01	16.03	13.452	20.70	22.09	10.85	22.27	22.20	25.26	21.54	26.00
>74<85	Mean	43.88	79.67	78.83	77.25	78.85	78.60	79.00	77.33	79.50	79.00	81.28	-	84.00	80.50
	N	8	3	6	4	13	15	1	3	12	5	5	-	1	2
	SD	27.33	4.04	2.64	2.87	2.82	2.87	-	2.51	2.78	3.16	3.56	-	-	3.54
>84	Mean	-	92.50	92.40	91.00	92.00	96.00	-	-	87.67	95.00	88.67	-	-	-
	N	-	2	5	4	11	12	-	-	6	2	3	-	-	-
	SD	-	10.61	9.50	8.49	4.90	10.045	-	-	2.50	2.83	3.22	-	-	-
Total	Mean	37.55	31.16	32.50	32.74	64.22	67.82	36.67	41.32	64.88	37.12	30.33	25.78	26.75	36.82
	N	76	76	76	76	76	76	76	76	76	76	76	76	76	76
	SD	24.67	26.67	28.92	26.09	19.81	18.72	21.14	22.86	13.75	26.02	28.03	25.26	22.41	26.66

For the purposes of this study scores on the MCMI-III of less than BR 75 are reported as personality styles; scores greater than BR74 and less than BR85 are reported as clinical personality patterns; and finally, scores greater than BR84 are reported as PDs. These cut-off points are used to differentiate at a diagnostic level between a range of ‘normal personality traits’, ‘clinical personality patterns’, and ‘PDs’. Researchers have generally used BR > 74 as an operational measure, particularly when computing diagnostic power statistics (Craig, 2005; Millon et al., 1997).

In the analyses, clinical personality patterns and PDs are grouped into three clusters as described above. Cluster A (Odd-Eccentric): Schizoid, Paranoid, and Schizotypal. Cluster B (Dramatic-Emotional): Narcissistic, Histrionic, Borderline, and Antisocial. Cluster C (Anxious-Fearful): Obsessive-compulsive, Dependent, and Avoidant (APA, 2000). The MCMI-III includes four additional personality styles that are not included in the DSM-IV-TR. These are Sadistic, Depressive, Masochistic, and Negativistic personality styles. These additional personality styles were grouped into the three clusters according to the PDM and Millon’s classification (Millon, 2011; PDM Task Force, 2006). The Sadistic personality style shares themes with the Cluster B (Dramatic-Emotional) and the Depressive, Masochistic, and Negativistic personality styles share themes with Cluster C (Anxious-Fearful). There were no additional personality styles grouped into Cluster A, which remained as described in the DSM-IV-TR.

Therefore the final grouping comprises: Cluster A (Odd-Eccentric), which includes Schizoid, Paranoid, and Schizotypal clinical personality patterns; Cluster B (Dramatic-Emotional) includes Narcissistic, Histrionic, Sadistic, Borderline, and Antisocial clinical personality patterns; and Cluster C (Anxious-Fearful) includes Obsessive Compulsive, Depressive, Dependent, Masochistic, Negativistic, and Avoidant clinical personality patterns (APA, 2000; Millon, 2011; PDM Task Force, 2006).

A large proportion of the participants within this study scored less than BR 75 on the MCMI-III which is below the cut off point for clinical personality patterns and PDs. These participants were therefore in the ‘normal’ personality style range rather than the clinically significant personality pattern or PD range (Millon et al., 1997). A small proportion of the participants scored greater than BR74 and less than BR85 indicating these participants were in the clinical personality pattern range. An even

smaller proportion of the participants scored greater than BR84. These participants were in the PD range.

The highest proportion of participants who scored within the clinical personality patterns and PD range were within Cluster B scales (Narcissistic and Histrionic). Within the Narcissistic scale 15 participants scored within the clinical personality pattern range and 12 participants scored within the PD range. This amounted to 35.5% of the Narcissistic participants falling within the disordered range. Within the Histrionic scale 13 participants scored within the clinical personality pattern range and 11 participants scored within the PD range. This amounted to 31.6% of the Histrionic participants falling within the disordered range. There were no participants who scored within the clinical personality pattern and PD range for the Schizotypal personality scale. Within the Compulsive scale (Cluster C) 12 participants scored within the clinical personality pattern range and 6 participants scored within the PD range. This amounted to 23.7% of the Compulsive participants falling within the disordered range. There were no participants who scored within the PD range for the Schizoid, Paranoid, Sadistic, Borderline, and Antisocial personality scales.

5.6.1.2 Defense Characteristics of Sample as measured by DSQ

For the purposes of this study, defense scores on the DSQ were grouped into Immature, Neurotic, and Mature Defense Styles. In each Defense Style, the scores were averaged to yield an Immature, Neurotic, and Mature factor score for each participant. The average Immature factor score was 3.82, the average Neurotic factor score was 4.55; and the average Mature factor score was 5.44.

The individual mean defense scores of participants in the Immature, Neurotic and Mature Defense Styles respectively as measured by the DSQ are shown in Table 2.

Table 2 Mean and SD of Defense Scores on DSQ

Immature Defenses	Mean Scores	SD	Neurotic Defenses	Mean Scores	SD	Mature Defenses	Mean Scores	SD
Rationalisation	5.59	1.51	Reaction Formation	5.34	1.87	Humour	6.27	1.73
Acting out	3.97	1.90	Pseudo-Altruism	5.20	1.82	Anticipation	5.28	1.51
Somatisation	3.83	1.94	Idealisation	4.14	2.10	Sublimation	5.14	1.76
Projection	3.49	2.27	Undoing	3.53	1.88	Suppression	5.07	1.86
Isolation	3.49	1.83						
Denial	3.35	1.95						
Displacement	3.34	1.89						
Splitting	3.30	1.64						
Passive Aggression	3.27	1.78						
Devaluation	3.01	1.64						
Dissociation	2.80	1.40						
Autistic Fantasy	2.59	1.59						

Post-hoc contrasts indicate that there were significant differences among the means within each of the three Defense Styles. In the Immature Defense Style there were significant differences among the 12 ‘Immature Defense’ means ($F[11,825] = 19.25, p < .001$). Rationalisation had a significantly higher mean than each of the other eleven Immature Defense Styles ($p < .001$). In this study Rationalisation was classified as an Immature Defense, but in other classifications Rationalisation is included in the Mature Defense Style (McWilliams, 2011). If Rationalisation were to be included in the Mature Defense Style its mean score would be more in alignment with the group mean for the Mature Defense Style as opposed to the mean for the Immature Defense Style due to the inverse relationship between Immature defenses and Mature defenses.

There were also significant differences among the four ‘Neurotic defense Style’ means ($F[3,225] = 19.09, p < .001$). Undoing had a significantly lower mean than each of the other three Neurotic Defense Styles ($p < .05$).

Finally, there were significant also differences among the four ‘Mature Defense Styles’ means ($F[3,225] = 10.37, p < .001$). Humour had a significantly higher mean than each of the other three Mature Defense Styles ($p < .05$).

5.6.2 Correlations

Pearson’s product moment correlations were conducted among variables. Scatter plots presented no evidence of curvilinearity, and histograms revealed no serious departures from normality (Allen & Bennet, 2008; Coakes, 2005; Hayes, 2000).

The correlation matrix of the relationship among scores on personality cluster scales A, B, and C and scores on satisfaction with process and outcome of mediation scales are presented in Table 3.

Table 3 *Correlation for Scores on Personality Cluster Scales on MCMI-III and Scores on SMOS*

	Satisfaction with Process	Satisfaction with Outcome
A (Odd-Eccentric)	-.067	.002
B (Dramatic-Emotional)	-.277*	-.281*
C (Anxious-Fearful)	-.202*	-.097

Note. * $p < .05$; ** $p < .01$; *** $p < .001$.

The significant negative correlations among scores on Cluster B (Dramatic-Emotional) and scores on the satisfaction with mediation process and outcome scales indicated that higher scores in Cluster B were associated with lower scores on the satisfaction with mediation process and outcome scales.

Correlations for scores on individual clinical personality patterns in Cluster A (Odd-Eccentric) (Paranoid, Schizoid, and Schizotypal) and scores on satisfaction with process and outcome of mediation are presented in Table 4.

Table 4 *Correlations for Scores on Cluster A Individual Personality Scales on MCMI-III and Scores on SMOS*

	Satisfaction with Process	Satisfaction with Outcome
Paranoid	-.141	-.072
Schizoid	-.006	.037
Schizotypal	-.004	.044

Note. * $p < .05$; ** $p < .01$; *** $p < .001$.

There were no significant correlations among scores on Cluster A (Odd-Anxious) clinical personality styles and PDs and satisfaction with both the process and the outcome of mediation.

Correlations for scores on individual clinical personality patterns in Cluster B (Dramatic-Emotional) (Histrionic, Narcissistic, Borderline, Antisocial, and Sadistic) and scores on satisfaction with process and outcome of mediation are presented in Table 5.

Table 5 *Correlations for Scores on Cluster B Individual Personality Scales on MCMI-III and Scores on SMOS*

	Satisfaction with Process	Satisfaction with Outcome
Histrionic	.00	-.06
Narcissistic	-.18	-.22
Borderline	-.23*	-.15
Antisocial	-.15	-.19
Sadistic	-.17	-.19

Note. * $p < .05$; ** $p < .01$; *** $p < .001$.

Higher scores on the individual clinical Borderline personality pattern scale were associated with lower scores on satisfaction with mediation process. Borderline

personality pattern, therefore contributes to the significant correlation with lower scores on the satisfaction with mediation process scale.

Correlations for scores on individual clinical personality patterns in Cluster C (Anxious-Fearful) (Compulsive, Dependent, and Avoidant) and scores on satisfaction with process and outcome of mediation are presented in Table 6.

Table 6 *Correlations for Scores on Cluster C Individual Personality Scales on MCMI-III and Scores on SMOS*

	Satisfaction with Process	Satisfaction with Outcome
Compulsive	-.103	-.020
Dependent	-.100	-.042
Avoidant	-.054	.004

Note. * $p < .05$; ** $p < .01$; *** $p < .001$.

There were no significant correlations among scores on Cluster C (Anxious-Fearful) clinical personality styles and PDs and satisfaction with both the process and the outcome of mediation.

Correlations for scores on the Defense Styles (Immature, Neurotic, and Mature), and scores on satisfaction with mediation process and outcome scales are presented in Table 7.

Table 7 *Correlations for Scores of Defense Styles on DSQ and Scores on SMOS*

	Satisfaction with Process	Satisfaction with Outcome
Immature	-.363**	-.268*
Neurotic	-.076	-.074
Mature	.271*	0.155

Note. * $p < .05$; ** $p < .01$; *** $p < .001$ level

The significant negative correlations among scores on the Immature Defense Style and scores on the satisfaction with mediation process and outcome scales indicated that higher scores on the Immature Defense Style were associated with lower scores on the satisfaction with mediation process and outcome scales. The significant positive correlation among scores on the Mature Defense Style and scores on the satisfaction with mediation process indicated that higher scores on the Mature Defense Style were associated with higher scores on the satisfaction with mediation process and outcome scales.

Correlations for scores on individual Immature Defense Styles (Denial and Projection) and scores on satisfaction with mediation process and outcome scales are presented in Table 8.

Table 8 *Correlation for Scores in Individual Immature Defense Styles (Denial and Projection) and Scores on SMOS*

	Satisfaction with Process	Satisfaction with Outcome
Denial	-.533***	-.437***
Projection	-.387***	-.265**

Note. * $p < .05$; ** $p < .01$; *** $p < .001$

The significant negative correlations among scores on the Denial and Projection defense scales and scores of satisfaction with mediation process and outcome scales indicated that higher scores on Denial and Projection scales were associated with lower scores on satisfaction with mediation process and outcome scales.

5.6.3 Regression Analyses

5.6.3.1 Statistical Power and Sample Size

The most complex regression model included five primary predictors; at an alpha-level of .05, the present sample size of 76 participants was sufficient for the five-predictor model to detect ‘moderate to large’ partial correlations ($f^2 = .11$) (G*Power 3.1.2). The addition of covariates - such as duration of conflict, motivation

to resolve conflict, and intensity of conflict - would have seriously compromised the model's statistical power. These variables were therefore analysed separately in a post hoc analysis. A second post hoc analysis examined the relationships between the personality clusters and the defense variables.

5.6.3.2 Assumption testing

Prior to calculating r , the assumptions of normality, linearity, and homoscedasticity were assessed, and found supported. Specifically, a visual inspection of the normal Q-Q and detrended Q-Q plots for each variable confirmed that both were normally distributed. Similarly, for each regression analyses, the scatterplot of the standardised studentised residuals against standardised predicted values was examined for violations of the three regression assumptions of linearity, homoscedasticity, and normality. The points were more or less randomly scattered about the horizontal axis indicating no assumption violations (Tabachnick & Fidell, 2005). In addition, the Cook's Distance statistic was less than one for all participants in each regression analysis indicating the absence of influential cases such as univariate and multidimensional outliers. Finally, tolerance values for each predictor in each regression analysis were sufficiently high to rule out multicollinearity among predictors.

Multiple regression analyses were conducted in order to test the hypotheses outlined in 5.3. The first four regression models examined the personality clusters and individual personality styles as predictors of satisfaction with mediation process and outcomes (Hypotheses 1a, 1b, 3a, and 3b). The remaining four regression models examined the defense clusters and individual defenses as predictors of satisfaction with mediation process and outcomes (Hypotheses 2a, 2b, 4a, and 4b).

Table 9 reports the results of the multiple regressions predicting satisfaction with mediation process from personality Cluster A (Odd-Eccentric), Cluster B (Dramatic-Emotional), and Cluster C (Anxious-Fearful). Unstandardised (B) and standardised (B) regression coefficients, and squared semi-partial (or 'part') correlations (sr^2) for each predictor in the regression model are also reported in this table.

Table 9 *Satisfaction with Mediation Process and Personality Clusters A, B and C*

DV	Predictor	<i>B</i>	SE	Beta	Part Correlation (<i>sr</i>)	<i>sr</i> ²	<i>p</i> - value
Satisfaction with Process	Cluster A (Odd- Eccentric)	.014	.010	.244	.173	.029	.140
	Cluster B (Dramatic- Emotional)	.023	.009	.280	-.278	.077	.016*
	Cluster C (Anxious- Fearful)	.022	.011	.329	-.225	.055	.044*

After controlling for Cluster A (Odd-Eccentric) and Cluster C (Anxious-Fearful), Cluster B (Dramatic-Emotional) predicted a significant 7.7% of the variance in satisfaction with the mediation process ($sr = -.278$, $sr^2 = .077$, $p = .016$). The negative direction of the part-correlation indicated that an increase in Cluster B (Dramatic-Emotional) scores predicted a decrease in satisfaction with the mediation process. Cluster C (Anxious-Fearful) predicted a significant 5.5% of the variance in satisfaction with the mediation process ($sr = -.225$, $sr^2 = .055$, $p = .044$). The negative direction of the part-correlation indicated that an increase in Cluster C (Anxious-Fearful) scores predicted a decrease in satisfaction with the mediation process. ($sr = -.225$, $sr^2 = .055$, $p = .044$). Cluster A (Odd-Eccentric) did not uniquely predict a significant proportion of the variance in satisfaction with the mediation outcome ($sr = .173$, $sr^2 = .029$, $p = .140$). By Cohen's (1998) conventions, an effect of 7.7% of the variance in satisfaction with process uniquely explained by Cluster B can be considered relatively 'large'. The effect sizes for Cluster C (5.5%) can be considered 'moderate'.

Table 10 reports the results of the multiple regression analysis predicting satisfaction with mediation outcome from personality Clusters A (Odd-Eccentric), Cluster B (Dramatic-Emotional), and Cluster C (Anxious-Fearful).

Table 10 *Satisfaction with Mediation Outcome and Personality Clusters A, B and C*

DV	Predictor	<i>B</i>	SE	Beta	Part Correlation (<i>sr</i>)	<i>sr</i> ²	<i>p</i> - value
Satisfaction with Outcome	Cluster A (Odd- Eccentric)	.018	.013	.233	.157	.024	.163
	Cluster B (Dramatic- Emotional)	.033	.013	.233	-.292	.085	.011*
	Cluster C (Anxious- Fearful)	.019	.014	.211	-.145	.021	.198

Note. $R^2 = .106$ * $p < .05$.

After controlling for Cluster A (Odd-Eccentric) and Cluster C (Anxious-Fearful), Cluster B (Dramatic-Emotional) predicted a significant 8.5% of the variance in satisfaction with the mediation outcome ($sr = -.292$, $sr^2 = .085$, $p = .011$). The negative direction of the part-correlation indicated that an increase in Cluster B (Dramatic-Emotional) scores predicted a decrease in satisfaction with the mediation outcome. Cluster A (Odd-Eccentric) did not uniquely predict a significant proportion of the variance in satisfaction with the mediation outcome ($sr = .157$, $sr^2 = .025$, $p = .163$), and neither did Cluster C (Anxious-Fearful) ($sr = -.145$, $sr^2 = .021$, $p = .198$). By Cohen's (1998) conventions, an effect of 8.5% of the variance in satisfaction with outcome uniquely explained by Cluster B can be considered relatively 'large'. The effect sizes for Cluster A (2.46%) and Cluster C (2.10%) can be considered relatively 'small'.

Table 11 reports the results of the multiple regression analysis predicting satisfaction with mediation process from Cluster B clinical personality patterns (Histrionic, Narcissistic, Borderline, Sadistic, and Antisocial).

Table 11 *Satisfaction with Mediation Process and Cluster B Clinical Personality Patterns*

DV	Predictor	<i>B</i>	SE	Beta	Part Correlation (<i>sr</i>)	<i>sr</i> ²	<i>p</i> -value
Satisfaction with Process	Histrionic	.004	.009	.067	.050	.003	.659
	Narcissistic	.013	.009	.214	-.169	.029	.141
	Borderline	.009	.007	.165	-.146	.021	.203
	Sadistic	.004	.007	.087	-.067	.004	.560
	Antisocial	.009	.008	.029	-.023	.001	.841

Note. $R^2 = .095$ $p = .212$.

None of the predictors (Histrionic, Narcissistic, Borderline, Sadistic, and Antisocial) could uniquely predict a significant proportion of the variance in satisfaction with mediation process in a negative direction (Histrionic: $sr = .050$ $sr^2 = .003$, $p = .659$; Narcissistic: $sr = -.169$, $sr^2 = .029$, $p = .141$; Borderline: $sr = -.146$, $sr^2 = .021$, $p = .203$; Sadistic: $sr = -.067$, $sr^2 = .004$, $p = .560$; Antisocial: $sr = -.023$, $sr^2 = .001$, $p = .841$).

Table 12 reports the results of the multiple regression analysis predicting satisfaction with mediation outcome from Cluster B (Histrionic, Narcissistic, Borderline, Antisocial, and Sadistic).

Table 12 *Satisfaction with Mediation Outcome and Cluster B Clinical Personality Patterns*

DV	Predictor	B	SE	Beta	Part Correlation (sr)	sr ²	p-value
Satisfaction with Outcome	Histrionic	.003	.012	.034	.026	.001	.822
	Narcissistic	.019	.012	.233	-.185	.034	.109
	Borderline	.005	.009	.074	-.065	.004	.568
	Sadistic	.008	.010	.119	-.092	.008	.423
	Antisocial	.005	.011	.070	-.057	.003	.633

Note. $R^2 = .039$, $p = .025$.

None of the predictors (Histrionic, Narcissistic, Borderline and Sadistic) could uniquely predict a significant proportion of the variance in satisfaction with mediation outcome in an inverse direction (Histrionic: $sr = .026$, $p = .822$; Narcissistic: $sr = -.185$, $p = .109$; Borderline: $sr = -.065$, $p = .568$; Sadistic: $sr = -.092$, $p = .423$, Antisocial: $sr = -.057$, $p = .633$).

Table 13 reports the results of the multiple regression analysis predicting satisfaction with mediation process from Immature, Neurotic, and Mature Defense Styles.

Table 13 *Satisfaction with Mediation Process and Defense Styles*

DV	Predictor	B	Standard Error	Beta	Part Correlation (sr)	sr ²	p-value
Satisfaction with Process	Immature	.427	.167	.388	-.277	.077	.013*
	Neurotic	.124	.130	.128	.103	.011	.345
	Mature	.095	.134	.091	.076	.006	.484

Note. $R^2 = .156$, $p = .365$ * $p < .05$.

After controlling for Mature and Neurotic Defense Styles, the Immature Defense Style predicted a significant 7.7% of the variance in satisfaction with the mediation process ($sr = -.277$, $sr^2 = .077$, $p = .013$). The negative direction of the part-correlation indicated that an increase in Immature Defense Style predicted a decrease in satisfaction with the mediation process. The Neurotic Defense Style did not uniquely predict a significant proportion of the variance in satisfaction with mediation process ($sr = .103$, $sr^2 = .011$, $p = .345$), and neither did the Mature Defense Style ($sr = .076$, $sr^2 = .006$, $p = .484$).

By Cohen's (1998) conventions, a significant effect of 7.7% of the variance in satisfaction with process uniquely explained by Immature Defense Styles can be considered relatively 'large'. The effect sizes of Neurotic Defense Styles (1.1%) and Mature Defense Styles (0.6%) can be considered relatively 'small'. The same pattern of non-significant results emerged when the four Neurotic components (Reaction formation, Pseudo altruism, Idealisation, Undoing) were simultaneously entered into the regression model – none of the components could uniquely predict a significant proportion of the variance in satisfaction with process. Non-significant results also emerged when the four Mature components (Humour, Anticipation, Sublimation, Suppression) were simultaneously entered into the regression model – none of the components could uniquely predict a significant proportion of the variance in

satisfaction with process. When the four Neurotic components (Reaction formation, Pseudo altruism, Idealisation, Undoing) were simultaneously entered into the regression model – none of the components could uniquely predict a significant proportion of the variance in satisfaction with outcome. This same pattern of non-significant results emerged when the four Mature components (Humour, Anticipation, Sublimation, Suppression) were simultaneously entered into the regression model; none of the components could uniquely predict a significant proportion of the variance in satisfaction with outcome.

Table 14 reports the results of the multiple regression analysis predicting satisfaction with mediation outcome from Immature, Neurotic and Mature Defense Styles.

Table 14 *Satisfaction with Mediation Outcome and Defense Styles*

DV	Predictor	B	Standard Error	Beta	Part Correlation (sr)	sr ²	p-value
Satisfaction with Outcome	Immature	.452	.233	.308	-.220	.048	.056
	Neurotic	.114	.181	.088	.071	.005	.531
	Mature	.017	.187	.012	.010	.000	.927

Note. $R^2 = .078$, $p = .118$.

None of the predictors (Immature, Neurotic and Mature) could uniquely predict a significant proportion of the variance in satisfaction with mediation outcome (Immature: $sr = -.220$, $sr^2 = .048$, $p = .056$; Neurotic: $sr = .071$, $sr^2 = .005$, $p = .531$, Mature: $sr = .010$, $sr^2 = .000$, $p = .927$).

Table 15 reports the results of the multiple regression analysis predicting satisfaction with mediation process from individual defenses within the Immature Defense Style (Denial and Projection).

Table 15 *Satisfaction with Mediation Process and Individual Defenses*

DV	Predictor	B	Standard Error	Beta	Part Correlation (sr)	sr ²	p-value
Satisfaction with Process	Denial	.27	.07	.46	-.39	.149	.000***
	Projection	.07	.06	.14	-.12	.015	.221

Note. $R^2 = .299$, $p < .001$ *** $p < .001$.

After controlling for Projection, Denial predicted a significant 14.9% of the variance in satisfaction with the mediation process ($sr = -.386$, $sr^2 = .149$, $p = .000$). The negative direction of the part-correlation indicated that an increase in Denial predicted a decrease in satisfaction with the mediation process. Projection could not uniquely predict a significant proportion of the variance in satisfaction with mediation process ($sr = -.121$, $sr^2 = .015$, $p = .221$). By Cohen's (1998) conventions, a significant effect of 14.9% of the variance in satisfaction with process uniquely explained by denial can be considered relatively 'large'. Although the regression model only focused on two Immature defense predictors, Denial was still the only significant predictor of satisfaction with the process of mediation when all 11 defense predictors were included in the regression model ($sr = -.329$, $sr^2 = .108$, $p = .002$).

Table 16 reports the results of the multiple regression analysis predicting satisfaction with mediation outcome from individual defenses within the Immature Defense Style (Denial and Projection).

Table 16 *Satisfaction with Mediation Outcome and Individual Defenses*

	Predictor	B	Standard Error	Beta	Part Correlation (sr)	sr ²	p-value
Satisfaction with Outcome	Denial	.33	.10	.41	-.35	.122	.001**
	Projection	.03	.09	.05	-.04	.001	.716

Note: $R^2 = .192$ ** $, p < .01$ *** $p < .001$.

After controlling for Projection, Denial predicted a significant 12.2% of the variance in satisfaction with the mediation outcome ($sr = -.349$, $sr^2 = .122$, $p = .000$).

The negative direction of the part-correlation indicated that an increase in Denial predicted a decrease in satisfaction with the mediation outcome. Projection could not uniquely predict a significant proportion of the variance in satisfaction with mediation outcome ($sr = -.038$, $sr^2 = .001$, $p = .716$). By Cohen's (1998) conventions, a significant effect of 12.2% of the variance in satisfaction with outcome uniquely explained by Denial can be considered relatively 'large'. Although the regression model only focused on two Immature defense predictors, Denial was still the only significant predictor of satisfaction with the outcome of mediation when all 11 defense predictors were included in the regression model ($sr = -.246$, $sr^2 = .061$, $p = .028$).

In summary, Tables 13 to 16 demonstrate that Denial was the only significant predictor of satisfaction with both the process and the outcome of mediation when individual defenses in the Immature, Neurotic, and Mature Defense Styles were included as predictors in the regression model. This effect can be considered relatively 'large' for the both the process and the outcome of mediation.

5.7 Post Hoc Analyses

Previous research indicates that three variables have a significant impact on mediation process and outcomes: duration of conflict, motivation to resolve conflict, and intensity of conflict (Bush & Folger, 1994; Kressel, 1997; Poitras, 2007). These variables were excluded from the regression models as their inclusion would have compromised the power of the regression analyses. A post hoc analysis was therefore conducted to ascertain the relationship between these factors and scores of satisfaction with both the process and the outcome of mediation.

5.7.1 Duration of Conflict

In this sample, approximately 4% of participants reported that the conflict had arisen in the previous month (acute). Almost half the sample (47.4%) reported that the conflict had existed from one to six months (medium term). Almost 40% reported that that the conflict had existed for over a year or two prior to the mediation (long term). There were no significant correlations among 'duration of conflict' and scores of satisfaction with both the process and outcome of mediation. These findings are inconsistent with research suggesting that the longer the duration

of the conflict, the more difficult to achieve satisfaction with both the process and outcome of mediation (Wall & Callister, 1995; Wall et al., 2001).

5.7.2 Intensity of Conflict

In this sample, approximately 60% of participants reported that their perception of the level of conflict was very high (≥ 8 on a scale of 1 to 10). There were significant negative correlations between ‘intensity of conflict’ in mediation and scores of satisfaction with both the process and the outcome of mediation, indicating that higher levels of conflict were associated with lower levels of satisfaction with both the process and outcome of mediation (process $r = -.241$, $p = .036$; outcome $r = -.324$, $p = .004$). These correlations are consistent with research suggesting that the more intense the perception of the level of conflict the greater the chance of lower satisfaction with the mediation process (Wall & Callister, 1995; Wall et al., 2001).

5.7.3 Motivation to Resolve the Conflict

In this sample, approximately 63% of participants reported that their level of motivation to resolve the conflict through the mediation process was very high (≥ 8 on a scale of 1 to 10). There were significant positive correlations between ‘motivation to resolve the conflict’ in mediation and scores of satisfaction with both the process and outcome of mediation. This indicated that lower levels of motivation to resolve the conflict were associated with lower levels of satisfaction with both the process and outcome of mediation (process $r = .308$, $p = .007$; outcome $r = .239$, $p = .038$). This correlation is consistent with research suggesting that the more motivated participants are to mediate the greater the chance of satisfaction with both the process and outcome of mediation (Wall & Callister, 1995; Wall et al., 2001).

Table 17 below describes the correlations among Personality Clusters A, B, and C and Defense Styles.

Table 17 *Correlations among Personality Clusters and Defense Styles*

Personality Clusters	Defenses		
	Immature	Neurotic	Mature
Cluster A (Anxious-Fearful)	.305**	.193	-.232*
Cluster B (Dramatic-Emotional)	.339**	.087	-.129
Cluster C (Odd-Eccentric)	.320**	.189	-.197

Note. * $p < .05$ ** $p < .01$.

The significant positive correlations between the Immature Defense Styles and Cluster A (Dramatic-Emotional), Cluster B (Anxious-Fearful), and Cluster C (Odd-Eccentric) indicated that higher scores in all of the personality Clusters were associated with higher scores on the Immature Defense Style.

5.8 Discussion

This section explores the central findings of the main study. Results, findings of post hoc analyses, and implications for mediators are discussed. Specific findings for Personality Clusters, Defenses and additional variables as predictors of satisfaction with mediation are discussed in 5.8.1, 5.8.2, and 5.8.3 respectively.

5.8.1 Personality Clusters A, B, and C as predictors of satisfaction with both the process and outcome of mediation

A central hypothesis of the study was that personality Clusters A (Odd-Eccentric), B (Dramatic-Emotional), and C (Anxious-Fearful) have a significant impact on both the mediation process (effective mediator, empowerment of client, impartiality of mediator, focus of issues, and impact on work relationships) (hypothesis 1a) and outcome (agreement and emotional satisfaction) (hypothesis 1b). The results of this study provided partial support for these hypotheses.

Cluster B (Dramatic-Emotional) was a significant predictor of variance with a relatively large effect size (Cohen, 1998) for satisfaction with both the process and the outcome of mediation. In addition, within Cluster B, a higher score on the Borderline scale of the MCMI-III was also a significant predictor of lower satisfaction with the process of mediation. Cluster C (Anxious-Fearful) was a significant predictor of variance with a moderate effect size (Cohen, 1998) for satisfaction with the process but not the outcome of mediation. Cluster A (Odd-Eccentric) was not a significant predictor of variance in satisfaction with either the process or outcome of mediation.

In summary, the results of this study indicate higher scores on the MCMI-III for Cluster B (Dramatic-Emotional) and Cluster C (Anxious-Fearful) personalities can be considered a potential predictor of lower satisfaction with workplace mediation.

The DSM-IV-TR and DSM-5 (APA, 2000, 2013) describes the following shared characteristics as being commonly associated with PDs in Clusters A, B, and C. Personality Disorders in Cluster A (Odd-Eccentric) share problems with social awkwardness and social withdrawal; Individuals with PDs in Cluster B (Dramatic-Emotional) share problems with impulse control and emotional regulation; whereas Individuals with PDs in Cluster C (Anxious-Fearful) share problems with high levels of anxiety. Prevalence estimates for Individuals with PDs in the US general population suggest approximately 9.1% to 15% for any PD (APA, 2013). Current estimates for each of the personality clusters A, B, and C are: 5.7% for disorders in Cluster A, 1.5% for disorders in Cluster B, and 6.0% for Cluster C (APA, 2013). In the general population, within Cluster B, Antisocial PD has a prevalence of between 0.2% and 3.3%; Borderline PD has a prevalence of 1.6% to 5.9%; Histrionic PD has prevalence from less than 1.84%; and Narcissistic PD has prevalence from 0% to 6.2% in US community samples. Within Cluster C (Anxious-Fearful), Compulsive PD is one of the most prevalent PDs in the general population, with an estimated prevalence ranging from 2.1% to 7.9% (APA, 2013).

The majority of participants in this study scored within the ‘normal’ personality range. Of those within the clinical range, the Narcissistic and Histrionic scales in Cluster B were the most prevalent. Within the Narcissistic scale 35.5% of the participants fell within the disordered range and 15.8% within the PD range. Within the Histrionic scale 31.6% of participants fell within the disordered range and

14.5% within the PD range. Within the Cluster C Compulsive scale, 23.7% of participants fell within the disordered range and 7.9% within the PD range. In summary, in this study the Narcissistic and Histrionic scales within Cluster B, and the Compulsive scale within Cluster C had the highest prevalence of personality pathology amongst all 14 personality scales.

The proportion of the sample manifesting personality pathology is high compared to current estimates in the general population. The most likely cause is the nature of the sample. Whilst most workplace conflict is resolved without recourse to a mediator, there are occasions where one or both participants require external intervention. It is likely that Cluster B (particularly Narcissistic and Histrionic) and Cluster C (particularly Compulsive) personalities, who generally display problems with impulse control (Cluster B) and anxiety and control (Cluster C) would require mediation. It is also plausible that due to these traits, personalities in these clusters would be dissatisfied with either the process or the outcome of mediation. The low proportion of Cluster A participants in the study may be due to the reality that their insecurity, lack of trust and problems with social awkwardness and withdrawal may limit their representation in the workforce and or participation in such a study (Caponecchia et al., 2011; McWilliams, 1994, 2011; Millon & Grossman, 2007; PDM Task Force, 2006; White, 2013).

As discussed in Chapter 2, typical behaviours of Cluster B personalities are characterised by emotional and dramatic behaviour which includes: displays of temper, recurrent fights, and reckless behaviour (Borderline); attention seeking, and exaggerated emotions (Histrionic); and a sense of entitlement and lack of empathy or awareness of others' needs (Narcissistic) (APA, 2013). Typical behaviours of Cluster C personalities are characterised by anxious and avoidant behaviour which includes a preoccupation with control over minutiae (Obsessive-Compulsive). Once again this type of personality may struggle to resolve conflict. This is evident in the results of this study where Cluster B and C predicted lower scores on satisfaction with both the process and the outcome of mediation.

The implications of these findings are that specific clinical personalities and PDs must be carefully managed in the process of mediation to ensure effective interactions and satisfactory outcomes. This may be difficult as psychodynamic theory explains that typical behaviour of all individuals with PDs is ego-syntonic or 'beyond awareness' where thoughts, emotions, and behaviours are not considered to

be unusual or inappropriate by the person. This differs from ego-dystonic behaviour or 'awareness' where the person is conscious that some aspect of their thoughts, emotions, and behaviours is unusual or different to their normal reactions or the general expected reaction from others. The individual with a PD with ego-syntonic behaviour may therefore not be aware of the impact of their behaviour on others. In practice it may therefore be difficult to challenge individuals with PDs as they genuinely regard their behaviour as acceptable (McWilliams, 1994). An added implication is that when challenged, individuals with PDs may respond with aggression or defensiveness unless approached with specific strategies that address these issues.

Researchers and clinicians such as Kernberg (1993a, b) and McWilliams (1994) recommend a range of supportive techniques as opposed to confrontational techniques. Borderline PD is the most studied and has the most detailed treatment recommendations. With all treatment recommendations for individuals with PDs the importance of developing and maintaining the therapeutic alliance is emphasised. This recommendation is based on compelling evidence of the strong correlation between the nature of the therapeutic relationship and client outcomes (Grant & Crawley, 2002; McWilliams, 2012; Millon & Grossman, 2007).

Treatment for Histrionic PD requires empathy with boundary setting to limit potential manipulative behaviours. Interventions for those with Narcissistic PD require positive reframing to support their fragile sense of self. Those with Compulsive PD require assistance with retaining an appropriate perspective of the 'big picture' rather than misleading details (Kernberg, 1993a, b; McWilliams, 1994; Millon 2011; Millon et al., 1997; PDM Task Force, 2006).

The implications for mediators are far reaching. If mediators are aware of the 'signs' of PD behaviour and understand that this behaviour can be ego-syntonic, it would be advisable to evaluate whether a joint mediation is likely to be constructive. They can at least utilise the pre-mediation (one on one with mediator) as an opportunity to evaluate if a joint session (mediator and both participants) would benefit the participants. The facilitative mediation model is structured to provide precisely the interventions recommended as therapeutic for Individuals with PDs. These include structure, support, and a staged process to reduce reactivity (Fisher & Ury, 1992; Shapiro, 2006; Saposnek, 2006). These interventions are translated into the facilitative mediation model in the form of coaching in the pre-mediation phase

on adhering to ground rules, clear communication processes such as active listening, and assertive messages and time-out if necessary. It is therefore a safe and suitable model for resolution of conflict for general personalities as well as if one or both participants have a clinical personality pattern or PD.

5.8.2 Immature, Neurotic, and Mature Defense Styles

A further hypothesis of the study was that defenses (Immature, Neurotic, and Mature) have a significant impact on satisfaction with both the process (hypothesis 2a) and the outcome (hypothesis 2b) of mediation. The results of this study provided partial support for these hypotheses.

Within psychodynamic theory, this construct is central to understanding personality structure (PDM Task Force, 2006). A defense mechanism or coping mechanism can moderate reactions to anxiety and stress. As such, they can be powerful, but unconscious behaviours in resolving conflict. If defenses were ego-dystonic i.e. individuals were more aware of their use of dysfunctional defenses, it would enhance their insight, coping skills and capacity for change (Andrews et al., 1989; Andrews et al., 1993). Immature Defense Styles include: Passive-Aggression, Acting-Out, Isolation, Devaluation, Autistic Fantasy, Denial, Displacement, Dissociation, Splitting, Rationalisation, Projection and Somatisation. Whilst these defenses may provide temporary relief from anxiety in the short term, they distort the reality of the situation and disturb the person's capacity to address the problem in the long term (Andrews, et al., 1989; Andrews et al., 1993; McWilliams, 2011; PDM Task Force, 2006; Steiner et al., 2007).

The importance of defenses was demonstrated clearly in Ungerer et al.'s (1997) study, which found the acknowledgement of the frequent use of Immature defenses (such as Denial and Projection) to be correlated with and predictive of poorer marital adjustment. Ungerer (1997) suggested that this occurred because the use of Immature defenses are an indicator of distress in relationships whereas the use of Mature defenses are an indicator of successful coping with a stressor. In their study, Ungerer et al. (1997) hypothesised that the use of defenses such as Denial and Projection resulted in a failing to acknowledge and resolve the distressing emotions that are experienced in interactions with their partners. This could then lead to greater distance or conflict and reduced satisfaction in the marital relationship. An

interesting aspect of this study was that individual defenses within a Defense Style served as more accurate predictors of marital satisfaction than the global Defense Style (Ungerer et al., 1997).

In this study, the Immature Defense Style was a significant predictor of the variance in satisfaction with the mediation process with a relatively large effect size (Cohen, 1998) but was not predictive of satisfaction with the outcome of mediation. A plausible explanation of why Immature Defense Style was not predictive of variance in the mediation outcome may be understood in terms of the underlying lack of awareness central to people who use Immature Defense Styles. In some cases they may not even be aware that a conflict exists as well as the extent to which their behaviour has impacted on the other participant.

The Mature and Neurotic Clusters were not significant predictors of both satisfaction with the process and the outcome of mediation. Within all three Defense Styles, Denial was the only significant predictor of satisfaction with both the process and outcome of mediation when individual defenses in the Immature, Neurotic, and Mature Defense Styles were tested; the effect was highly significant for satisfaction with both the process and outcome of mediation.

As outlined in Chapter 3, the Immature Defense Style is characterised by maladaptive coping strategies that create distortions in interpersonal communication (McWilliams, 1994, 2011; PDM Task Force, 2006). Research indicates that Defense Styles are closely associated with personality structure and the use of Immature defenses has been found to be significantly associated with and predictive of almost all individuals with PDs (Sinha & Watson, 2004). This trend was confirmed in the current study where higher scores in all of the personality clusters were associated with higher scores on the Immature Defense Style.

It is feasible that participants using immature defenses in mediation would find the processes of mediation frustrating. For example, if a participant does not acknowledge that there is a conflict between themselves and the other participant, it is unlikely that they would recognise the need for or be receptive of mediation. The significant results of Denial being predictive of lower satisfaction with both the process and outcome of mediation support this reasoning. Conversely, the trend was supported in the current study where there was a significant positive correlation between the use of Mature defenses and satisfaction with the process of mediation, even though the Mature Defense Style was not a significant predictor of this variable.

In addition, Ungerer et al.'s (1997) finding that the individual defenses are stronger predictors of outcomes than global defenses was replicated in the current study where the effect size for Denial was significantly stronger as a predictor than the global Immature Defense Style.

The implications of these findings for mediators are that participants utilising defenses such as Denial may have limited capacity or 'blind spots' to recognise and acknowledge interpersonal problems in mediation. This illustrates the ego-syntonic nature of Denial where the person 'in denial' lacks awareness of the inappropriateness of their thoughts, emotions, and behaviour which may lead to frustration and lower satisfaction with both the process and outcome of mediation. This is consistent with PD behaviour which is correlated with the defense of denial in this study.

5.8.3 'Process' and 'Outcome' of Mediation

Research on mediation has focused primarily on participants' satisfaction with both the process and the outcome of mediation. *The SMOS scale used in the current study was adapted to replicate this design.*

The hypotheses and findings distinguish between 'process' and 'outcome' of mediation. The results have indicated subtle differences between satisfaction with the process and the outcome of mediation. For example, Immature Defense Style is a stronger predictor of satisfaction with the mediation process than the outcome. This finding makes sense in the context of the factors that comprise satisfaction with mediation process and outcome in the SMOS measure. Satisfaction with mediation process comprises factors that are directly related to interpersonal interactions (effective mediator, empowerment of client, impartiality of mediator, focus on issues, and impact on work relationships), whilst satisfaction with mediation outcome comprises factors that are related to the mediation agreement (satisfaction with agreements and emotional satisfaction).

In this study, Personality Clusters B and C and Immature Defense Styles were significantly predictive of satisfaction with the process rather than outcome of mediation. This finding can be explained by the nature of the facilitative mediation model, where the mediator is more focussed on the process than the outcome of mediation, because the outcome is determined by both participants in the mediation. The implication of this finding is that in practice, mediators that are aware of and

have strategies to manage participants with inflexible personalities will have greater scope to increase satisfaction with both the process and the outcome of mediation. This highlights the importance of managing clinical personality patterns, immature defenses, and Individuals with PDs within the facilitative mediation model.

5.8.4 Additional variables

A post hoc analysis of three additional variables was conducted to ascertain the relationship among satisfaction with mediation and intensity of conflict, length of conflict, and motivation to resolve conflict. Each of these variables is discussed in 5.8.4.1, 5.8.4.2, and 5.8.4.3 respectively.

5.8.4.1 Intensity of Conflict

Results of this study indicated that there were significant negative correlations between perceptions of ‘intensity of conflict’ and scores of satisfaction with both the process and the outcome of mediation; higher levels of conflict were associated with lower levels of satisfaction with both the process and the outcome of mediation. These correlations are consistent with research suggesting that the higher the level of conflict the lower the level of satisfaction with the mediation process and outcome (Wall et al., 2001). A probable explanation for this finding is that where the mediation participant perceives a high intensity of conflict, the more likely it is that there is a higher level of emotional reactivity. This is likely to impact on the level of satisfaction with both the process and the outcome of mediation. This implies that the mediation participants’ perception of the intensity of conflict is an important variable to take into account in mediation. In practice, this can be implemented by asking mediation participants how high they perceive the intensity of the conflict to be on a scale of one to ten.

5.8.4.2 Duration of Conflict

There were no significant correlations between perception of ‘duration of conflict’ and scores of satisfaction with the both the process and outcome of mediation. This is inconsistent with Wall et al.’s (2001) research findings and may be due to the measure of perception of the duration of conflict in this study, which was based on one question, rather than existing research which generally uses longitudinal research to track duration of conflict.

5.8.4.3 Motivation to resolve conflict

There were significant positive correlations between ‘motivation to resolve the conflict’ and scores of satisfaction with both the process and the outcome of mediation. These indicated that lower levels of motivation to resolve the conflict were associated with lower levels of satisfaction with mediation process and outcome. This result is consistent with research suggesting that the more motivated an individual is to resolve a conflict, the greater the prospect of satisfaction with the process and outcome of the mediation (Wall & Callister, 1995; Wall et al., 2001). This makes sense in the light of the generally acknowledged therapeutic maxim that clients that are more motivated are likely to be more satisfied with both the process and the outcome of therapy. The implications of this for mediators are that any technique to increase the mediation participants’ motivation would be beneficial in improving satisfaction with both the process and outcome of mediation.

5.9 Limitations, Strengths and Recommendations

The following limitations, strengths, and recommendations for future research are specific to the quantitative study (Study 1). General limitations, strengths of both studies, and recommendations for future research are explored in greater depth in Chapter 7.

5.9.1 Measures of single participants in mediation dyads

A significant limitation of this study is that it did not match or ‘pair’ participants in order to understand and analyse the interaction between them in the mediation. The underlying rationale that led to this limitation is discussed fully in Chapter 7 (7.6.1). However with regard to Study 1 this limitation had some statistical advantage in limiting any violation of the independence assumption.

Although this limitation is not ideal, it can be justified to some extent by the following factors. Firstly, dyadic research exploring personality pathology in workplace conflict is in its infancy, whereas there are a number of studies of marital functioning where multilevel linear modelling is used to estimate actor and partner effects (Bickerdike, 2007; South et al., 2008; Ungerer et al., 1997). However it should be noted that the relationships between participants in workplace settings differ strongly from established dyads in marital relationships. In marital mediation,

mediation participants generally have a stronger and more established history, intensity, and depth of relationship which is easier to define and analyse. Future quantitative research that is designed to explore the dyadic nature of personalities in workplace mediation would provide a more specific and focussed understanding of the dynamics of personality in workplace conflict and the impact on satisfaction with mediation. Techniques to further explore the dyadic dynamic include mixed method approaches and are discussed in Chapter 7.

5.9.2 Self-Selection bias

The low response rate (26.8%) which is common for this type of research where measures are personal or threatening suggests self-selection bias which also limits the generalisability of the study (Hayes, 2000). This bias may be due to the level and nature of the specific personalities participating in the study; people with higher levels of personality pathology or those that fall within specific personality clusters are more likely to decline. For example, the low proportion of Cluster A participants in the study may relate to either their lack of representation in the workforce or if in the workforce, their avoidance of participation in the study. This may be due to a range of characteristics including insecurity, lack of trust, and interpersonal difficulties which may limit their representation in the workforce and or participation in such a study. Similarly the low proportion of Cluster C participants in the study may relate to their anxious/ fearful nature. Despite the lower proportion of participants falling into Cluster C, people classified within the category of Obsessive Compulsive PD are relatively well represented. This may be due to their tendency to want strong interpersonal control, which would be provided in a process such as workplace mediation. This tendency differs somewhat from the other personalities in Cluster C such as Avoidant PD or Dependent PD who may avoid participating in the research and dealing with the conflict (Caponecchia et al., 2011; McWilliams, 1994, 2011; Millon & Grossman, 2007; PDM Task Force, 2006; White, 2013).

A statistical strength of this study is that the sample size of 76 participants was sufficient to capture ‘moderate to large’ associations between the primary predictors and dependent variables. However, a larger sample would have permitted the testing of more complex regression models including covariates such as motivation to resolve conflict and intensity of conflict.

Future studies that have a larger sample size would therefore contribute to the emerging understanding of personality and workplace mediation. Another approach for future studies would be to establish population norms of personalities in mediation compared with a control group from the workplace. A further suggestion for future research would be to develop a novel way to encourage those participants that have initially excluded themselves from the study, in order to explore this population compared to those that accepted initially. In the context of workplace conflict, an idea to increase motivation may be to offer meaningful recognition and tangible benefits for participation in the ‘second round’ of research. For example, Cluster B personalities may respond to any public type of recognition that highlights their positive characteristics in the workplace. Cluster A personalities may respond to encouragement and reassurance (Caponecchia et al., 2011; McWilliams, 1994, 2011; Millon & Grossman, 2007; PDM Task Force, 2006; White, 2013).

5.9.3 Self-reporting Bias

Another significant limitation of this study is the presence of self-reporting bias arising from the use of self-administered measures. Although most Clinical Personality measures rely on self-report responses, there is much debate on the general validity of these measures which are vulnerable to social desirability bias and ‘introspective limitation’ (Craig, 2005). ‘Introspective limitation’ means that the level of insight required to evaluate oneself objectively is often not consciously accessible, which further reduces the validity of personality self-report measures (Okada & Oltmanns, 2009). This is particularly important in research with personality pathology due to the recognised ‘lack of self-insight’ that is consistent with PDs. It is therefore more likely that the higher the level of personality pathology, the less insight, making it more difficult to obtain accurate personality information (Okada & Oltmanns, 2009; Podsakoff & Organ, 1986). Suggestions for ways to circumvent this limitation that combine quantitative and qualitative approaches are explored in Chapter 7 (7.6.2).

5.9.4 Psychometric Properties of Measures

Another limitation of this study is the psychometric properties of the measures used in the study. Whilst the MCMI-III is a recognised commercial

copyrighted measure of personality and is considered to have sound psychometric properties, there are some limitations with the DSQ and SMOS measures.

The DSQ is a self-report measure designed to assess defenses along a developmental continuum from Immature to Neurotic through to Mature defenses. The revised questionnaire used in this study has been widely evaluated for validity, and the test-retest reliability of each item (Andrews et al., 1993). The DSQ data collected in this study did not however fit the proposed three-factor solution (Immature, Neurotic, and Mature). The poor fit was not attributable to assigning Rationalisation to the Immature factor rather than the Mature factor because a revised model incorporating this change also fitted poorly. A possible explanation may be that the sample used in this study was skewed due to self-selection and self-reporting biases as discussed in 5.9.2 and 5.9.3. Future research that investigates causative factors for the poor fit statistics would strengthen this measure.

The SMOS was adapted for the workplace from a measure designed to measure family mediation outcome (Kelly & Gigy, 1988). Although the measure was validated on a workplace sample of 81 participants, and the sample size had a large enough variable/case expression ratio, the size of the sample would be considered somewhat low for scale validation (Goldie, 2004). A factor analysis on the SMOS on the sample used in this study did however *fit the proposed two-factor solution (Process, Outcome)*. Future research that validates this measure in a work related context, would add significant value to existing research.

Further exploration of the limitations of the study and recommendations for further research arising from Study 1 and Study 2 is presented in Chapter 7.

5.10 Summary

Overall, personality structure (individuals with clinical personality patterns, PDs, and Immature defenses) was partially predictive of lower satisfaction with mediation. As hypothesised, the findings of this study suggested that higher levels of clinical personality patterns, and Immature Defenses were predictive of lower satisfaction with both the process and the outcome of mediation. More specifically, Cluster B (Dramatic-Emotional) patterns were predictive of satisfaction with both the process and outcome; Cluster C (Anxious-Fearful) patterns were predictive of satisfaction with the process; and Immature Defenses Styles (specifically Denial)

were predictive of satisfaction with both the process and outcome of mediation. In addition variables such as intensity of conflict and motivation to resolve conflict were additional factors associated with satisfaction with both the process and the outcome of mediation. These findings are consistent with research in the fields of mediation, personality, couple counselling, and marital functioning (Bradbury & Karney, 2004; Caponecchia et al., 2011; Knabb et al., 2012; McWilliams, 1994, 2011; Millon, 1997, 2011; Millon & Grossman, 2007; PDM Task Force, 2006; South et al. 2009; Wall et al., 2001; White, 2013). This research highlighted a distinct ‘gap in the literature’ surrounding workplace mediation at a point in time where stress, interpersonal conflict, and mediation in the workplace are growing.

Chapter 6 will present Study 2. This study is based on the qualitative analysis of interviews with participants. The interviews provide for in-depth exploration of the perceptions and reactions of participants during both the process and the outcome of mediation, providing greater insight into how personality structure contributes to mediation. This study also allows participants to suggest pathways to improve both the process and the outcome of mediation.

Chapter 6

Study 2: Perceptions and Experiences of Mediation

6.1 Introduction

Mediation literature and research is extensive in terms of theoretical models and strategies to resolve differences. There is however little research that explores the subjective experience of resolving conflict in the mediation process. Study 1 analysed the impact of personality structure (personality styles and defenses) on satisfaction with both the process and the outcome of workplace mediation. Study 2 was designed to further explore the nuances of this data and capture themes that emerged from participants' perceptions and experiences of mediation.

As a workplace mediator over a period of ten years, I often had the experience of finding some mediation participants much more difficult to work with than others. In these situations I have questioned if either or both participants have personality traits on a personality disorder spectrum. One theme that persists with workplace mediations is where a participant blames the other with little insight or responsibility for their own behaviour. Another theme is where one of the participants is oblivious to the conflict whereas the other is acutely distressed. A third theme is when one or both of the participants show little respect for the other or the mediator. Whilst searching for ways to improve conflict resolution outcomes, I began to research the literature on how to improve therapeutic outcomes for individuals with Personality Disorders. On investigation, I realised that there were a variety of expert authors on this topic but very little evidence based research. There was clearly a gap in the literature which was an exciting opportunity for research. Whilst the quantitative study would provide valuable statistical data, I hoped that a qualitative study would provide deeper insight to enrich and deepen understanding of the quantitative trends. Both studies in combination would provide a valuable basis for providing strategies to work with individuals with inflexible personality patterns and a basis for further research on this subject.

The theoretical context for the study is outlined below, which is linked to the aim of this study.

6.2 Context of Study 2

As discussed in Chapter 1, the facilitative model of mediation has been shown to be a useful and practical model for resolving conflict in both family and work related disputes (Advisory Conciliation and Arbitration Service (ACAS), 2007; Australian National Mediator Standards, 2007; Blomgren Bingham et al., 2009; Kelly, 2004; NADRAC, 2011; Sourdin, 2008). The central feature of this model is the focus on the needs of the participants which in turn paves the way for a mutually agreeable settlement. A mediator using the facilitative mediation model aims to identify the needs of both participants and assists them to select options for resolution. The difference between the facilitative mediation model and other mediation models is the level of control that the mediator takes over the process. For example, ground rules are agreed upon at the start of the process and the mediator ensures that they are adhered to by both participants to encourage a safe and reasonably predictable environment for participants (Australian National Mediator Standards, 2007; Bush, 2001; Fisher & Ury, 1992; Sourdin, 2008). This model was therefore a suitable framework in which to explore the process and outcome of workplace mediation.

Although Study 1 provided clear findings on the associations and predictive nature of personality variables on both the process and outcome of workplace mediation, there was also a need to explore in greater depth the perceptions and experiences of the participants during the process of mediation.

As discussed in Chapters 2 and 3, the psychodynamic theory of personality was used to understand the experiences of mediation participants. This theory provides a logical basis for understanding the perceptions and experiences of participants due to its holistic framework which incorporates the full spectrum of individual traits, defenses, self-concept, cognitions, affect, behaviour, perception, motivation, interpersonal dynamics, and resilience (Barenbaum & Winter, 2008; Bornstein, 2010; Dolinsky Cahall, 2006; Kernberg, 1993a, b; PDM Task Force, 2006; Shedler et al., 2010; Yeomans et al., 2002).

A qualitative study that explores not only the surface behaviours of participants, but their subjective experience, is an ideal instrument to augment the findings of Study 1. This type of research facilitates the in-depth exploration of a participant's unique meaning that he/she gives to his/her experiences. The objective

of this type of research is to interpret these meanings in the context in which they take place. The complex, rich, and authentic information that emerges from this research provides a subjective theory that is 'grounded' in the data; it does not seek to quantify the frequency of the experience, rather to offer a description (Denzin & Lincoln, 2008; Liamputtong & Ezzy, 2005). As such it may provide plausible elaborations of the quantitative findings of Study 1.

In-depth semi structured interviews were selected as the appropriate research technique because the interviewing style is informal and conversational and guided by a broad interview schedule. By placing the focus on the participants' own voices, perceptions, and interpretations it allows the researcher to explore the complexities and meanings of the participants' experiences and views in more natural, rather than experimental, settings (Liamputtong & Ezzy, 2005; Pope & Mays, 1995).

Mixed method approaches have been used in various studies of both family and workplace mediation. A fairly recent study on workplace conflict in Queensland, Australia demonstrated the utility of using this mixed method approach to extract rich insights into workplace conflict and bullying (Ayoko, Callan, & Hartel, 2003). This study combined three separate arms, two of which were qualitative and one quantitative. Study 1 was a qualitative study that used information from 50 key informants (group leaders of two large public sector organisations) to explore the characteristics (types, amount, frequency, intensity, and triggers) of conflict in the workplace. The results showed conflict in the workplace was experienced as intense, prolonged, and stressful and was likely to significantly impact future interactions between people in the workplace. Study 2 explored the frequency and characteristics of workplace bullying behaviour, reactions, and the role of the perpetrators in the organisation. Data from over 600 employees participated in the study by completing a semi structured questionnaire which combined both structured and open ended questions on their experience of workplace bullying. The results revealed that the most frequently reported bullying behaviours included belittling remarks, setting unrealistic targets, withholding information, being ignored, and intimidation. This is consistent with other studies in the field of workplace conflict. More than half of the respondents indicated that the personality of the perpetrator involved (who was in most cases the supervisor) was the cause of the bullying behaviour as there was no perceived provocation by the victim. Study 3 investigated the relationship between conflict, behaviour, and emotional reactions to conflict within the workplace using a

self-administered questionnaire which was sent to over 500 employees in established long term work groups within their organisations. The results indicated that intra group conflict events were related to bullying behaviours and employees who perceived high levels of conflict experienced high levels of emotional reactivity to the conflict and the bullying. The results of the combined studies revealed findings that would not have emerged individually. Though obviously a much larger project, the design of this study demonstrates clearly the benefits of using a mixed methods approach to obtain a rich data set which provides valuable insight into the dynamics of conflict in the workplace, with obvious implications for mediation (Ayoko et al., 2003; Liamputtong & Ezzy, 2005; Pope & Mays, 1995).

6.3 Aim of the study

The central aim of this study was to explore participants' inner perceptions, experiences and reactions to mediation and the impact of these perceptions on satisfaction with both the process and the outcome of mediation.

Qualitative methodology was selected to provide additional information and depth to the quantitative study (Study 1). As quantitative techniques were considered limited in capturing the complexity of inner experiences of participants, qualitative techniques were used to add individualised exploration of perceptions and experiences in order to enhance understanding of the experience of workplace mediation (Hill, Thompson, & Williams, 1997; Pope & Mays, 1995; Smith, 1995). Another aim was to make suggestions concerning how mediators can increase satisfaction with the process and outcome of workplace mediation, based on themes identified in the study.

6.4 Method

6.4.1 Sample

Convenience sampling was used, based on those participants who were available and willing to participate in the study (Liamputtong & Ezzy, 2005). Participants were recruited from Study 1, where 76 mediation participants had participated in workplace mediation and followed up with a set of measures designed to analyse their personality, defenses, and satisfaction with the process and outcome of mediation. These participants had recently undergone mediation and therefore had acquired some experience of this process which is an important requirement for

qualitative research (Hill et al., 1997). Another important requirement for participants in the study was recency of experience. The more distant the experience, the more likely that participants do not remember the actual experience as it happened, with distortions to reality occurring over time (Hill et al., 1997). Therefore only participants who had mediation less than a month previously were included in the study.

The sample took over a two year period to collect. As the research topic was sensitive and most participants wanted to get back to work without further disclosures regarding their perceptions about the process, it was difficult to recruit participants for the study. In total, seven mediation participants, five women and two men, participated in Study 2.

6.4.2 Procedure

The protocol for this study was based on an Interpretive Phenomenology Approach (IP) elucidated by Smith (1995) and Liamputtong and Ezzy (1995). This method is a practical approach suited to explore complexity and personal process.

Potential participants were identified by PPC Worldwide mediators and consultants, who had ascertained whether they would be amenable to a follow up interview. As the interviewer had no previous contact with potential participants, this provided a neutral starting point for exploration of the perceptions and experience of the mediation process.

The interview schedule was constructed to explore the general topics of the perception and experience of mediation (thoughts, feelings, behaviours, needs, and traits) and their impact on satisfaction with both the process and the outcome of mediation. Questions were designed to be neutral rather than leading and jargon was avoided (see Appendix F).

In-depth face to face interviews using a semi-structured interview technique were conducted with participants to encourage and develop rapport and observe more of the nonverbal behaviours. This method was selected because the interviewing style is informal. This was confirmed by participants who indicated that they were more amenable to participating in the research if they could regard the interview as an informal debrief following the mediation, as opposed to answering a set of prescribed questions. The interviews were conducted in a private room with as little interruption as possible to allow for minimal disturbance. The interview was divided

into four sections: perception of behaviour, feelings, and thoughts; attitude to the process and outcome; barriers to satisfaction; and suggestions of how to improve the process and outcome of mediation. Questions about the participant's perceptions of their behaviour and experience were asked first to enable the interviewer to understand how the participant's personality influenced both the process and the outcome of mediation. Some interviews did not follow the sequence on the schedule as the interviewer focussed more on facilitating and guiding, rather than dictating the order or type of information required (Liamputtong & Ezzy, 2005). Minimal probes were used such as 'Can you tell me more about that?' If the respondent showed discomfort verbally or by non-verbal behaviour, the interviewer did not pursue the topic further.

In-depth interviews enable the researcher to focus on specific areas of interest, and to modify them whilst the research is being conducted. By analysing data from earlier interviews in the research process, new concepts and themes were identified and explored in later interviews (Denzin & Lincoln, 2008; Liamputtong & Ezzy, 2005; Pope, Ziebland, & Mays, 2000). Certain themes that warranted further exploration began to emerge from the data obtained during the earlier interviews (Denzin & Lincoln, 2008; Liamputtong & Ezzy, 2005; Pope et al., 2000).

The interviews were audio-taped and the recorded interviews were then transcribed soon after the interview by a professional transcription service. A wide margin was left on both sides to allow for the subsequent thematic analysis. The 'verbatim' reports were analysed to provide an understanding and experiential feeling for the data (Hill et al., 1997; Nicolson, 1995; Pope et al., 2000; Smith, 1995).

6.4.3 Data Analysis

The methodological framework adopted for data analysis was a thematic analysis which is a phenomenological approach (Smith, 1995). An inductive design was used to allow for maximum description and exploration of themes such as perceptions and experiences of workplace mediation. This was deemed suitable in order to supplement the quantitative design which was deductive and was used to establish relationships and causation. The analysis focussed on recurrent themes which emerged from the data. The thematic analysis procedure began with a single transcript, which was analysed to identify emergent themes. A code was produced

for each theme with a key word. Each additional transcript was examined for the occurrence of these themes. When they were found they were marked in the margin alongside the text. This is an idiographic approach beginning with particulars and working up to generalisations (Pope et al., 2000; Smith, 1995). The transcript was read many times with each reading providing new insights. The left side of the margin was used to note down interesting or significant comments. The right side of the margin was used to document themes using key words to capture the essence of what was contained in the text. An initial list of themes was generated and the themes were clustered together. These clusters were checked against the transcript to verify themes. On a separate sheet, a list of emerging themes was listed. Commonalities in the themes were clustered together (Pope et al., 2000).

A master list of four major themes was produced and subthemes were identified. Key words or quotes were selected where the wording provided a context and explanation for the theme. The master theme list from the interview was used as a basis to consolidate the list of themes. Once all the transcripts were analysed, a list of themes with supporting quotations from primary source material was constructed.

6.5 Results and discussion

The findings consisted of a number of master themes which are supported by a narrative account. Participants distinguished four themes which provided further in-depth information on the dynamics in the workplace. A range of sub-themes was extracted from these themes. The four major themes were: empathy and trust, emotions and behaviour, defenses, and satisfaction with the process and outcome of mediation. Each of these findings is organised into themes and subthemes in 6.5.1 to 6.5.4. Relevant literature is discussed in the same sections. A graphic representation of the major themes and subthemes are presented in Figures 3 to 6.

6.5.1 Empathy and Trust

A central theme of empathy and trust emerged from the data as respondents described their experience of being able to understand ‘in a new way’ the situation of the other participant in the mediation. In the DSM-5, empathy is described as a central component of interpersonal functioning and defined as “Comprehension and appreciation of others’ experiences and motivations; tolerance of differing

perspectives; understanding the effects of one's own behaviour on others" (APA, 2013, p. 762).

Fulmer and Gelfand (2012) define trust on an interpersonal level in organisations based on two dimensions - 'positive expectations about the other's intention' and 'willingness to accept vulnerability'. The quality and nature of communication between the two people also plays a pivotal role in the development of trust. Face-to-face interactions that are direct tend to engender greater trust compared with phone or online interactions (Fulmer & Gelfand, 2012). Greenwood and Rasmussen (2013) describe workplace mediation as a good faith trust account from which employees make deposits and withdrawals to build up the balance. A number of respondents described that during the process of mediation they developed greater trust in the other participant, by gaining a deeper understanding and appreciation of the other participant's needs and experiences in the mediation. These insights and development of trust led to a greater level of closeness in that they became cognisant of the lack of understanding between them that had led to a self-perpetuating cycle of poor communication. Some respondents described more motivation to improve the communication process after understanding the other participant's experience more fully during the mediation process. It was difficult to distinguish if a lack of empathy was the 'chicken' or the 'egg'; that is, did the lack of empathy between the participants reduce trust in each other, or did the lack of trust lead to a lack of empathy? A possible insight to this conundrum may be that a "lack of empathy" is often a common denominator of most people with PDs especially Cluster B, pointing to the likelihood that lack of empathy is more likely to lead to a reduction in trust rather than the reverse (Millon, 2011). Some insights into this conundrum formed the subthemes that emerged from the central theme.

These subthemes are represented in Figure 2 and discussed below in 6.5.1.1 to 6.5.1.3.

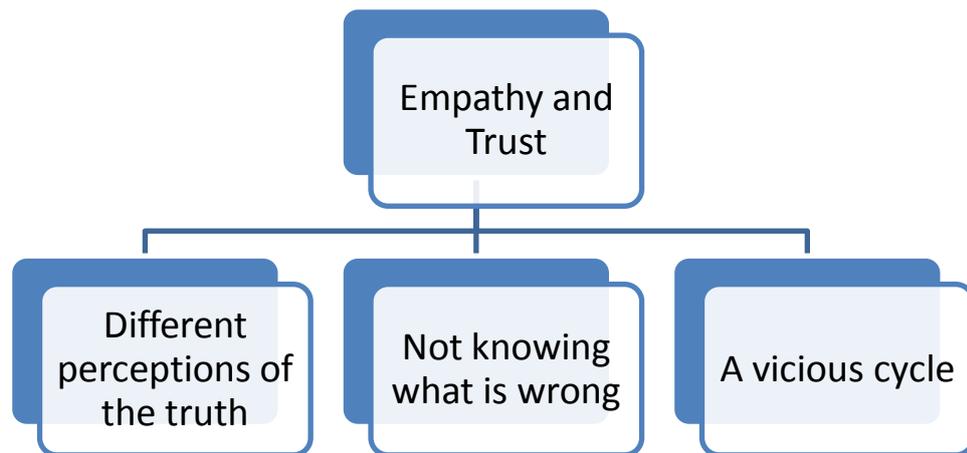


Figure 2: Empathy and Trust

6.5.1.1 Different perceptions of the truth

A number of respondents found that they realised in the mediation that they had a different perception of the situation to the other mediation participant. The differences in perception became evident in the mediation, where each participant had an opportunity to present their ‘side of the story’ and listen in turn to the other participant’s ‘version of the truth’. In some cases, this communication was a ‘light bulb moment’, where it became clear to one or both participants, that due to a communication breakdown, they both had different understandings of the workplace relationship.

One respondent explained the dynamic as follows:

“I was really shocked to find out that my team actually then felt that they couldn't come and talk to me. I always thought that I had a really open relationship; that they could tell me what they felt, what they thought, but they actually couldn't. The mediation situation we ended up in was that my team had been feeling this for, one team member for nearly two years and I didn't know anything about it. And I was completely unaware of it. That's when I learnt that I always thought that I was quite kind of in tune with people. I've realised that I'm not very intuitive, so I'm working and I've done some, after the mediation, X and I did some one on one work as well, so that's been really good to help see that” (Respondent 4).

6.5.1.2 Not knowing what is wrong

Some participants noted that due to the lack of communication in the workplace, they genuinely did not have an awareness of what the problem was, even if they were aware that there was some type of problem. This lack of awareness was maintained as they didn't have the support to discuss and understand the issues. One respondent noted:

“I suppose with this particular incident I didn't know what was wrong. I knew it was because of someone else's behaviour towards me that was an issue and it was, I suppose I put it down to somebody not having a good day but it became worse and worse as weeks went by, that I felt that this now looks like it's an issue with me and it got to the point where I couldn't take that sort of atmosphere or the sort of sniping and then I then sort of had to say there's a problem here. It was a busy time as well so there was very little time to sort of sit and discuss things but the moodiness was the worst thing of all. Definitely somebody else's moods [unclear] and wondering why and then it just got to a point where I couldn't (cope)...” (Respondent 7).

6.5.1.3 A vicious cycle

Participants described a vicious cycle which led to a breakdown of trust, which was difficult to break without an intervention such as mediation. For example, an attempt to resolve the conflict by one participant was met with avoidance or a negative reaction by the other participant, which reduced motivation to attempt to resolve the conflict. This pattern led to an escalating and self-perpetuating pattern of avoidance and polarisation between them. A vicious cycle of reactivity is imbedded in most definitions of pathological personality structure and PDs. The DSM-IV and DSM-5 refer to the vicious cycle as a pattern of inflexible behaviour that is pervasive and leads to distress or impairment in interactions (APA, 2000; 2013).

Psychodynamic theory and Millon (2011) describe an interaction with a person with an inflexible personality or PD as a vicious cycle of inflexible perceptions, needs, and behaviours leading to negative reactions from others, which perpetuate and intensify pre-existing difficulties; that is, a rigid and escalating cycle of reactivity. Although there is no empirical evidence to support the level of pathology of personality of participants in the qualitative study, it is reasonable to assume that the

vicious cycle described by participants could be explained to some degree by personality pathology.

Some participants in the study commented on this inflexible pattern and observed that it would have been difficult to change without mediation.

One participant remarked:

“I'm not sure that it was possible to have direct discussions without an impartial third party there to contain and to keep everything sort of, I guess, appropriate and measured. So I did find that direct discussion very useful but I wasn't sure how to really facilitate that, in the circumstance, at the time”

(Respondent 1).

The same participant described how his attempts at resolving the conflict before the mediation had led to a negative reaction, which perpetuated the cycle:

“I had attempted to (resolve the conflict directly) at times but it wasn't met very positively and I think instead of eliciting the result that I might have wanted, it more or less did a very defensive reaction and it made things worse, so that's why I shied away from it. Because it probably isn't my natural inclination to not deal with things fairly directly”.

The three subthemes, ‘different perceptions of the truth’, ‘not knowing what is wrong’, and ‘a vicious cycle’ are reflected in the research literature in both the fields of mediation and personality.

Within the body of research on mediation, the importance of the process as a way to enhance communication is highlighted. Shell (2006) points out that “a negotiation is an interactive communication process that may take place whenever we want something from someone else or another person wants something from us” (p. 3). Success is achieving cooperation. Failure is not being able to reach a shared agreement. Mediation is one of a range of processes to resolve conflict when communication or negotiation has not been successful.

6.5.2 Emotions and Behaviour

Participants described differing levels of fears and vulnerabilities in the conflict situation as well as mediation. In terms of Millon's evolutionary theory, personality functions in specific patterns that can be maladaptive and dysfunctional in some environments. One of the essential features of Millon's theory of personality is the emphasis on the interactional component of personality: whereby flexibility in

interactions is regarded as representative of normal personality, whereas rigidity in behaviour is regarded as representative of clinically significant personality patterns (Millon, 2011).

Some respondents described their awareness of inflexible and maladaptive patterns of communication, that were difficult to change in the workplace, outside of the mediation. They also described different levels of intensity of emotion and reactivity varying from mild to more intense. This reflected current research trends that approach inflexible personality styles as a continuum, rather than as specific categories (Millon, 2011). Three sub-themes emerged within the theme of emotions. Millon (2011) refers to these emotions in a number of the personality spectrums where emotional responses range from mild to extreme. They were patterns of vulnerability, avoidance, and confidence. Each of these sub-themes is represented in Figure 3.

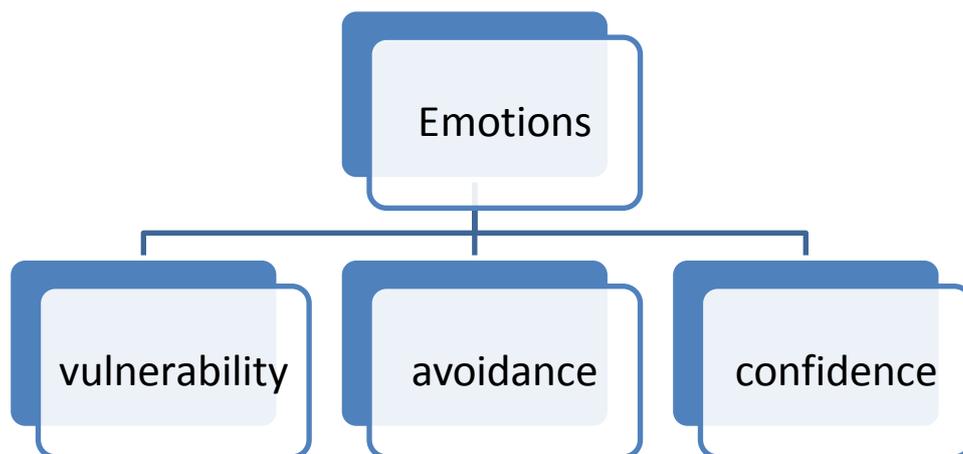


Figure 3: Emotions

6.5.2.1 Vulnerability

Participants described differing levels of fears and vulnerabilities in the conflict situation as well as mediation. The vulnerable personality pattern is described by Millon (2011) in his UBC spectrum (unstable styles, borderline types, cyclophrenic disorders). There is much controversy over the term borderline, with some theorists referring to it as a level of pathology (Dolinsky Cahall, 2006; Kernberg, 1993a; Shedler et al., 2010) and the DSM-IV and DSM-5 referring to it as

a category (APA, 2000, 2013). Millon emphasises that within this spectrum, there are levels of variation, ranging from mild (occasional inconsistent behaviours and unpredictable moods) to extreme (frequent irrational and disorganised emotions and behaviour). A number of respondents described mild levels of this type in the workplace.

One respondent described her lack of insight into her own issues and her vulnerability when resolving interpersonal issues.

“I've had issues happen in my life that have been quite formative which make it difficult for me to deal with my own relationship issues that involve myself... Yeah. But the fact that I actually had thought about slashing my wrists at one stage, it was quite ridiculous. So I didn't see a benefit to allowing ... and also I'd feel the need to protect myself. If somebody had understood that they had that much power over how I perceived myself, that wasn't useful for me” ... I was really scared. I felt really vulnerable and it wasn't ... and I know the mediator made it as safe as she could but I didn't feel safe. That's only because I felt really powerless. Once you're in that spot, it doesn't go away really quickly, so it's not like having a meeting; all of a sudden makes you feel like you've got some personal power back” (Respondent 3).

Another respondent described her emotional reactions and her lack of awareness of others' reactions *“I tend to, I have quite a quick temper generally, but I also get over things really quickly, so in that instant, I was cross at that situation and people might think I was cross at them. I was actually cross at the situation, not at the person, but I wasn't aware that people would internalise things” (Participant 5).*

Although the descriptions of vulnerability emotional outbursts, fears of conflict, and irrational behaviour are indicative of Millon's unstable spectrum they are clearly mild variations of this spectrum indicating the presence of a personality style not a clinical personality pattern or PD. The implications of this are that when people in conflict are experiencing emotions such as those described, the strategies to assist would be those relating to borderline PD which includes the development of safety, trust, and boundaries.

6.5.2.2 Avoidance

Participants described the behavioural pattern of avoiding conflict in the work place as well as mediation. Millon (2011) describes the avoidant personality style

within the SRA spectrum (shy styles, reticent types, avoidant disorders) which ranges from mild to severe. This spectrum corresponds with Avoidant PD in Cluster C in the DSM-IV and DSM-5 and the trait of introversion in the five factor model (APA, 2000, 2013; Costa Jr. & McCrae, 1986). Millon (2011) describes this spectrum as levels of reactivity to the moods and feelings of others, especially those that may reject or humiliate them. A number of respondents described mild levels of this type of withdrawal from others in the workplace.

One respondent described a pattern of avoidance on their own part as well as that of the other participant in mediation as follows: *“Not really confronting the issue. Avoiding the actual issue and just –asking me how I can go about acting like it never happened; how can I continue working as though, at work, without actually solving the problem”* (Participant 6).

Another respondent commented that even if one is aware of the conflict and motivated to resolve it, this can be met by avoidance or resistance from the other participant. *“Because I’m generally fairly blunt and I approached a staff member and just went into them and said, ‘Look, have you and I got a problem?’, and later, as a part of the complaint process of another staff member, it was represented to me that that was me being aggressive”* (Participant 3).

Within the field of management, Blake and Mouton’s ‘Conflict Managerial Grid’ (1964, 1978) refers to the avoidant behaviour that consists of high concern for production (results) and low concern for valuing people and maintaining relationships. Blake and Mouton strongly advocated for collaborative behaviour (high concern for production, high concern for people) as the most effective style to resolve conflict (Lewicki et al., 1992). Thomas and Kilmann’s ‘Dual Concern model’ (1974) reinforced this finding, considering avoidant behaviour (low assertiveness and low cooperativeness) the least effective conflict style.

6.5.2.3 Confidence

Participants described their perceptions of their value or contribution in the workplace which in some cases reflected an extreme or inflated version of what the other participants may have described. The confidant/narcissistic personality style is described by Millon (2011) in his CEN spectrum (confident styles, egotistic types, narcissistic disorders) which ranges from mild to severe. A number of respondents described themselves specifically in terms of their own perception of themselves and

were not concerned with what the other respondents did or said. One respondent described herself specifically in terms of her own perception, showing little concern with the perception of the other person in the conflict.

“I think I command respect in the office. I am very good at my job. Some would call me a workaholic, but I’m not, I just like to do a good job. I don’t usually have problems as I am a senior member of the team” (Respondent 6).

“I can be intimidating to others, but I don’t mean it. If she had respected me, I don’t think we would have got to this point. As a process it was fine, but I wasn’t happy with some of the needs she had for e.g., to treat her as an equal – when she isn’t really. She has half the experience and quite frankly would try to get away from working whenever she can.” (Respondent 6).

The CEN spectrum (confident styles, egotistic types, narcissistic disorders) aligns with Cluster B (dramatic, emotional, or erratic disorders) in the DSM-IV and DSM-5 (which include narcissistic, antisocial, borderline, and histrionic disorders) (APA, 2000, 2013). Millon (2011) identifies Cluster B PDs as interpersonally imbalanced personalities and stresses the importance of viewing Cluster B personality styles along a continuum of mild to severe. For example, a confident person in the workplace may have a positive interaction with others, however if they had more extreme patterns such as being egotistical, or narcissistic, this pattern may lead to conflict with others in the workplace. It is worth noting that Millon’s classification of interpersonally imbalanced personalities is slightly different to Cluster B of the DSM-IV and DSM-5, as it excludes borderline personalities which are included in the ‘severe personality disorder’ category (APA, 2000, 2013; Millon, 2011).

The pattern of cluster B personalities being more concerned with what they think of themselves, than what others think or can provide for them is reflected within the popular literature, where Eddy (2006, 2008) describes individuals with Cluster B PDs as potentially creating and reacting to conflict more regularly than other clusters.

In summary, within this study, there were a range of references to mild variants of the pattern described by Millon as ‘interpersonally imbalanced’ or as described in Cluster B in the DSM-IV or DSM-5 as Narcissistic PD. Most of these descriptions were however in the normal range of personality which is consistent with the results in Study 1.

6.5.3 Defensive Patterns

A central theme that emerged from the data was the expression of anxiety and behaviours to compensate for anxiety in the workplace and mediation. Defense mechanisms affect the individual's responses and reactions to triggers and conflicts and can distort interpersonal communication (Cahall, 2006; McWilliams, 1999, 2012; White, 2013; Yeomans et al., 2002).

Within this study, participants reported some awareness of anxiety or fear, and additionally, some awareness of their compensatory behaviours, such as not accepting feedback or responding emotionally to feedback. They also reported their awareness of other people ignoring their fears or pretending the issue did not exist, or blaming them for something that was not their fault. The themes that emerged were suggestive of variants of recognised defenses such as perceptions of denial and projection during the mediation (Andrews et al., 1989; Sinha & Watson, 1999, 2004). Both of these sub-themes are represented in Figure 4.

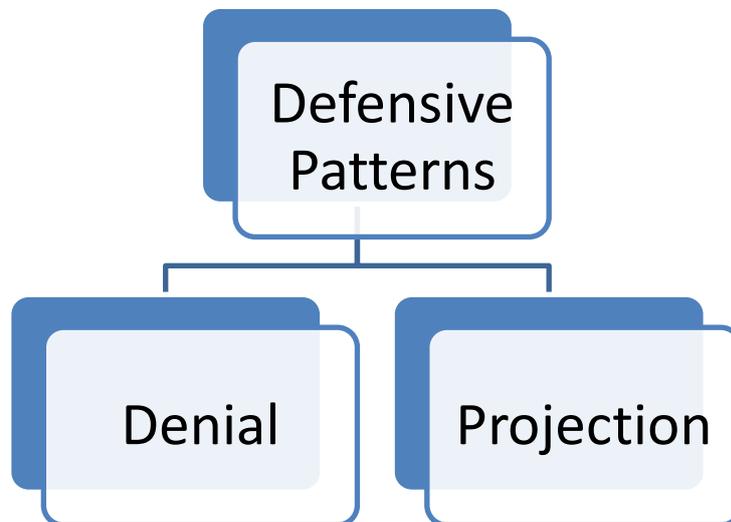


Figure 4: Defensive Patterns

General responses of reactivity or defensiveness such as the following were described.

“I was threatened and for the first time chose an inappropriate time to respond emotionally to that threat” (Participant 2).

“When things first came up, and my boss tried to deal with some things, I felt under attack, I felt very unsafe, I felt very unsupported, I felt very, you know, they've

done me wrong. It was all about me and I was just really seeing things from my point of view, and often when I'd start sessions with X..., I was always, 'I'm so good to them and I do this and I do that, rah, rah, rah. What about all the good things I've done, you're only telling me the bad things I've done'" (Participant 4).

More specific defenses such as denial and projection were described in terms of participants' personal reactions and will be described in more detail in the following sections.

6.5.3.1 Denial

A number of respondents found that they realised that in some situations both they and the other participant 'blocked' the truth in their own minds and therefore responded in an avoidant way at work or in the mediation. The psychoanalytic concept of denial has become part of everyday language in a broad sense, where it is used to describe any situation where a person is not facing reality. It has also become part of the language used in addiction programs (such as 12 step programs) which aim to confront people on their use of denial of a self-defeating habit, in an attempt to help them face and deal with their problem. Most people use denial to some extent, and have areas in which the defense predominates. Millon describes denial as a 'Pollyanna' quality, where hostile feelings are avoided by covering up or smoothing over troublesome events (Millon, 2011). Denial is categorised as an 'immature defense' in psychodynamic terms or 'maladaptive' according to the DSM-IV classification (APA, 2000, p. 807). Andrews et al. (1989) define denial more specifically as the refusal to face and deal with an aspect of reality that is obvious to others (see Appendix D).

Some participants demonstrated that they were unable to accept feedback constructively, even though the feedback was directly communicated to them in the mediation.

"She felt I was patronising and a "primadonna". I have heard feedback like that but it isn't accurate. I have good self-esteem and go about my work confidently" (Participant 6).

The same participant demonstrated another example of denial by stating

"Yes we are totally different and quite frankly I would like to pretend that she is invisible and doesn't exist in the office" (Participant 6).

Another participant reported that they needed to ignore their emotions particularly at work in order to maintain their professionalism or to protect themselves.

“I just felt I couldn't afford to ... (show any emotion). I didn't have the luxury of allowing any emotion” (Participant 3).

McWilliams (1994, 2012) describes the defense of denial as our first reaction to a trauma and explains that almost all the defenses or coping mechanisms have a component of denial, in that most of us use some form of denial in order to make life more pleasant. For example, in a workplace context, a person may continue working in the most toxic work environment, despite the toll it is taking on them. Often the denial may be maintained by a fear that resolving or failing to resolve the conflict may lead to the necessity for alternative employment.

This denial can also be part of other defenses such as rationalisation, where the person may find logical reasons to maintain the status quo, despite the negative impact the work is having on them. Denial can also be a part of projection where a person may be in conflict with another, and perceive the other person as the cause of the conflict and deny that they are part of the problem.

This was evident in the above quote where one participant believed that she was being blamed for something that was not her fault and vice versa, where the participant blamed the other person. Another example of denial in a work context, would be where someone denies hurt feelings rather than acknowledge them fully, as it is inappropriate or considered ‘unprofessional’ to cry. This will help them to survive at work, but not to resolve the conflict (McWilliams, 1994, 2012). This coping mechanism is demonstrated in the quotes described above. One participant was aware that they couldn’t ‘afford to show emotion’ in order to cope with the situation, but that this was extremely difficult due to their heightened emotions. Another participant described the process of ‘pretending that the person they worked with was invisible and ignoring them’ in order to cope with the conflict. McWilliams (1994, 1999, 2012) points out that whilst denial provides a temporary solution to the problem, it does not allow a person to resolve the problem and that eventually the issue will need to be confronted.

6.5.3.2 Projection

Some participants noted that there was a pattern of blaming the other person in the workplace and in the mediation. Projection is categorised as an ‘immature defense’ in psychodynamic terms or ‘maladaptive’ according to the DSM-IV classification (APA, 2000, p. 807). Millon describes projection as a quality of personalities who are unable to accept faults and weaknesses within themselves, and justify their own failures by ascribing them to someone else. He emphasises that when projection is used, people disown their own motives and attribute them to others. They are therefore limited in insight into the impact of their behaviour on others and hyper-alert to the faults of others (Millon, 2011). Andrews et al. (1989) defines projection as the process by which a person unconsciously justifies emotional conflict or stress by looking outside of her or himself and perceiving her or his own thoughts, feelings, and needs as belonging to the other person (see Appendix D).

There were no participants who explicitly described awareness of falsely attributing their own feelings, needs, or thoughts to the other participants. This may be due to the well-recognised phenomenon that defenses are usually not consciously accessible (Andrews et al., 1989; Juni, 1998; McWilliams, 1994, 1999, 2012; PDM Task Force, 2006). There was, however, a description by a participant of her perception of the other mediation participant not being aware of her own limitations and attributing the incompetence to her. *“In this instance I believe A was covering up her incompetence and trying to blame me. It was so unpleasant” (Participant 6)*. She elaborated further on the impact of this projection. *“I think the fact that it was highlighted that she needs to sort out the situation and that I have had no previous conflict showed that this was not about me!...I felt irritated that we had to go through this process when it wasn’t my fault!” (Participant 6)*. Ironically, this respondent’s perception of the matter not being her fault (*“it wasn’t my fault”*) is suggestive of her own use of projection.

In summary, within this study, there were no specific descriptions that aligned with the extreme end of the spectrum of personality, but there were clear references to behaviour suggestive of this level. Defenses such as denial and projection would lower satisfaction with the mediation process and outcome: if there is difficulty acknowledging a problem exists in a conflict, it would be difficult to facilitate a way forward. These themes were important in the context of psychodynamic theory in general, which places the concept of ego defense

mechanisms as a key concept in understanding personality structure. In fact the assessment of defenses is regarded as more clinically valuable than assessing personality structure through traits or behaviours. Therefore in mediation strategies to recognise and address the use of defenses are likely to improve satisfaction with both the process and outcome of mediation (McWilliams, 1994, 2011, 2012; Millon, 2011; PDM Task Force, 2006; Poitras, 2007; Vaillant, 1992).

6.5.4 Satisfaction with Process and Outcome of Mediation

Within this study there were themes suggestive of different degrees of satisfaction with the process and outcome of mediation ranging from satisfied to dissatisfied with either or both the process and outcome of mediation. A number of respondents found that the mediation was cathartic, a learning experience, while some respondents were sceptical that the agreement reached would be sustainable in the workplace. Each of these sub-themes are represented in Figure 5 and discussed below in 6.5.4.1 to 6.5.4.3.

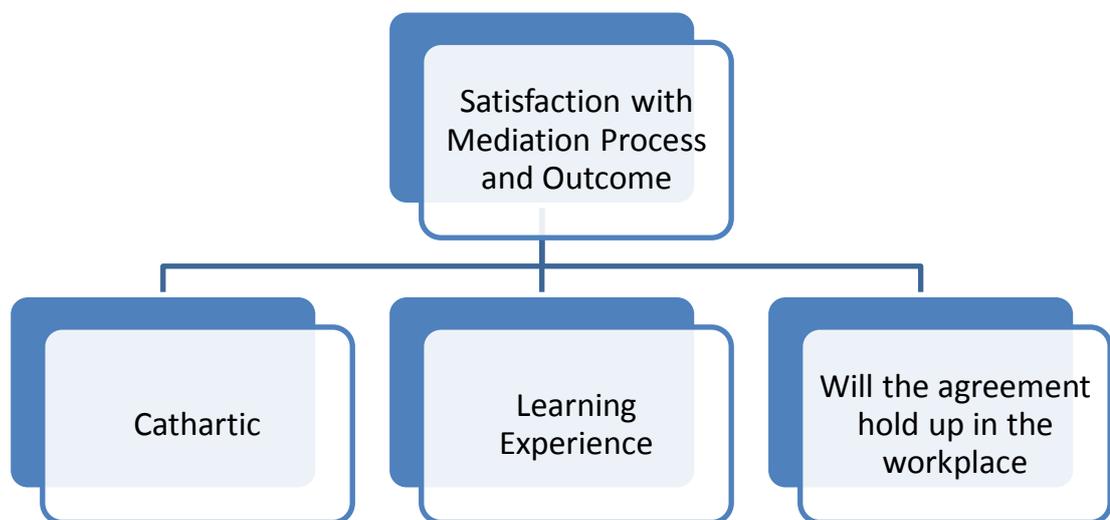


Figure 5: Satisfaction with Mediation Process and Outcome

6.5.4.1 Cathartic

Some respondents described their experience of mediation in a positive light such as ‘a relief to be able to say what they needed to say’ or as a cathartic experience that enabled them to move on positively.

“I realise I felt very stressed about the process and about what was happening and it was just highly unpleasant basically and it felt like a good fresh start after that. Quite cathartic dealing with it and then moving on positively” (Participant 1). Another respondent stated *“I feel so much happier in myself...I had a really good experience. It started off bad and yucky and it wasn’t something that I would say, ‘ooh, can’t wait to do the next lot of mediation’. I hope I never have to do it again but it’s such a good process, I’m pleased I went through it and if I had anybody that I know was going through some of the stuff I’d gone through, I’d highly recommend mediation to them”* (Participant 4).

The concept of a cathartic experience is well documented in mediation literature, where it is recognised that mediation, particularly a facilitative model, is a form of catharsis in which hostility is acknowledged and worked through (Van Gramberg, 2006).

6.5.4.2 Learning Experience

Respondents described mediation as a learning experience for themselves and the other mediation participant. One respondent focussed on his own learning experience.

“Overall it was a pleasant learning experience and at times, because I had to confront some of the issues for myself, uncomfortable. But because of the mediator, she made it a lot easier. I think if it had been a non-trained mediator or someone trying to be helpful, could have put in the wrong door sort of thing” (Respondent 2).

Another respondent commented on his learning of the other participant’s experience.

“It was quite, I guess it was quite an insightful process. It was interesting to really hear in X’s own words about how she viewed certain things and I think yeah, it just gave me a lot of insight into her and where she was coming from. And I think it was really necessary for a number of things to be discussed in quite a safe environment, without anybody feeling attacked because one of the difficulties had been where there was a need for a discussion” (Participant 1).

6.5.4.3 Will the agreement hold up in the workplace?

There was varied opinion on whether the agreed outcomes would be sustained in the workplace. Some respondents were positive about the sustainability of mediation and described how the process had provided a practical solution that resolved the problem; whilst others described the usefulness of having tools to resolve conflict in the future.

One respondent highlighted the value of mediation as a process in itself:

“I thought it was a very good process for the particular issue that we had in front of us, and it had an operational working solution that came out of it. That was quick and easy” (Participant 2).

Another respondent emphasised the utility of the skills or tools to resolve conflict in the future. *“There’s been a vast improvement in the office and I hope, it was certainly for me, I feel like I’ve just let go of hanging onto negative feeling around what had happened and I don’t want to think about it anymore and I don’t want to have to deal with it again and I’d like to ward off any more potential issues. If anything comes up I want to deal with what comes up, at the time, in relation to what that’s about and nothing from before” (Participant 1).* The same respondent expressed reservations about the reality of maintaining the agreement. *“Rarely things work out well for people when they make agreements” (Participant 1).*

Other respondents were pessimistic about the mediation agreement being sustained in the workplace.

“At the time I walked out of the mediation feeling quite good because I had the chance to say I’m unhappy about this and that but really, in retrospect after a few weeks’ time, I realised that hang on, my work situation environment has not been fixed. This man has not been punished and I feel miserable. So that’s where I think I need to take it to.” (Participant 5).

“After the mediation I felt great and I thought this is good, we’ve got it all out and worked it and it was sincere, but unfortunately it’s actually gone back to what it was” (Participant 7).

In practice, workplace mediators generally address this concern by appointing a manager within the workplace to manage the mediation agreement, once they have finished the process and written up a workplace mediation agreement. The aim of this process is to provide the manager with a protocol for managing conflict between the two participants should the conflict arise again in the workplace after the

mediation. This creates a mechanism to address the sustainability of the agreement and ensures that management is involved in the mediation outcomes, and play a role in the sustainability of the agreement.

This outcome was highlighted by one respondent who described the follow up from the mediation as follows:

“the mediator had like a deed of agreement that we all signed and that's working. We've worked out some rules of engagement and also I've noticed my boss has changed his tack as well because we gave him a copy of it and I've noticed the relationship between my manager and the other party is a little bit better. I think it's still a bit strained but still. For me, it was good to get past our problem but to actually move it a little bit up the food chain, to get the manager” (Respondent 2).

In summary, the general outcomes of this study indicate that most participants described the facilitative model for workplace mediation in a positive light, enabling them to work together after the mediation, even if they found the process confronting and had reservations about the sustainability of the agreement in the long term. Themes reflecting high levels of satisfaction as found in this study are consistent with research over the last 50 years, which has provided strong evidence of high levels of satisfaction with mediation in both family and work related contexts, particularly using a facilitative mediation model (McGuigan & Popp, 2012). There is, however, controversy over the specific factors that impact on satisfaction with mediation. Studies in a workplace context have generally emphasised systemic factors (Jenkins, 2011; Wall et al., 2001).

Although there are few studies that emphasise personality as a predictor of mediation outcomes, within the current study there is an indication that personality structure does impact on satisfaction with mediation process and outcome. The study also provides a starting point to investigate in greater depth specific factors such as empathy, personality styles, and defenses and their impact on satisfaction with the process and outcome of workplace mediation.

6.6 Limitations, Strengths and Recommendations

The following limitations and recommendation for future research are specific to the design of the qualitative study. General limitations and strengths of both arms of the research study and recommendations for future research are outlined in Chapter 7.

6.6.1 Measures of single participants in mediation dyads

A significant limitation of this study is that research data were not collected from both participants in the mediation 'pair'. This limitation reduced the opportunity to explore the interaction between the specific personality styles in relation to the other participant in the mediation dyad in greater detail. In all seven participants, only one participant in the mediation dyad agreed to participate in the study. This may be due to the reason that those that agreed to an interview considered the process as a 'debrief' after the mediation. Those who refused, gave feedback that they did not want to dwell further on the mediation and wanted to 'get back to work and move forwards'. This pattern may be indicative of the personality structure of those who chose to participate in the study, as well as those who declined. In addition, another reason for the small sample may be that many participants felt that once the mediation was completed they just wanted to get back to work and move forward. In order to address this limitation, future research may be designed to time the debriefing interviews as soon as possible after the mediation where a qualitative interview could not only serve as a debriefing opportunity for participants but encourage a larger pool of participants in the research.

6.6.2 Matching qualitative and quantitative data

A specific limitation of this study is that it did not match the quantitative data obtained for each participant of the qualitative study. This would have provided empirical confirmation of the personality of the participant and how these related to some of the themes that emerged in the qualitative interviews for each participant. This limitation occurred due to the researcher's understanding that the qualitative study was conceptually separate from the quantitative study and that the aim of the qualitative study was to explore all aspects of participants' perceptions and experiences of the process and outcome of mediation. In line with the ethos of qualitative research, the data that emerged from this study may have been independent of the personality structure of the participant. As this research did not employ a full mixed methodological approach in terms of the size and design of the qualitative study, the impact of this limitation is limited. Future studies utilising a more comprehensive mixed method approach could be strengthened by linking the

empirical data on the personality of each study participant with their qualitative data to provide a more detailed context to the study.

6.6.3 Sample size

Another limitation of the study was the relatively small sample size of seven participants which cannot claim to be representative of the population of mediation participants. It would be inadvisable to draw generalisations from the data as it might be possible that those participants willing to participate in the study may have had strong feelings of either satisfaction or dissatisfaction. Whilst the current study obtained a sufficiently large enough sample to generate a diversity of themes and subthemes, it is doubtful that data saturation occurred when no new data was generated and the emerging themes reached optimal quality. Future research that utilises the principle of data saturation based on grounded theory research would significantly add to the value of this study (Carpenter & Suto, 2008; Denzin & Lincoln, 2008; Hill et al., 1997; Liamputtong & Ezzy, 2005; Pope et al., 2000).

6.7 Chapter Summary

This study was designed to explore the experience and perceptions of workplace mediation participants during the process of mediation. Thematic analysis methodology was used to examine these perceptions. Four central themes emerged which shed light on enhancers and barriers to satisfaction with mediation. The four main themes that emerged were: increased empathy; emotions; defensive patterns; and satisfaction with the process and outcome of mediation. Three significant limitations of the study were the lack of measures of both participants in the mediation dyad, no linking of qualitative data with the data obtained in the quantitative study, and a relatively small sample size. Future qualitative research that is designed to address these limitations, would contribute significantly to the existing body of research.

Chapter 7

General Discussion and Recommendations

Over the last three to four decades, workplace mediation has become an empirically proven effective intervention to resolve conflict and increase employee wellbeing.

The facilitative mediation model is frequently used in workplace conflict and has demonstrated positive outcomes in terms of satisfaction and effectiveness (Australian Safety and Compensation Council, 2012; Fisher & Ury, 1992; Lavender & Cavaiola, 2010; Sourdin, 2008). The emphasis of the facilitative model is on the resolution of differences and the development of a constructive working relationship between two mediation participants (Eddy, 2006; Fisher & Ury, 1992; National Alternative Dispute Resolution Advisory Council (NADRAC), 2011). A key stage of the facilitative model is the pre-mediation, which takes place prior to the joint mediation. The main objective of this pre-mediation session is to assess if joint mediation is a viable option as well as to prepare both mediation participants to reach agreement on a negotiated outcome (Fisher & Ury, 1992; OSA, 2002; Sourdin, 2008).

Consistent recommendations throughout mediation literature call for further research on methods to manage individuals with PDs and maladaptive personality styles in mediation (Eddy, 2008; McGuigan & Popp, 2012). Over the last decade, researchers have begun to address the issue of persistent maladaptive and inflexible emotions in mediation arguing for both pre-caucus (pre-mediation) sessions to allow parties to vent without provoking each other in the joint mediation and for firm mediator control in the joint mediation. This recommendation supports the use of the facilitative model rather than the transformative model of mediation where there is less control over the expression of hostility in the joint mediation (Pruitt, 2006; Saposnek, 2006; Shapiro, 2006).

This research used both quantitative and qualitative approaches to investigate and explore personality factors which may contribute to lower satisfaction with workplace mediation. Study 1 explored the impact of the personality structure of mediation participants on satisfaction with mediation outcomes using measures such

as the MCMI-III, Defense Style Questionnaire (DSQ) and the satisfaction with mediation outcome measure (SMOS) (Andrews et al., 1993; Kelly & Gigy, 1988; Millon et al., 1997). Study 2 was a qualitative exploration of the participants' perceptions and experience of workplace mediation.

The psychodynamic framework of the study incorporates both the type and level of clinical personality patterns and PDs as well as defenses. To the author's knowledge this framework has not been used in research on workplace mediation. A summary of results of both studies is provided in this chapter followed by practical implications for mediators, limitations, and recommendations for further research.

7.1 Study 1: Summary of Results and Discussion

The results of Study 1 provide support for the hypotheses that in workplace mediation, individuals with clinical personality patterns and PDs would be predictive of lower satisfaction with both the process and the outcome of mediation. Whilst most participants in the study fell within the 'normal' range of personality, there was a significant proportion of participants who fell within the clinical personality pattern and PD range.

For the sake of this discussion, participants who fell within the clinical personality pattern and PD range will be referred to as Inflexible Personalities (IPs). Common characteristics include a lack of insight and difficulty in changing behaviour.

As hypothesised, the findings suggested that a person's self-reported higher levels of clinical personality patterns, PDs, and immature defenses are predictive of lower satisfaction with both the process and the outcome of mediation. In particular, higher levels of Cluster B (Dramatic-Emotional) patterns are predictive of lower satisfaction with both the process and the outcome of mediation; higher levels of Cluster C (Anxious-Fearful) patterns are predictive of lower satisfaction with the process of mediation; and higher levels of Immature Defenses Styles, in particular Denial, is highly predictive of lower levels of satisfaction with both the process and the outcome of mediation. In addition, variables such as 'intensity of conflict' and 'motivation to resolve conflict' are factors associated with satisfaction with both the process and the outcome of mediation.

The implications of these findings are that IPs, particularly in Cluster B and C, must be carefully managed in the process of mediation to ensure that they derive satisfaction with both the process and the outcome of mediation. Psychodynamic theory explains that typical behaviour of IPs is ego-syntonic or consistent with their view of 'normal' behaviour (Kernberg, 1993a, b; McWilliams, 1994, 1999; Millon 2011; Millon et al., 1997, Millon et al., 2004; PDM Task Force, 2006). They therefore may behave in an uncooperative manner with little insight into the impact of this behaviour on others. This behaviour is, however, usually out of their awareness and not a deliberate attempt to be obstructive. The practical implications of this finding for mediators are that in some cases, if and when this behaviour of a mediation participant is pointed out to him or her, in the context of a professional intervention such as mediation, he or she may be receptive to modifying their behaviour. However, as this behaviour is ego syntonic and some IPs are not receptive to feedback, the mediator is more likely to be successful if they work within a mediation model that is adapted to accommodate (IPs). Suggestions for practical applications in the mediation model are presented in 7.5.

7.2 Study 2: Results and discussion

Themes that emerged from the qualitative study added further depth and insight into the quantitative results of the study. The findings from Study 1 resonated with themes emerging from the qualitative study through respondents' descriptions of their feelings, thoughts, needs, and behaviour in the workplace and in mediation. Three central descriptions of feelings were confidence, vulnerability, and avoidance. These descriptions reflected features of the Narcissistic, Histrionic, and Avoidant clinical personality patterns and PDs (Millon, 2011). For example, some participants described their perception of how valuable they were to the workplace. In addition themes of 'avoidance' and 'vulnerability' identified by participants in the qualitative study were described.

Another specific theme that emerged was one of emerging empathy and trust towards the other respondent as they described their experience of being gradually able to understand 'in a new way' the situation of the other participant during the process of mediation. This perception of empathy arose from a realisation during the process of mediation that in the conflict, prior to the mediation, they had

misunderstood one another with little awareness of the impact of behaviour on each other; this had led to a vicious cycle of escalating conflict.

These themes are reflective of interactions with IPs who demonstrate a lack of insight and an inability to change in some circumstances. Dimensional models of personality structure emphasise the importance of viewing personality as a continuum with differing levels of ‘inflexibility’ (Millon, 2011; PDM Task Force, 2006). Therefore, although personality is a relatively stable construct, within each personality style, there are differing levels of intensity which is an important consideration that must be taken into account by the mediator. For example, if a mediation participant displays some narcissistic behaviours such as a focus on him or herself to the exclusion of the other participant, but otherwise exhibits behaviour within the normal range of expectation in the context of mediation, the mediator would not necessarily change the normal structure of the mediation. On the other hand, if the behaviour of a mediation participant consists of a range of narcissistic behaviours at a fairly significant or obvious level of narcissism such as a lack of awareness and empathy for the other participant, a sense of entitlement, and a refusal to acknowledge fault, the mediator may consider a tailored intervention.

In addition, it is essential to consider whether what appears to be a PD is a response to chronic stress, such as a workplace conflict. For example, a person who is in a workplace conflict and appears to have no empathy may appear to have a PD, where in fact he or she may have shown more flexibility in a supportive environment. Considering that almost 40% of the participants in Study 1 reported that the conflict had existed for over a year or two prior to the mediation (long term), it would be prudent to consider the impact of this chronic stress on levels of empathy. Therefore even if participants are showing evidence of being IPs (inflexible and lacking insight), it is still important to take into consideration the nature and impact of a chronic stressor such as workplace conflict, which can exacerbate even the mildest of IPs.

In addition, descriptions of behaviour to cope with anxiety were described in this study. These descriptions of anxiety were reflective of defenses such as Denial which are used to reduce anxiety temporarily, but prevent the conflict from being resolved effectively through the process of mediation.

Lastly, a range of descriptors indicating varying levels of satisfaction with the process and outcome of mediation emerged from the study. Some respondents

described the mediation as cathartic, others as a learning experience, and some respondents were sceptical that the agreement reached would be sustainable in the workplace.

7.3 General summary and practical implications for mediators

The general outcomes of Study 1 provided evidence of a high level of satisfaction with both the process and the outcome of workplace mediation (as measured by the SMOS), which is consistent with current research findings on the facilitative model (Blomgren Bingham et al., 2009; Kelly, 2004; Kelly & Gigy, 1989; Kressel, 2007; Nabatchi et al., 2007). However, satisfaction with both the process and outcome of mediation was lowered by instances where one or a combination of factors occurred. These were: where a mediation participant scored as a Cluster B clinical personality pattern (as measured by the MCMI-III), utilised the defense of Denial (as measured by the DSQ), had a low level of motivation to participate in the mediation, and/or where the intensity of the conflict was perceived by the mediation participant as high. Satisfaction with the process and outcome of mediation was improved by instances where one or a combination of factors occurred. These were: the learning experience (skills such as active listening and assertive 'I' messages), the realisation of 'denial' or 'blocking the truth in their own minds', the cathartic nature of the mediation, the opportunity to understand the other participant's point of view, and/or the experience of empathy for the other participant. These findings provide a preliminary direction for future research and strategies to work with IPs in mediation.

7.4 Practical implications for mediators

There are a large range of books, selfhelp manuals and training workshops that provide strategies to work with difficult personalities in the workplace. There is, however, a gap between these strategies and the clinical context of individuals with PDs which can only be diagnosed after extensive testing, treatment sessions, experience, and professional clinical experience (McWilliams, 1994).

The facilitative mediation model is focussed on creating a professional working relationship between two mediation participants. Within this model it is assumed that both participants will work cooperatively with the mediator towards resolution of the conflict. In terms of the model, the mediator is required to prepare

the mediation participant in the pre-mediation to identify options for themselves, to acknowledge the needs of the other participant, and to negotiate shared outcomes (Mediate.com, 1996-2012). When the mediator is working with IPs, this process may be hampered by inflexible beliefs, limited capacity for insight, and a lack of empathy (APA, 2013; Millon, 2011; PDM Task Force, 2006). For example, it is not uncommon for an IP to believe there is nothing wrong with them, and that the fault lies 'out there' with others. It is also likely that in the mediation, ground rules and boundaries that are important to maintain safety within the mediation, will be ignored by an IP (Cavaiola & Lavender, 2000; Eddy, 2008). Qualities and behaviours such as a lack of empathy and insight make working with IPs challenging for mediators, particularly in the standard format, where it is assumed that mediation participants will work cooperatively with the mediator toward resolution of the conflict.

The current wave of workplace literature on difficult/high-conflict/inflexible personalities in the workplace has popularised or created a 'layman's language' that has traditionally been kept for use amongst clinicians. Labels such as Narcissistic, Histrionic, and Borderline personality styles, as well as a range of other personality styles are frequently quoted in literature on workplace conflict. These labels and sets of behaviours not only 'simplify' a complex system of diagnosis, but also create a dangerous climate of labelling and 'blaming' of specific personalities (Cavaiola & Lavender, 2000; Eddy, 2006, 2008). The diagnosis of a PD requires specialised training, clinical experience, and judgement. Even then, few people can be categorised as a PD without extensive assessment (Millon, 2011). It is, however, important to acknowledge that some awareness of strategies to deal more effectively with people with PD traits may be constructive for the purposes of effective communication. For example, if a colleague demonstrates Histrionic traits, it may help to utilise strategies to manage the relationship such as active listening rather than avoiding the colleague or reacting to emotional outbursts with retaliation. This awareness is important in general if mediation is not offered in the workplace or if is not possible to engage a colleague in mediation (Cava, 1991; Cavaiola & Lavender, 2000; Crawshaw, 2007; Eddy, 2008; Millon, 2011; White, 2013).

As this study confirms, the majority of participants in mediation fall within the normal personality range. However the current climate of pathologising labels increases the challenge for mediators to recognise the point where the personalities

they are working with lie outside of the normal range of personality and the mediator's level of clinical expertise.

One suggestion for making progress in this situation would be to emphasise a 'staged process' of assessment for workplace mediation starting with the model suggested in 7.5. Whilst this model provides a clear diagnostic tool to decide whether mediation will be viable, it does not require clinical diagnostic tools.

7.5 Strategies to work with IPs in mediation

The general purpose of the pre-mediation is three-fold. Firstly, it provides the mediator with the opportunity to develop rapport and trust with each mediation participant. Secondly, it provides the mediator with the opportunity to assist each mediation participant to explore the issues that he/she has with the other participant, the impact these issues are having on him/her, and the desired outcomes and needs that will be communicated to the other participant. Thirdly, it provides the mediator with the opportunity to coach the mediation participant in conflict resolution skills to communicate his/her needs in the most effective way.

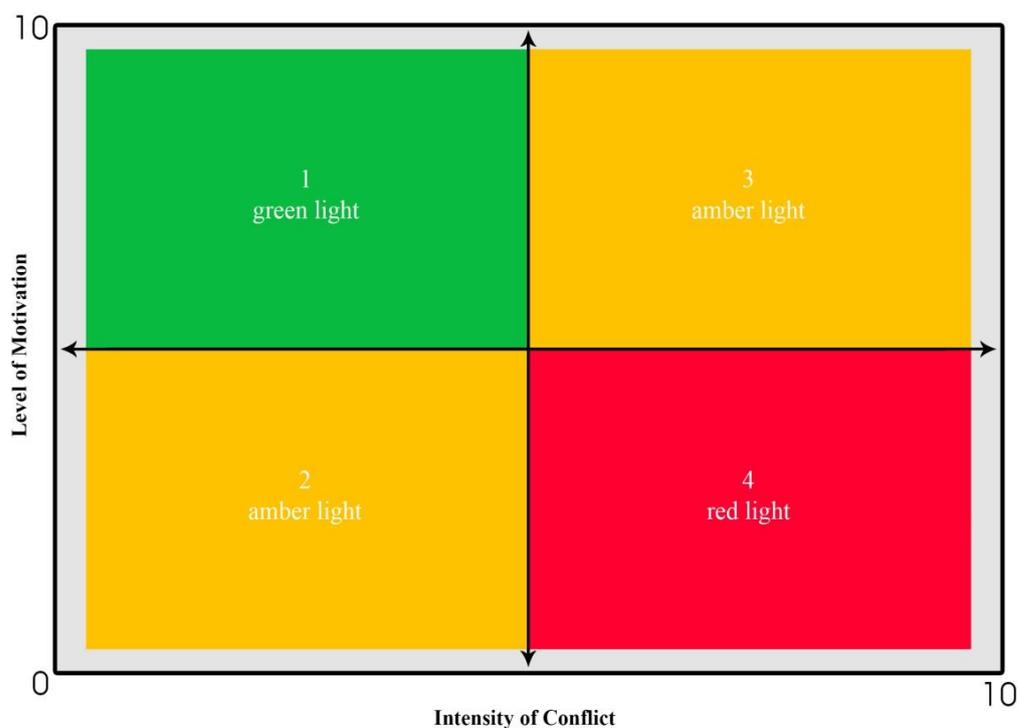
A pre-mediation is an integral part of the facilitative mediation model, and is generally sufficient to assess the viability of mediation. It may, however, not be sufficient when mediation participants have IPs. If the existing structure was extended to include an additional stage within the facilitative mediation model in the form of an 'assessment of readiness for mediation' before the pre-mediation, there would be an opportunity for both the mediator and mediation participant to assess the viability of the mediation process.

7.5.1 Assessment of Readiness for Mediation Model

In Study 1, a post hoc analysis found that higher levels of motivation to resolve the conflict and perceptions of lower levels of intensity of conflict were associated with higher satisfaction with mediation. These findings are partially consistent with research suggesting that variables such as intensity of conflict, duration of conflict, and motivation to resolve the conflict impact strongly on satisfaction with the process and outcome of mediation (Wall et al., 2001).

The two studies provide a basis for the proposed model for an 'assessment of readiness for mediation' prior to pre-mediation within the context of a facilitative

mediation model. The model is based on the exploration of two key constructs: level of motivation to resolve the conflict and perception of intensity of conflict. These constructs are particularly relevant in the context of mediation participants with IPs. This model is represented in Figure 6 and discussed below.



- ① Proceed to pre-mediation
- ② Consider interventions to increase motivation
- ③ Consider interventions to explore perception of intensity of conflict
- ④ Consider interventions to increase emotional readiness

Figure 6: Assessment of Readiness for Mediation

The model consists of two axes: 'Motivation to resolve the conflict' and 'Intensity of Conflict' (Figure 6). Each axis has a rating scale from one to ten. In order to assess the participant, the mediator or facilitator asks, 'How motivated they are to resolve the conflict, on a scale from one to ten?'. The second axis assesses intensity of conflict on a scale from one to ten. In order to assess the participant, the mediator asks, 'How intense do you perceive the level of conflict to be, on a scale from one to ten'. The perception (and not the reality) are the scores that are used to predict the readiness for mediation.

There are four quadrants that can be used to assess 'readiness for mediation'.

Quadrant 1: Green light (Top left hand corner): Low intensity of conflict / high motivation. Mediation participants who score within this quadrant are suitable to proceed to pre-mediation.

Quadrant 2: Amber light (Bottom left hand corner): Low intensity of conflict / low motivation. Mediation participants that score within this quadrant are suitable to proceed to mediation, but may require coaching or motivational interviewing to increase motivation to resolve the conflict.

Quadrant 3: Amber light (Top right hand corner): High intensity of conflict / High motivation. Mediation participants that score within this quadrant are not suitable to proceed directly to mediation. They may require counselling or coaching support to explore their perception of the intensity of conflict.

Quadrant 4: Red light (Bottom right hand corner): High intensity of conflict / Low motivation. Mediation participant that score within this quadrant are not suitable to proceed directly to mediation. They may require counselling or coaching support to increase motivation to resolve the conflict and explore their perception of the intensity of conflict.

The mediator or facilitator requires no knowledge of personality structure to facilitate this model, however the outcomes of the model provide the mediator with tools to assess the participant's suitability for mediation. For example, in the case of a conflict between two participants in the Dramatic Cluster, such as a Narcissistic personality and a Borderline personality, the Narcissistic personality may perceive the intensity of the conflict as low (underestimating the impact on the other participant), whereas the Borderline personality may perceive the intensity of the conflict as very high (overestimating the impact of the conflict on themselves). The Borderline personality may be highly motivated to resolve a conflict, as once their emotional reaction has passed, they would fear the loss of the relationship. On the other hand a Narcissistic or Antisocial personality may have little motivation to resolve the conflict as they may have no empathy or interest in the welfare of the other party. Another example may be that where a participant is in Denial, they may have little motivation to resolve the conflict as they would not have recognised and/or acknowledged that there is a conflict (APA, 2013; McWilliams, 1994, 1999; Millon, 2011; PDM Task Force, 2006; White, 2013).

For those participants in the green zone (highly motivated to resolve the conflict, and perceptions of low intensity of conflict), the facilitator can proceed to

the pre-mediation stage. Considering that the mediation participants who score in the amber or red quadrants may have IPs, strategies to maximise satisfaction might include conflict resolution coaching or motivational interviewing to increase motivation to resolve the conflict and/or to explore their perception of the intensity of conflict. In addition, conflict resolution strategies in mediation are discussed below.

7.5.2 Conflict Resolution Coaching in Pre-Mediation

One of the central strategies to work effectively with IPs is the maintenance of empathy and the creation of clear boundaries to promote and preserve healthy relationships. Research, however, demonstrates Cluster B personalities have difficulty setting and accepting boundaries (APA, 2013; Dolinsky Cahall, 2006; McWilliams, 1994). It is for this reason that Cluster B personalities are the most likely personality cluster to be engaged in conflict (Eddy, 2006, 2008; McWilliams, 1994, 1999; Millon, 2011). The quality of the trust between participants in the mediation process is vital in order to maximise satisfaction with the process and outcome of mediation (Eddy, 2006, 2008; Fulmer & Gelfand, 2012; Greenwood & Rasmussen, 2013). Trust is defined as ‘positive expectations about the trustee’s intention’ and ‘willingness to accept vulnerability’ (Fulmer & Gelfand, 2012). Whilst generally the development of trust between participants is a challenging task for mediators, it is even more challenging with IPs, particularly in Cluster B. In relationships, empathy and clear boundaries mean respect for others, which then fosters trust. Trust fosters good relationships and then provides a foundation to resolve differences (Cava, 1991; Cavaiola & Lavender, 2000; Crawshaw, 2007; White, 2013).

A strategy to assist IPs to develop greater awareness of boundaries in mediation would therefore be to emphasise ground rules, which are the boundaries of the mediation. Standard ground rules such as respect, confidentiality, and fair fighting rules provide clear boundaries both within the mediation as well as in the workplace (Eddy, 2006, 2008). The skills of active listening and ‘I’ messages equip the IP with strategies to develop and demonstrate empathy. The combination of these factors leads to greater trust between both participants and between participants and the mediator.

The outcomes of successful implementation of clear boundaries were highlighted in Study 2 where participants in the dyad described feelings of empathy which then led to the development of greater trust when they were able to understand what the other participant experienced. Furthermore, they expressed concerns regarding the sustainability of the mediation outcomes in the workplace which confirmed the importance of the development of trust between mediation participants in the process of mediation.

The two studies provide a template for factors to consider in conflict coaching within the pre-mediation phase of the facilitative mediation model. The template is illustrated below in Figure 7. Constructs such as ‘insight into defenses’, ‘empathy’, ‘boundaries’, and ‘trust’ are important skills to develop in conflict coaching with IPs.

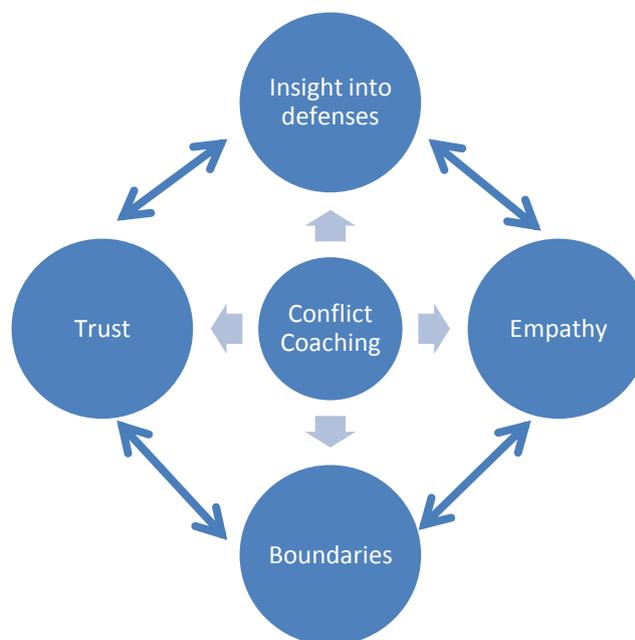


Figure 7: Conflict Coaching

7.6 Limitations, strengths and recommendations for future research

This section outlines the general limitations and strengths of both studies and recommendations for future research arising out of these limitations. Additional recommendations for future research are outlined in 7.7.

7.6.1 Measures of single participants in mediation dyads

A research design with 'paired' participants was not viable from a commercial and practical perspective due to the reality of working with clients accessing mediation through an agency such as PPC Worldwide. A prerequisite of this organisation under whose auspices the study was conducted was that the methodology used in this study was as un-intrusive as possible. Although both participants were asked to participate in the research, in most cases, only one participant in the 'pair' agreed. This was usually the 'initiator' of the mediation (in most cases the aggrieved participant). As the ethics protocol for the study outlined that participation in the study was completely voluntary and clearly precluded any persuasion or enticement of mediation participants, the researcher was limited to data with only a single participant in each dyad.

The limitation can also be regarded as 'less of a weakness' than would first appear as the main focus of the study was the personality structure of each participant irrespective of the other participant in the dyad. In terms of psychodynamic theory, the personality of an individual is based more on early rather than later developmental influences. Responses by the individual to later influences are strongly influenced by both his or her existing personality structure and other factors which may activate existing personality patterns (Kernberg, 1993a, b; McWilliams, 1994, 2012; Millon, 2011). For example, from a psychodynamic point of view, a person's pattern of behaviour and responses to others in a workplace conflict will be strongly influenced by pre-existing personality structure as well as current situational responses to factors such as current workplace dynamics.

The fact that the overwhelming majority of participants who agreed to participate in the study were the initiators of the mediation, may be in itself revealing of the personality structure of participants in the dyad. This is relevant for both those that chose to participate in the study, as well as those who declined. For example, it is possible that mediation participants with Narcissistic or Histrionic features were more agreeable to participating in the study than those with an Avoidant personality structure. It is possible that a participant in denial would decline to participate in the research more readily than one who is motivated to resolve the conflict. This response bias is likely to skew the results and limit generalisability. However, a mitigating factor for this limitation is the use of real life cases rather than an experimental design.

As discussed in Study 1, suggestions for future research would be to incentivise both parties in the mediation to participate in the research. There is a greater likelihood of building a research design that will capture dyadic research in a single organisation rather than a consultancy that works across a range of different types, sizes, and cultures of organisations. If the research takes place in an organisation that is committed to mediation and there is prior commitment from management, human resources, and union representatives to the mediation process, there is a much greater likelihood of both parties in the mediation dyad agreeing to participate in the research. These organisations may also be more open to research in order to improve their own processes and therefore provide support to participants and research processes (Robinson, Pearlstein, & Meyer, 2005).

7.6.2 Self-Reporting Bias

As discussed in Chapter 5 (5.9.3), another significant limitation of this study is the presence of self-reporting bias. A suggestion for addressing this in future research would be to prioritise other methods of data collection from pairs in mediation such as direct observation and/or self-report and informant versions of questionnaires. Another way to achieve this would be to use video footage. In the 2000 study conducted by Bickerdike, video footage of the mediation was analysed, creating the opportunity to observe and analyse the interactions between both participants in the pair (Bickerdike, 2007; Bickerdike & Littlefield, 2000). An alternative method to minimise bias would be to use a measure that uses self and peer versions of the questionnaire in order to collect data from both sources in the mediation. Okado and Oltmanns (2009) report on a study that uses the Multi-source Assessment of Personality Pathology (MAPP) which has both a self-report version and informant version that are worded in the same way except that the self-report version refers to the self, rather than the other person. For example, the item relating to a Narcissistic PD in the peer version is “thinks he/she is better than other people (without good reason)” (Okada & Oltmanns, 2009, p. 2). Okado and Oltmanns suggest that this is a useful tool to increase concurrent validity, particularly in non-clinical samples. This has been demonstrated in studies of marriage satisfaction where self- and spouse reports of personality highlighted important sources of relationship dysfunction (South et al. (2008). Other methods would include behavioural and social adjustment measures that are compared with diagnostic

interviews and/or self-report measures. As mentioned in 7.6.1, this type of research is likely to be more supported if it took place within a single organisation that had management support for mediation.

7.6.3 Long term Sustainability of mediation

An additional limitation of this study is that there was no provision for follow up after the mediation to measure long term outcomes in the workplace. There are some significant longitudinal studies of this nature such as a study by Emery et al., (1991), and the 'Resolve Employment Disputes, Reach Equitable Solutions Swiftly' (REDRESS) program from 1994 to 2006, which afforded researchers the opportunity to review ongoing longitudinal evaluation data of the world's largest employment dispute resolution program (Blomgren Bingham et al., 2009; Emery, Sbarra, & Glover). Schofield et al. (2012) are in the process of conducting a pre-post evaluation longitudinal design across Australia to assess outcomes for couples counselling with two follow up surveys at three and twelve months post-intervention. The focus of this study is on effectiveness of counselling services, and will investigate the profiles of clients' seeking couple counselling and determine the short and long term outcomes of this service (Schofield, Mumford, Jurkovic, Jurkovic, & Bickerdike, 2012). Whilst this study relates to counselling, the principle of short and long term evaluation is readily applicable to workplace mediation. Within the field of workplace mediation, much of the literature has suggested that long term evaluation use can have many benefits in improving the skills of managers, changing worker attitudes, and contributing to transformation in the workplace.

Whilst longitudinal research has provided some valuable insights, there is also a widely acknowledged resistance from workplace senior managers towards evaluation research who are more interested in the conflict being resolved in the short-term than research to evaluate whether it is sustainable in the long-term (Saundry, Bennett, & Wibberley, 2013). In the current research, it was not possible to evaluate outcomes in the long-term, as the research was conducted through an external consultancy where the researcher had no brief to evaluate outcomes within each organisation on a longer term basis. Future research on workplace mediation designed to incorporate longitudinal evaluation of mediation would be of great value to the body of existing research.

7.7 Future Directions for research

In exploring the limitation of this research, section 7.6 has identified important directions for future research into the impact of personality structure on both the process and outcome of workplace mediation. These include mixed method approaches using both quantitative and qualitative methodologies to explore dyadic influences, the reduction of self-reporting bias, and longitudinal evaluation. Broader directions for future research that identifies possible strategies for assisting IPs (personality patterns and defenses) to resolve conflict in the workplace are discussed below.

7.7.1 Working with Cluster B IPs and Denial

The strongest predictors of lower satisfaction with both the process and outcome of mediation in this study were Cluster B personalities and the defense of Denial. Future research focusing on these two variables as key contributors to mediation outcomes would be of great value to informing future mediation practice. One of the challenges inherent to this type of research is the inherent ‘lack of insight’ that is a key feature of both variables (Andrews et al., 1989; Crawshaw, 2007; McWilliams, 2011). One suggestion for future research would be to individually match the quantitative data obtained from the MCMI-III and DSQ for each participant with data from his or her in-depth qualitative interviews. This linking process would facilitate additional insight into helpful and unhelpful interventions for specific IPs who use particular defenses.

7.7.2 Linking Personality and Situational factors

One of the current debates in the literature on workplace conflict is the role of personality versus systemic or situational factors (Caponecchia et al., 2011). Some research approaches are predominantly systemic but personality factors are less widely researched. The current study was based primarily on personality factors. An important consideration is the interaction of systemic or situational factors with personality. Further research that integrates both systemic and personality factors is frequently recommended in mediation studies, particularly in the context of the workplace where there are factors such as workplace bullying that are driven by both systemic issues such as policy and procedure, as well as personality (Eddy, 2008;

Lavender & Cavaiola, 2010). Future research in the field of workplace mediation that incorporates a design that measures situational factors within the organisation alongside exploration of maladaptive personality patterns of mediation participants has the potential to provide a broader and more integrated range of strategies to increase satisfaction with both the process and outcome of mediation.

7.7.3 ‘Assessment of readiness for mediation’ as a Screening Tool

As described in 7.5.1 the Assessment of Readiness for Mediation tool allows the mediator to assess readiness for mediation without having to diagnose a clinical personality pattern or PD. Further research that explores the predictive nature of this tool for individuals with clinical personality patterns and PDs would demonstrate the validity of this tool as a screening device for mediators. This would provide mediators with an evidence based tool to support an anecdotal hunch that a mediation may not be viable.

The study includes both quantitative and qualitative evidence of the impact of personality structure on both the process and the outcome of workplace mediation. The research builds on existing empirical evidence of personality as a predictor of satisfaction with the process and outcome of mediation in both family and work related contexts (Bickerdike, 2007; Cava, 1991; Cavaiola & Lavender, 2000; Clarke, 1976; Crawshaw, 2007; Eddy, 2006, 2008; Lavender & Cavaiola, 2010). Based on the results of this study, as well as existing research, maladaptive or inflexible personality patterns and the defense of Denial can be considered important predictors of lower satisfaction with workplace mediation. Whilst mediators are not required or expected to diagnose personality pathology, they are more likely to improve the satisfaction of mediation participants by considering strategies to accommodate the limitations of IPs. These limitations include personality pathology and immature defenses. Whilst this is outside of the expertise of the mediator, a screening tool that identifies factors such as low motivation to mediate and a high perception of the intensity of conflict may assist the mediator to judge the potential success of the mediation.

A preliminary strategy was recommended to extend the standard facilitative mediation model to incorporate an ‘assessment of readiness for mediation’. There are to the author’s knowledge no mediation models that provide this framework in workplace mediation. Future research based on the effectiveness of an extended

mediation model to manage IPs would add to the evidence base of workplace mediation scope of practice.

This study was exploratory with no direct prior research studies that could be used as a template. Research from the bodies of mediation and personality research were used as a basis to provide an overarching theoretical framework and research design. The results have therefore filled a distinct gap in the literature on the impact of personality structure on satisfaction with both the process and the outcome of workplace mediation. This template could serve as a framework for further research that builds on the existing study.

It is timely that a study of this nature provides a context to further research. Empirical research on the impact of personality structure in workplace mediation, is an important contribution to both the field of mediation and personality respectively. Although the study did not measure the interactional effect of dyads, there is enough evidence to suggest the value of working with individual mediation participants in a pre-mediation or assessment session. The results of this study support research suggesting that IPs require additional support in order to improve their capacity to function more effectively within themselves. On this basis, it is recommended that workplace mediation involving one or more IPs takes place in a controlled environment that incorporates assessment of readiness for mediation and boundary setting in a pre-mediation format. In using this approach mediators may assist IPs to broaden their insight and develop improved relationships within the workplace.

As Jim Morrison, American rock singer, poet, songwriter, film director, and lead singer of The Doors said

“There can't be any large-scale revolution until there's a personal revolution, on an individual level. It's got to happen inside first.”

— Jim Morrison (1943 to 1971).

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Appendix A

Participant Information Sheet and Research Consent Form

A study on the relationship between personality and workplace mediation outcomes
 A research project is being conducted that aims to understand more about how
 personality patterns impact on workplace mediation outcomes. The objective is to
 enable mediators to adopt mediation processes to accommodate different
 personalities and to achieve more satisfactory outcomes.

Who are the researchers?

The principal researcher is Jenny Ellison, who is undertaking this study as a PHD (Psychology) at Curtin University of Technology. Her supervisors are Associate Professor Jan Grant, and Dr Nick Barrett. Her supervisor in the workplace is Rose Zaffino, Manager OSA Group (WA). The Curtin University Human Research Ethics Committee has approved this project, but any concerns can be addressed to the committee's secretary.

Contact Details	Telephone	E-Mail
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Who can participate?

Anyone who is participating in a mediation process through the OSA Group (WA). If a pre-mediation takes place and the mediation does not proceed to the mediation stage, the results will not be used.

What will the participants be asked to do?

1. Decide if you will participate in the research when the OSA mediation coordinator contacts you telephonically. The coordinator of the OSA Group mediation program will contact you telephonically before the mediation process begins and explain to you what the project will involve. If you

indicate that you are prepared to take part in the research project, she or he will e-mail or mail you this information sheet and attached consent form. If you do agree to participate, the mediator will bring the questionnaires with him or her when you start the mediation process.

2. Provide a signed consent form to OSA Group before or at the pre-mediation interview. Voluntary consent is traditionally recorded by the participant signing a consent form. The consent form (attached) will be kept separately from the questionnaires so that your consent form does not identify you. You will be asked to sign the attached voluntary consent form once you have read this information sheet and to mail it to OSA Group (self-addressed envelope attached) or to bring it with you to the pre-mediation. Your informed consent does not bind you to complete the research process. You may withdraw from the process at any stage without giving a reason. If you do withdraw consent, any information that you have provided will be destroyed.
3. Provide some general details that do not identify you before the mediation. This will include information on age, gender, level in the organisation, length of employment, duration of conflict and intensity of conflict.
4. Fill in two questionnaires before the mediation. If you participate, you will be requested by the OSA mediator to fill in two questionnaires before the mediation. This can be done at any stage before the mediation process starts. This will take approximately 30 minutes to complete.
5. Fill in a Satisfaction with Mediation Outcome Questionnaire once the mediation is completed.

What happens to the information collected?

1. It is NOT necessary to put your name or any identifying information on your questionnaires. A number will identify each set of data with no other identifying information.
2. The completed questionnaires will be scored and kept with the mediation outcome scale. This information will be kept completely confidential. Only the chief researcher will have access to the questionnaires and results. The results will not be processed until the mediation is complete.
3. NO information, including whether you participated or not will be made available to any individual or organization, under any circumstances. The

information will be kept completely separately from the OSA mediation file and will have no bearing on the mediation process. No individual results will be utilized from the study.

Why participate in the study?

Workplace mediation is increasingly becoming a constructive way of resolving conflict in the workplace. If successful, it can prevent distress of more formal organisational processes. Most research on workplace mediation has a focus on organisational factors that lead to conflict in the workplace. There is less research on the impact of different personality styles on mediation outcomes. This research will provide valuable information on the impact of personality on satisfaction with mediation. This will help mediators to improve their service to individuals experiencing conflict in the workplace.

If you participate in the research:

- You will be guaranteed that the information you provide has no bearing on the mediation outcome.
- The mediator will not be influenced by whether you have agreed to participate in the research or not.
- The mediator will have no access to the results of the personality questionnaires.
- The chief researcher will process results from the research data after the mediation process is complete.
- The data will be stored in a secure location for a period of five years after the research is completed and then destroyed

Thank you for your time.

CURTIN UNIVERSITY OF TECHNOLOGY
SCHOOL OF PSYCHOLOGY

RESEARCH CONSENT FORM

I,..... (Full name of participant)

authorise Jenny Ellison, PhD candidate at Curtin University of Technology, to collect and process my completed questionnaires.

I give her permission to use the information that I provide for the purposes of the research project and in the preparation of a dissertation, on the understanding that my contribution will be anonymous.

I have been provided with the Participant Information Sheet and I have been given the opportunity by the OSA mediation co-ordinator and the mediator to ask questions.

I understand that I may withdraw my consent at any stage without affecting the outcome of the mediation or my confidentiality in my organisation.

I declare that I am over the age of 18 years.

Signature.....Date.....

Appendix B

Biographical Information

Please answer the following questions by circling the applicable number

1. Gender		6. Years of service in current organisation	
Male	1	Less than 1 year	1
Female	2	1 to 5 years	2
2. Age		5 to 10 years	3
18 to 20 years	1	10 to 15 years	4
20 to 30 years	2	More than 15 years	5
30 to 40 years	3	7. How many staff do you supervise?	
40 to 50 years	4	None	1
50 years +	5	1 to 5 staff	2
3. Marital Status		5 to 10 staff	3
Single	1	10 to 15 staff	4
Married/De Facto	2	More than 15 staff	5
Divorced/Separated	3	8. With whom is the conflict?	
4. Type of organisation		Colleague	1
Government	1	Manager/Supervisor	2
Private	2	Subordinate	3
Community	3	Other	4
Education	4	9. How long has the conflict gone on for?	
5. Which category do you fit into?		In the last month	1
Senior Management	1	1 to 3 months	2
Middle Management	2	3 to 6 months	3
Professional	3	6 to 12 months	4
Technical	4	1 to 2 years	5
Administrative/Secretarial	5	2 years +	6

Please answer the following questions by circling the applicable number

10. How intense is the level of conflict that you are experiencing, if 0 is no conflict at all and 10 is the worst level of conflict that you can experience?									
1	2	3	4	5	6	7	8	9	10
11. How high is your level of motivation and commitment to resolve this conflict through the mediation process, if 0 is not at all and 10 is the highest level of motivation?									
1	2	3	4	5	6	7	8	9	10

Appendix C

Millon Clinical Multiaxial Inventory – III (MCMI-III)

Millon Clinical Multiaxial Inventory – III (MCMI-III™)

Theodore Millon, PhD, DSc

Pearson Assessments

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Appendix D

Defense Style Questionnaire (DSQ 40)

(Andrews, Singh, Bond, 1993)

INSTRUCTIONS: This questionnaire consists of a number of statements about personal attitudes. *There are no right or wrong answers.* Using the 9-point scale shown below, please indicate how much you agree or disagree with each statement by *circling* one of the numbers on the scale beside the statement. For example, a score of **5** would indicate that you neither agree nor disagree with the statement, a score of **3** that you moderately disagree, a score of **9** that you strongly agree



	<i>Strongly disagree</i>		<i>Strongly agree</i>
1.	<i>sagree</i>		<i>agree</i>
	I get others and if this were taken away from me I would get depressed.....		

	1	2	3
	4	5	6
	7	8	9
3.	I am able to keep a problem out of my mind until I have time to deal with it.....		
	1	2	3
	4	5	6
	7	8	9
5.	I work out my anxiety through doing something constructive and creative like painting or woodwork.....		
	1	2	3
	4	5	6
	7	8	9
6.	I am able to find good reasons for everything I do.....		
	1	2	3
	4	5	6
	7	8	9
8.	I'm able to laugh at myself pretty easily.....		
	1	2	3
	4	5	6
	7	8	9
12.	People tend to mistreat me.....		
	1	2	3
	4	5	6
	7	8	9
13.	If someone mugged me and stole my money, I'd rather he be helped than punished.....		
	1	2	3
	4	5	6
	7	8	9
16.	People say I tend to ignore unpleasant facts as if they didn't exist.....		
	1	2	3
	4	5	6
	7	8	9
23.	I ignore danger as if I was Superman.....		
	1	2	3
	4	5	6
	7	8	9
24.	I pride myself on my ability to cut people down to size.....		
	1	2	3
	4	5	6
	7	8	9
27.	I often act impulsively when something is bothering me.....		
	1	2	3
	4	5	6
	7	8	9
28.	I get physically ill when things aren't going well for me.....		
	1	2	3
	4	5	6
	7	8	9
29.	I'm a very inhibited person.....		
	1	2	3
	4	5	6
	7	8	9
31.	I get more satisfaction from my fantasies		
	1	2	3
	4	5	6
	7	8	9

	than	from	my	real										
	life.....													
37.	I've special talents that allow me to go through life with no problems.....	1	2	3	4	5	6	7	8	9				
38.	There are always good reasons when things don't work out for me.....	1	2	3	4	5	6	7	8	9				
40.	I work more things out in my daydreams than in my real life.....	1	2	3	4	5	6	7	8	9	Please go to next page			
42.	I nothing.....	1	2	3	4	5	6	7	8	9				
43.	Sometimes I think I'm an angel and other times I think I'm a devil.....	1	2	3	4	5	6	7	8	9				
46.	I get openly aggressive when I feel hurt.....	1	2	3	4	5	6	7	8	9				
51.	I always feel that someone I know is like a guardian angel.....	1	2	3	4	5	6	7	8	9				
53.	As far as I'm concerned, people are either good or bad.....	1	2	3	4	5	6	7	8	9				
54.	If my boss bugged me, I might make a mistake in my work or work more slowly so as to get back at him.....	1	2	3	4	5	6	7	8	9				
58.	There is someone I know who can do anything and who is absolutely fair and just.....	1	2	3	4	5	6	7	8	9				
59.	I can keep the lid on my feelings if letting them out would interfere with what I am doing	1	2	3	4	5	6	7	8	9				
61.	I'm usually able to see the funny side of an otherwise painful predicament.....	1	2	3	4	5	6	7	8	9				
62.	I get a headache when I have to do something I don't like.....	1	2	3	4	5	6	7	8	9				
63.	I often find myself being very nice to people who by all rights I should be angry at.....	1	2	3	4	5	6	7	8	9				
66.	I am sure I get a raw deal from life.....	1	2	3	4	5	6	7	8	9				
68.	When I have to face a difficult situation I try to imagine what it will be like and plan ways to cope with it.....	1	2	3	4	5	6	7	8	9				
69.	Doctors never really understand what is wrong with	1	2	3	4	5	6	7	8	9				

- me.....
71. After I fight for my rights, I tend to apologise for my assertiveness..... 1 2 3 4 5 6 7 8 9
73. When I am depressed or anxious, eating makes me feel better..... 1 2 3 4 5 6 7 8 9
76. I'm often told that I don't show my feelings... 1 2 3 4 5 6 7 8 9
81. If I can predict that I'm going to be sad ahead of time, I can cope better..... 1 2 3 4 5 6 7 8 9
82. No matter how much I complain, I never get a satisfactory response..... 1 2 3 4 5 6 7 8 9
83. Often I find that I don't feel anything when the situation would seem to warrant strong emotions.....
... 1 2 3 4 5 6 7 8 9
84. Sticking to the task at hand keeps me from feeling depressed or anxious..... 1 2 3 4 5 6 7 8 9
86. If I were in a crisis, I would seek out another person who had the same problem..... 1 2 3 4 5 6 7 8 9 Please go to next page
88. If I have an aggressive thought, I feel the need to do something to compensate for it..... 1 2 3 4 5 6 7 8 9

PLEASE CHECK TO SEE THAT YOU HAVE ANSWERED ALL THE QUESTIONS

Scoring Key

Mature	Individual Defense Score	Neurotic	Individual Defense Score	Immature	Individual Defense Score
1. Sublimation Items $\frac{5+84}{2}$		1. Undoing Items $\frac{71+88}{2}$		1. Projection Items $\frac{12+66}{2}$	
2. Humor Items $\frac{8+61}{2}$		2. Pseudo-altruism Items $\frac{1+86}{2}$		2. Passive aggression Items $\frac{54+82}{2}$	
3. Anticipation Items $\frac{68+81}{2}$		3. Idealisation Items $\frac{51+58}{2}$		3. Acting out Items $\frac{27+46}{2}$	
4. Suppression Items $\frac{3+59}{2}$		4. Reaction Formation Items $\frac{13+63}{2}$		4. Isolation Items $\frac{76+83}{2}$	
				5. Devaluation Items $\frac{24+29}{2}$	
				6. Autistic fantasy Items $\frac{31+40}{2}$	
				7. Denial Items $\frac{16+42}{2}$	
				8. Displacement Items $\frac{69+73}{2}$	
				9. Dissociation Items $\frac{23+37}{2}$	
				10. Splitting Items $\frac{43+53}{2}$	
				11. Rationalisation Items $\frac{6+38}{2}$	
				12. Somatisation Items $\frac{28+62}{2}$	
Total	<u>4</u>	Total	<u>4</u>	Total	<u>12</u>
Mature Factor Score	<u> </u>	Neurotic Factor Score	<u> </u>	Immature Factor Score	<u> </u>

Definitions of Constructs

Acting Out The individual deals with emotional conflict or internal or external stressors by actions rather than reflections or feelings. This definition is broader than the original concept of the acting out of transference feelings or wishes during psychotherapy and is intended to include behaviour arising both within and outside the transference relationship. Defensive acting out is not synonymous with “bad behaviour” because it requires evidence that the behaviour is related to emotional conflicts.

Affiliation The individual deals with emotional conflict or internal or external stressors by turning to others for help or support. This involves sharing problems with others but does not imply trying to make someone else responsible for them.

Altruism The individual deals with emotional conflict or internal or external stressors by dedication to meeting the needs of others. Unlike the self-sacrifice sometimes characteristic of reaction formation, the individual receives gratification either vicariously or from the response of others.

Anticipation The individual deals with emotional conflict or internal or external stressors by experiencing emotional reactions in advance of, or anticipating consequences of, possible future events and considering realistic, alternative responses or solutions.

Autistic fantasy The individual deals with emotional conflict or internal or external stressors by excessive daydreaming as a substitute for human relationships, more effective action, or problem solving.

Denial The individual deals with emotional conflict or internal or external stressors by refusing to acknowledge some painful aspect of external reality or subjective experience that would be apparent to others. The term *psychotic denial* is used when there is gross impairment in reality testing.

Devaluation The individual deals with emotional conflict or internal or external stressors by attributing exaggerated negative qualities to self or others

Displacement The individual deals with emotional conflict or internal or external stressors by transferring a feeling about, or response to, one object onto another (usually less threatening) substitute object

Dissociation The individual deals with emotional conflict or internal or external stressors with a breakdown in the usually integrated functions of consciousness, memory, perception of self or the environment, or sensory / motor behaviour.

Help-rejecting complaining The individual deals with emotional conflict or internal or external stressors by complaining or making repetitious requests for help that disguise covert feelings of hostility or reproach toward others, which are then expressed by rejecting the suggestions, advice, or help that others offer. The complaints or requests may involve physical or psychological symptoms or life problems.

Humour The individual deals with emotional conflict or internal or external stressors by emphasizing the amusing or ironic aspects of the conflict or stressor.

Idealisation The individual deals with emotional conflict or internal or external stressors by attributing exaggerated positive qualities to others.

Intellectualisation The individual deals with emotional conflict or internal or external stressors by the excessive use of abstract thinking or the making of generalizations to control or minimize disturbing feelings.

Isolation of affect The individual deals with emotional conflict or internal or external stressors by the separation of ideas from the feelings originally associated with them. The individual loses touch with the feelings associated with a given idea (e.g., a traumatic event) while remaining aware of the cognitive elements of it (e.g., descriptive details)

Omnipotence The individual deals with emotional conflict or internal or external stressors by feeling or acting as if he or she possesses special powers or abilities and is superior to others.

Passive Aggression The individual deals with emotional conflict or internal or external stressors by indirectly and unassertively expressing aggression towards others. There is a façade of overt compliance masking covert resistance, resentment, or hostility. Passive aggression often occurs in response to demands for independent action or performance or the lack of gratification of dependent wishes but may be adaptive for individuals in subordinate positions who have no other way to express assertiveness more overtly.

Projection The individual deals with emotional conflict or internal or external stressors by falsely attributing to another his or her own unacceptable feelings, impulses or thoughts.

Projective identification As in projection, the individual deals with emotional conflict or internal or external stressors by falsely attributing to another his or her own unacceptable feelings, impulses or thoughts. Unlike simple projection, the individual does not fully disavow what is projected. Instead, the individual remains aware of his or her own affects or impulses but misattributes them as justifiable reactions to the other person. Not frequently, the individual induces the very feelings in others that were first mistakenly believed to be there, making it difficult to clarify who did what to whom first.

Rationalisation The individual deals with emotional conflict or internal or external stressors by concealing the true motivations for his or her own thoughts, actions or feelings through the elaboration of reassuring or self-serving but incorrect explanations.

Reaction formation The individual deals with emotional conflict or internal or external stressors by substituting behaviour, thoughts, or feelings that are diametrically opposed to her or his own unacceptable thoughts or feelings (this usually occurs in conjunction with their repression.)

Repression The individual deals with emotional conflict or internal or external stressors by expelling disturbing wishes, thoughts, or experiences from conscious awareness. The feeling component may remain conscious, detached from its associated ideas.

Self-assertion The individual deals with emotional conflict or stressors by expressing his or her feelings or thoughts directly in a way that is not coercive or manipulative.

Self-observation The individual deals with emotional conflict or stressors by reflecting his or her own thoughts, feelings, motivation, and behaviour, and responding appropriately.

Splitting The individual deals with emotional conflict or internal or external stressors by compartmentalising opposite affect states and failing to integrate the positive and negative qualities of the self or others into cohesive images. Because ambivalent affects cannot be experienced simultaneously, more balanced views and expectations of self or others are excluded from emotional awareness. Self and object images tend to alternate between polar opposites: exclusively loving, powerful, worthy, nurturing, and kind – or exclusively bad, hateful, angry, destructive, rejecting, or worthless.

Sublimation The individual deals with emotional conflict or internal or external stressors by channelling potentially maladaptive feelings or impulses into socially acceptable behaviour (e.g., contact sports to channel angry impulses).

Suppression The individual deals with emotional conflict or internal or external stressors by intentionally avoiding thinking about disturbing problems, wishes, feelings, or experiences.

Undoing The individual deals with emotional conflict or internal or external stressors by words or behaviour designed to negate or to make amends symbolically for unacceptable thoughts, feelings, or actions.

Performance of the DSQ 40

DSM-III-R Defense	Item	1	2	3	4	5	6	7	8	Mean	SD
Mature Factor											
Sublimation	5	.26	.47	5	.46	5	.039 ^b	.008	.63	5.11	2.50
	84	.37	.52	7	.47	3	.018	.011	.56	5.82	2.25
Humor	8	.46	.54	6	.52	5	.070 ^b	.030	.48	6.54	2.16
	61	.46	.59	1	.58	5	.021	.028	.60	6.34	2.10
Anticipation	68	.20	.56	3	.55	5	.018	.010	.81 ^c	6.62	1.92
	81	.20	.48	2	.40	5	.005	.074	.52	4.47	2.62
Suppression	3	.04	.45	9	.44	5	.068 ^b	.007	.47	4.80	2.40
	59	.17	.55	4	.54	5	.011	.064	.52 ^c	6.23	2.23
Neurotic Factor											
Undoing	71	.26	.52	3	.42	4	.012	.044	.73	4.56	2.59
	88	.32	.54	6	.32	4	.004	.006	.50	3.97	2.42
Pseudo-altruism	1	.11	.48	2	.43	5	.012	.003	.59	5.37	2.33
	86	.11	.45	4	.42	4	.006	.009	.60	4.94	2.61
Idealisation	51	.31	.55	1	.41	4	.003	.015	.56	3.32	2.45
	58	.27	.51	5	.45	4	.007	.000	.67	3.94	2.74
Reaction Formation	13	.32	.33	12	.31	5	.033 ^b	.002	.86	3.47	2.56
	63	.39	.42	11	.34	5	.012	.035	.55	4.86	2.41
Immature Factor											
Projection	12	.63	.55	2	.42	5	.032 ^b	.019	.53	2.25	1.79
	66	.58	.53	40	.39	5	.104 ^b	.024	.74	2.42	1.98
Passive aggression	54	.24	.39	34	.39	5	.001	.005	.71	2.85	2.31
	82	.39	.50	39	.42	3	.011	.003	.47	3.56	2.30
Acting Out	27	.53	.38	24	.31	5	.000	.017	.66	4.89	2.46
	46	.38	.41	8	.39	5	.001	.000	.61	4.51	2.61
Isolation	76	.41	.44	10	.41	4	.019	.003	.66	4.28	2.70
	83	.40	.41	22	.37	4	.001	.017	.64	3.88	2.57
Devaluation	24	.02	.42	16	.41	4	.000	.051	.67	2.60	2.24
	29	.42	.40	21	.28	3	.129 ^b	.058	.63	3.50	2.25
Autistic Fantasy	31	-	-	-	-	-	-	-	.78 ^c	2.83	2.52
	40	-	.60	1	.50	5	.007	.014	.76	3.95	2.68
Denial	16	.01	.43	15	.32	4	.018	.015	.50 ^c	3.11	2.07
	42	.01	.26	6	.13	4	.044 ^b	.026	.63	2.92	2.25
Displacement	69	.18	.50	4	.39	3	.143 ^b	.005	.72	2.61	2.18
	73	.00	.27	17	.17	4	.001	.035	.76	4.36	2.83
Dissociation	23	.29	.42	12	.39	4	.004	.062	.72	2.34	1.89
	37	.14	.27	23	.08	4	.045 ^b	.008	.69	3.36	2.36
Splitting	43	.07	.41	14	.35	4	.000	.015	.67	4.10	2.65
	53	.29	.32	20	.29	4	.002	.003	.53	3.46	2.52
Rationalisation	6	-	-	-	-	-	-	-	.63 ^c	6.38	1.51
	38	-	-	-	-	-	-	-	.52 ^c	5.11	2.27
Somatisation	28	.40	.49	11	.34	4	.117 ^b	.005	.60	3.21	2.44
	62	.40	.43	5	.35	4	.018	.003	.69	2.89	2.43

The table shows the best 40 items to delineate each defense using the following criteria: 1) item defense correlation; 2) item-factor correlation; 3) item-factor regression step; 4) item unique variance factor; 5) face validity (rater agreement); 6) ETA square (normal participants versus patients); 7) ETA square (panic disorder/agoraphobia versus social phobia versus obsessive-compulsive disorder); and

8) item test-retest correlation (N=89). The mean and SD for a population sample (N=388) are also displayed. Item numbers are as per Bond (1986b), except for the new items (6,31 and 38) which have been given item numbers previously assigned to lie items.

^bETA square is significant when Bonferroni-adjusted for 72 tests.

Correlation coefficients for new/reworded items based on independent sample (N=50) tested on two occasions.

Appendix E

Satisfaction with Mediation Questionnaire (SMOS)

INSTRUCTIONS: This questionnaire consists of a number of statements about the mediation outcome. *There is no right or wrong answer.* Using the **7-point** scale shown below, please indicate how much you agree or disagree with each statement by **Checking** one of the numbers on the scale beside the statement. For example, a score of **4** would indicate that you neither agree nor disagree with the statement, a score of **3** that you moderately disagree, a score of **7** that you strongly agree

	1	2	3	4	5	6	7
	<i>Strongly</i>		<i>Disagree</i>				<i>Strongly</i>
	<i>Agree</i>						
1. The mediator showed much warmth and sympathy for our difficulties	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
2. As the result of mediation, I am more confident about my ability to stand up for myself	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
3. The mediator often tried to impose their viewpoints on me	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
4. I often felt that our mediation discussion were wasted by not addressing the most important issues	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
5. I wish the mediator had stopped my work colleague from acting so destructively	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
6. I am not at all satisfied with the agreement I reached with my work colleague	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
7. By the end of the mediation, I was just as angry at my work colleague as when we started	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
8. The mediator was often helpful in proposing ways to resolve disagreements with my work colleague	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
9. Participation in mediation has helped me to assume greater responsibility in managing my personal affairs	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
10. I felt that the mediator too often favoured my work colleague's point of view	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
11. The mediator kept our discussions focused on the important issues	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
12. The mediator helped me and my work colleagues to become more reasonable with each other	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
13. My work colleagues and I had just about equal influence over the terms of our agreement	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
14. I am afraid that my work colleague will not live up to all aspects of our agreement	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>

15. I felt that the mediator was rather insensitive to my feelings	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
16. Being in mediation has helped me understand my work colleague's point of view	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
17. I often felt that my work colleague had an advantage over me during our negotiations	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
18. Too much time was spent during mediation going over old conflicts with my colleague	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
19. Mediation only worsened communication problems that had been prominent with the work-related conflict	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
20. I felt that the agreement we reached was fair to me	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
21. My work colleague and I failed to reach full agreement on all of our important conflicts in mediation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
22. The mediator was not helpful in leading me and my work colleague to a workable compromise	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
23. Mediation has helped identify very important issues and problems	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
24. I often felt that I was on the defensive during mediation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
25. I would highly recommend mediation to a friend if he or she were having a work-related conflict	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
26. The mediator pressured me into an agreement before I was prepared to make it	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
27. I felt that I would have reached a more favourable agreement by other workplace strategies	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
28. The mediator showed enough concern for my feelings about the conflict	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
29. The mediator seemed quite impartial when it came to resolving differences between me and my work colleague	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
30. I now believe that I can resolve any future disagreements with my work colleague without outside help	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
31. I felt that our case was handled in a highly skilled manner by the mediator	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
32. The mediator helped me stand up for my rights when I disagreed with my work colleague	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
33. The mediator helped me control my angry feelings when it was necessary	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>

34. The mediator helped me and my work
colleague relax during the mediation
- 1 2 3 4 5 6 7

Appendix F

Interview Schedule for Qualitative Interview

1. Outcome questions

What are your perceptions about the process and outcome of the mediation?

2. Attitude questions

If the mediation was as a result of a personality clash:

- Do you think you could have behaved differently in the mediation, to improve the outcome?

If so, how?

- Do you think the other party could have behaved differently in the mediation to improve the mediation outcome?

If so, how?

- Do you think the mediator could have behaved differently in the mediation to improve the mediation outcomes?

If so, how?

3. Is there anything that the organisation that could have done to improve the outcome?

4. Barriers to satisfaction questions

- What do you consider to be the most effective aspect of the mediation and in what way?
- The biggest weakness/ limitation of the mediation process?
- What was the biggest barrier to satisfaction with the mediation outcome in terms of your personality and how you respond to people and why?

5. Improvement Questions

- Are there any steps in the process that you recommend could be changed?

6. Additional Comments

Are there any additional comments you would like to make in reference to the mediation process, mediation outcome or structure to resolve conflict in the future?

Appendix G

**Mediators' Adherence to a Manual-based Model of
Mediation Intervention**

“Nipping it In the Bud”

**Mediators' Adherence to a Manual-based Model of Mediation
Intervention**

Susanne Goldie (MPsych, Curtin University)

for

Occupation Services Australia (OSA) Group

Executive Summary

The purpose of this report was to investigate whether mediation consultants are adhering to the OSA Group Model for facilitating mediation. Model adherence is an important factor in any research examining outcome effects, therefore the current study is expected to provide valuable pre-requisite information for future mediation research within OSA Group. The Nipping it In the Bud training manual was used as the primary reference tool for evaluating model adherence.

Participants included both internal and external mediation consultants ($N = 9$). Semi-structured interviews were conducted to gather information pertaining to model adherence, attitudes towards the model and suggestions for improvement. This was complemented by the administration of a quantitative questionnaire designed to assess possible barriers to mediation. Observation of mediation sessions was also conducted by the researcher, to capture additional data unavailable through self-report.

Results revealed that there is strong adherence to the OSA Group model for mediation, with an overall adherence rating of 79%. All of the recommended guidelines prescribed in the Nipping it In the Bud manual were being adhered to to within 71% accuracy, and any procedures that were not followed were supported by explanation. The additional sections of the manual (e.g. ground rules; guidelines for active listening etc), were not utilised so stringently, as these appeared to have been considered as 'optional extras' that could be used when necessary. However even these tools were adopted by the majority of users, or at least followed in their own personalised format.

The evaluation of strong model adherence was supported by the finding that none of the possible barriers to adherence investigated were considered relevant to the OSA Group model. Results from the questionnaires revealed that mediators were highly positive with regards to the manual, including the ease with which procedures can be followed and the confidence they had in the credibility of the manual's authors.

Overall, mediators were extremely positive about both the model and the corresponding training manual, however some suggestions for improvements to both of these were provided. With regards to the training course, the addition of case studies and more role plays was the most frequent proposal. A number of suggestions were given for improvement of the training manual, and clearly not all of these would be welcomed by all. Some mediators suggested a more generic format, so that sections of the manual could be used in a wider variety of settings than at present. Others proposed having more specific information to enhance delivery of service to certain clients. A number of possible inclusions to assist inexperienced mediators were also provided.

Introduction

OSA Group provide mediation services to clients where there is conflict between two or more people in the workplace. The Nipping it In the Bud (NIB) training program provides OSA Group mediators with a unique model outlining how to effectively facilitate a mediation

intervention, supported by a detailed training manual that mediators can use as a reference tool. Although developers and users of the model believe in its effectiveness, the success rate of following the NIB model has not yet been empirically tested. As a precursor to any effectiveness study, it is necessary for validity purposes to determine whether mediators are actually adhering to the prescribed model, which formed the rationale behind the current research. In addition to examining the level of adherence, this study will also explore possible barriers to following the manual guidelines and suggest possible improvements that may enhance model adherence.

Mediation

Mediation is third-party assistance to people who are trying to reach agreement in a controversy (Kressel & Pruitt, 1989). OSA Group's mediation model was developed several years ago by an internal mediation consultant, who examined existing general mediation models and adapted them for application in the workplace. The key elements of this adaptation were the emphasis placed on the pre-mediation phase, as well as the primary intention of addressing immediate issues. For this reason, the associated training program has been named "Nipping it In the Bud" (NIB), to highlight the value of using mediation as an early stage intervention. Training in the model process has since been delivered widely across Australia, therefore in practice the model has estimated at having been applied to over 10,000 workplace conflicts.

The primary focus of the OSA model is to reach a fair and workable agreement between the parties in conflict. It is an outcome-oriented model, meaning that discussions focus on proposed future behaviour rather than past mistakes or conflict. Internal employees of OSA Group undergo the NIB training for facilitating mediations, but external consultants may also be invited to participate with the goal of enabling them to deliver mediation interventions under the OSA Group model. Mediators attend either a one or two day workshop that involves a discussion of the model goals, a review of how to administer the guidelines in practice and role play simulations to enable participants to practice implementing the model procedures. Following this, mediators receive the NIB manual to keep for future reference and are encouraged to contact OSA Group specialists with any queries regarding the model.

Although the success rate of OSA Group's mediation model is yet to be officially determined, past research into mediation in general has revealed a vast array of results. Authors are often divided on the most appropriate measure of success in mediation – be it settlement reached, degree of compromise, satisfaction with the process or compliance by parties. It is therefore difficult to make meaningful comparisons between studies. In a comprehensive review of mediation research, Wall, Stark and Standifer (2002) found that in studies using settlement as the outcome measure, approximately 75 percent of disputant parties reported a successful outcome. They suggested that this is likely due to the fact that disputant parties see value in the mediation process as it is cheaper, swifter and more enduring than other forms of conflict resolution, and because they perceive procedural

justice in the process. Wall and Lynn (1993) also point out that mediation improves the current interaction between the disputants, enhances communication and entails more compromise in reaching agreement.

In general, mediation appears to be an effective intervention in resolving conflict. However, how influential are the individual techniques of the mediator have? Mediation is an interpersonal process, therefore many researchers have argued that the individual tactics employed by the mediator may exert a powerful effect on the outcome achieved (Henderson, 1996; Lim & Carnevale, 1990). On this basis, it is not valid to assume that mediation is a uniform intervention that can be evaluated as such. If we are going to assess the effectiveness of a mediation process we first need to clarify the techniques employed and ensure consistency across facilitators.

Model Adherence

The term adherence within this context refers to the extent to which a mediator delivers the intervention according to the model, thereby following the guidelines prescribed by the training manual. It is considered valuable to establish the current level of model adherence in order to draw valid conclusions about the model's effectiveness and to assist in improving the training manual. Historically, researchers have addressed concerns about intervention integrity by describing the actions they took to establish and maintain adherence rather than by directly measuring them (Waltz, Addis, Koerner & Jacobson, 1993). This study aims to assist future research by evaluating NIB model adherence both quantitatively and qualitatively to eliminate this ambiguity.

Although adherence checks are not standard procedure as yet, there is a definite increase in the tendency towards reporting intervention (or treatment) adherence. Hogue, Liddle and Rowe (1996) attribute this trend to an increased demand in manualised treatments for ensuring purity, consistency and replicability of delivering treatment models. Unfortunately, a standard protocol for measuring model adherence is yet to be established. Documented procedures vary with regards to the sources of information sought, data collection methods and definition of the adherence criterion.

Waltz, Addis, Koerner and Jacobson (1993) suggest that the simplest method of assessing adherence is using a checklist of techniques and rating the occurrence or non-occurrence of interventions that are prescribed by the treatment protocol. The current study will therefore employ this technique, supported by qualitative investigation into participant's reasons for the reported compliance or otherwise. An additional reason for employing this method is that it exclusively records adherence, as opposed to blending the criterion with competence as several other researchers have done (Weisman, Tompson, Okazaki & Gregory, 2002).

Previous studies within the health sciences that have assessed model adherence have reported mixed findings. Weisman, Tompson, Okazaki and Gregory (2002) found that in a study of adherence to a family focused treatment model, therapists achieved ratings of "very good" through to "competent" as rated by psychologists trained in the treatment model.

However, as their study considered adherence and competence to be a single construct these results are ambiguous. Cruz-Correa, Gross, Canto and Cabana (2001) found that only 38% of gastroenterologists were practicing in accordance with their published guidelines, although Resnick et al., (2005) reported adherence rates at 90.8% for behavioural change studies. As these studies were not assessing adherence to a mediation intervention, it is not possible to apply these figures for comparison purposes. It is therefore considered a valuable contribution to the mediation literature that this study will provide a basis for future comparisons.

In addition to determining the level of NIB model adherence, the present study also aims to explore possible reasons as to why mediators may not be following the recommended guidelines. Cabana et al., (1999) reviewed 76 published studies from the health sciences literature that described barriers to adherence to practice guidelines. They found several possible barriers, including lack of agreement with the guidelines, lack of outcome expectancy, a belief that following the guidelines reduced autonomy and disagreement due to lack of credibility of guideline authors. Additional barriers included practitioner belief that the guidelines were not practical and that they would make the patient-practitioner relationship impersonal. All of these points were addressed in the present study.

Methodology

Participants

Nine mediators were involved in the study, five of whom are considered internal employees of OSA Group. Six of the participants were female, and three were male, which provides an acceptable representation of the mediator population. All of the participants had been facilitating mediations for a minimum of one year, with a mean of 2.5 years. Every participant had either undergone the NIB training workshop or has been involved in delivering the NIB training workshops to others. All participants were provided with their own copy of the training manual.

Procedure

Initially, a list of suggested mediator contacts (including both internal and external consultants) was provided by OSA Group. An email was then sent to each of these people informing them of the purpose of the study and asking for their voluntary participation. Follow-up phone calls were then made to determine participation rates and arrange interview times.

Interviews were conducted either in person or over the phone where geographical distance was an issue. Interviews followed a semi-structured format using a pre-designed interview guide. Responses were recorded by hand and where possible, electronically recorded. Complex responses were reflected back by the interviewer to ensure accuracy of response recording. On completion of the interview, a brief questionnaire was administered to each participant.

Interviews were then transcribed and coded for response frequency. Items that at this stage were considered invalid or unnecessary were removed from the analysis. Data

analysis of interview responses was then conducted to investigate the level of adherence operating at each stage of the mediation process as outlined in the manual. Following this, questionnaire items were analysed to assist with evaluating barriers to adherence and suggested areas for improvement.

To complement the data gathering process, observations of mediation sessions were also completed. This enabled the researcher to witness first-hand the subtle differences in mediation style that cannot be measured through self-report.

Measures

The interview schedule (see Appendix A) consisted of twenty four questions designed to assess adherence, attitudes towards the model and manual, and suggested improvements. The majority of questions were developed in alignment with the manual to create a “checklist” form of assessment. Additional questions were derived from the research and consultation with organisational sources. As the interview was semi-structured, the assessor asserted discretion in following the interview guide, therefore in some cases not all of the questions were delivered if considered inappropriate. In addition, extra questions were included during some interviews when required for improved clarity of information. None of the interviews exceeded one hour in length.

The Model Adherence Questionnaire (see Appendix B) consisted of twelve items designed to assess perceived usability of the manual, participant confidence in the manual and demographic information. Items were sourced from previous research into model adherence and expert advice on outcome expectations. Responses were recorded on a five-point Likert scale ranging from Strongly Disagree to Strongly Agree. Example questions included “I find the guidelines in the manual to be clear and concise” and “I agree with the procedures outlined by the manual”. Participants were instructed that they may choose a “not applicable” option if required.

Results and Discussion

Reporting of results will be grouped into model adherence, barriers to adherence and suggested improvements. Model adherence results will further be divided into sections to align with the relevant sections in the manual. Data pertaining to model adherence and barriers to adherence were collected quantitatively and qualitatively, therefore will be reported quantitatively with supporting comments. Suggestions for manual improvement will comprise a supplementary qualitative section.

Model Adherence

Nipping it In the Bud Flowchart

33% of respondents (3/9) reported compliance with all six steps in the flowchart following an OSA Group needs analysis. The evaluation phase was the only stage reported as being omitted by the remaining 6 participants. This indicates that of the sample

population, mediators followed the recommended flowchart phases to within 80% accuracy. The most common reason cited for not conducting an evaluation was that it was considered to be an administrative task, therefore was generally expected to be handled by another party.

Guidelines for Stage One: Preparation and Initial contact

22% of participants (2/9) indicated that they consistently followed all of the steps outlined in the guidelines for preparation and initial contact stage. 11% (1/9) reported omitting one step; 22% two steps and 44% (4/9) conceded that they regularly missed three of the recommended steps. This indicates that mediators followed the recommended guidelines for the preparation and initial contact phase to within 78% accuracy. There were three steps that were most commonly reported as being overlooked, the first one being 'discussing with the referring manager (RM) the need to engage them in the process if necessary'. Reasons given for omitting this were an assumption that this should have already occurred during the needs analysis or that it wasn't really necessary much of the time. Ensuring a clear understanding of the school's mission and goals was the second guideline most commonly overlooked. Respondents indicated that they may get an overall picture of the school, but would not seek out the mission etc unless there was a particular reason to do so (e.g. a special education school). Finally, asking the RM to advise interviewees to contact the OSA consultant with any concerns was the third guideline missed. Reasons provided included a desire to discourage the RM from 'handing over' the situation to the consultant, and a belief that any concerns could be addressed at the pre-mediation.

Guidelines for Stage Two: Pre-Mediation Interviews

33% of respondents (3/9) reported following all of the steps recommended in conducting pre-mediation interviews at every session. 44% (4/9) admitted omitting one of the steps, while just one person missed three and four steps of the recommended process. This indicates that mediators adhered to the guidelines outlined for conducting a pre-mediation interview to within 71% accuracy. The most commonly circumvented steps were to 'give some feedback as to your own thoughts about possible resolution strategies' and 'indicate to the interviewee that they may contact you if they have any concerns or wish to discuss the matter further'. For the former, it was suggested that doing so may encourage interviewees to rely on the mediator for advice which is not the goal of mediation. For the latter, it was mainly considered unnecessary as these mediators generally conducted their pre-mediation interviews on the same day as the mediation session.

Guidelines for Stage Three: Pre-Mediation Briefing

2 out of the 9 mediators reported not usually conducting a pre-mediation briefing at all, as they felt it unnecessary when the time between pre-mediation and mediation was only a matter of hours. Of the remaining 7, 6 adhere to all the guidelines prescribed in the manual. 1 person explained that they prefer to conduct a less formal pre-mediation briefing

that is suited to the situation. This indicates that of the 7 mediators who conduct a pre-mediation briefing, 85% follow the guidelines at close to 100% accuracy.

Guidelines for Stage Four: Mediation

22% of respondents (2/9) reported following all of the steps recommended in conducting a mediation during every session. 44% (4/9) admitted omitting one of the steps, while 2 people missed two steps of the recommended eleven-step process. This indicates that mediators adhered to the guidelines outlined for conducting a mediation to within 82% accuracy. The steps that were most often reported as not being followed were 'intervene and "control" as per ground rules' and 'close session and ask for feedback'. Most mediators who indicated that they did not like to intervene and control as per the ground rules explained that this would depend on the situation, and if the parties appeared to be comfortable they would allow more freedom with bending the ground rules. With regards to closing the session and asking for feedback, many respondents indicated that they did not feel comfortable asking for feedback immediately after the session as they felt it was not an appropriate time to do so. Others suggested that this was more of an administrative task that should be coordinated by a separate party at a later stage.

Ground Rules

67% of mediators (6/9) indicated that they use the suggested ground rules during every session. All of these people actually place a copy of the ground rules on the table during the mediation as well as going through them verbally to ensure understanding of both parties. Of the 3 mediators who reported not utilising the manual ground rules, they all explained that they did spend some time discussing ground rules with the participants before the mediation, however they did not explicitly utilise the outline provided (although they generally used the same rules). During mediation, the only guideline that people felt they were flexible with was 'no new issues'. 44% (4/9) mediators said that they would be flexible with this rule if they felt comfortable addressing the issue raised and they believed the participants would be able to handle it.

Guidelines for Active Listening and Assertiveness

67% of respondents (6/9) reported utilising the guidelines for active listening and assertiveness by actively giving the participants the handouts and discussing them at pre-mediation. All of the remaining 3 mediators said that although they did not utilise the guidelines provided in the manual, they did provide their own form of coaching in these techniques where they felt it was required.

Mediation Outcomes Report Example

The example outcomes report provided in the NIB manual was followed by only 33% (3/9) mediators. Of the other 6, 5 said that they followed their own template, which was very closely aligned with the example in the manual. 1 person said that they had their own template, but it was quite different to the manual example. This mediator indicated that they did not believe that it is appropriate to document anything that occurred during the mediation for the purposes of confidentiality, they just provided the pure agreement terms. In addition,

they felt that it was not necessary to include a section outlining the process as this was time consuming and irrelevant.

Administration of the Evaluation Sheet

Only 22% of the mediators interviewed (2/9) reported administering the evaluation sheet to their participants at the end of the mediation session. Several reasons for this were given, including the belief that they did not want to overwhelm the participants by asking for evaluation immediately after the session. Others said that it caused too much paperwork, and that they could not really see the value in obtaining feedback through this method. One participant mentioned that many of their clients are illiterate anyway, therefore it was not possible to ask them to fill in an evaluation form. An external mediator also suggested that the evaluation form is suitable only for Education Department clients, therefore they would not want to administer it to any other mediation clients (with whom they primarily work).

The Decision to Proceed with Mediation

Although there is no formal guideline detailing how to make the decision to proceed to mediation, it was agreed that investigating this point would provide additional valuable information. The most commonly cited factor was if both parties agreed to go ahead with the mediation, then they would proceed. While some considered this to be the only relevant point, many mediators also considered whether in their own opinion, mediation would cause any additional harm to either of the participants based on their emotional state and receptiveness to issues. Gaining an understanding of the parties' expectations was also very important. Several mediators indicated that if they felt that either of the parties were not looking for a realistic outcome, or were just looking for someone to blame, they would be unlikely to proceed with the mediation. Other factors taken into consideration included whether an alternative intervention was deemed more appropriate, the language skills of the participants and what the mediator expected the dynamic in the room to be during the session. While several of these answers were commonly cited, there were differences in the number of reasons people provided, therefore it is not possible to report these quantitatively. No two answers were identical, therefore consensus does not appear to have been reached about the correct way to make the decision to proceed to mediation.

Summary of Adherence Results

With regards to following the guidelines prescribed by the NIB manual for each phase of conducting mediation, all recommended procedures were adhered to to within 71% accuracy, with an overall adherence rating of 79%. This is considered to be indicative of strong model adherence across OSA Group mediators, particularly when taken in light of supporting comments.

The additional sections of the manual (e.g. ground rules; guidelines for active listening etc.), were not utilised as stringently, as these appeared to have been considered as 'optional extras' that could be used when necessary. However even these tools were adopted by the majority of users, or at least followed in their own personalised format.

There are no existing guidelines for how to make the decision to proceed to mediation, therefore large variation in responses was obtained for this question. It is considered likely that mediators may not have reported all of the many factors that influence their decision, therefore if they were stated explicitly there many have been greater consensus, although this cannot be determined from the present findings.

Barriers to Model Adherence

Eight possible barriers to model adherence, as gained from a review of the literature, were formally investigated:

1. Ambiguity of manual guidelines;
2. Difficulty following manual guidelines;
3. Belief that the guidelines are impractical;
4. Disagreement with the guidelines / procedures;
5. Time consuming procedures or processes;
6. Lack of confidence in the credibility of the authors of the manual;
7. Belief that following the model process is too limiting / restricting of autonomy; and
8. Lack of confidence that following the model process will yield a successful outcome.

Analysis revealed that none of these factors were perceived as obstacles with regards to the NIB manual, which supports the finding that current model adherence among mediators is strong. The only factor which resulted in some neutral responses was confidence that following the model process would yield a successful outcome. This was clarified with statements indicating that this was only because of the influence of extraneous factors; therefore following the process could not guarantee a successful outcome (although it does provide a solid framework).

Suggestions for Manual Improvement

Despite mediators positively adhering to the OSA Group model (and the corresponding NIB manual) for mediation, some suggestions for improvement were provided throughout the interviews.

With regards to the NIB training course, everyone was positive about the training that they had received, and believed that it provided them with sufficient skills to conduct mediation. One of the external mediators suggested that the time period that elapsed between attending the training and conducting a mediation had been too long, which had resulted in reduced confidence for their first mediation. Another stated that they had been told at training that there would be a follow-up half day session which had never eventuated. Suggestions for improvement to the training course included incorporating more case studies and having more consistency in how the role plays were delivered – including examples of when “not to go there”. One mediator explained that although the training course was great, they had felt much more confident after they had also observed / shadowed a mediation, to see how the guidelines applied in practise.

When asked if there were any additional guidelines that mediators would like to see included in the manual, several suggestions were provided. A number of mediators reported that they found it extremely beneficial to ask each participant during pre-mediation to think of something positive to say about the other person, which was then used to start off the mediation session. Another recommendation was to personally order the participants' issues so that points on which they were going to agree would be raised first, to begin the session positively. Asking each participant at pre-mediation to rate their perception of the level of the conflict (e.g. on a scale of 1 to 10) was also suggested as an effective means of gauging whether the parties have a mutual perception of the conflict.

With regards to whole sections that mediators felt should be added to the manual, one suggestion was to have an information sheet and confidentiality form for participants to sign before commencing, to ensure confidentiality agreements will be upheld. More information about options and alternatives available within the education department, such as an outline of their dispute resolution procedure, was also proposed. For inexperienced mediators, it was suggested that a "do's and don'ts" section may be beneficial to help avoid some common pitfalls. In addition, it was felt that the "useful phrases" section could be improved by indicating when and when not to use these examples. One mediator felt that the manual lacked an outline of the participants' involvement in the process, therefore a chart illustrating how the mediator conversed with the referring manager, then each of the participants, and then together etc. would be a useful handout. Another idea was to have a template similar to the example outcomes report, for reporting purposes when the mediation was unsuccessful.

One issue raised was that sometimes the manual could over-simplify the process; therefore the guidelines were too limiting to apply in more complex scenarios. This may be related to the observation that the manual does not incorporate issues relating to the personalities of the parties. The current procedures focus on addressing issues that are purely organisational or environmental, however often the parties' individual personalities may also be influencing the conflict. Including a section in the manual that outlines how to effectively deal with various personality types may help to incorporate this important aspect of mediation. Conducting a personality profile assessment before pre-mediation was also suggested, as the results of this could be used to determine areas for coaching during the pre-mediation session.

Mediators were divided on whether or not they would welcome an assessment tool to help them decide on proceeding to mediation. Many argued that there could be issues with incorrect assessments, and that personal judgement is a more effective measure. Some indicated that they wouldn't mind it being included in the manual, as long as they weren't required to use it. Others welcomed the idea, particularly for use by less experienced mediators, provided that the tool was comprehensive, appropriate and valid.

In addition to a pre-mediation assessment tool, mediators were also asked whether they would use a post-mediation assessment to evaluate the effectiveness of the session.

Again, mediators were unsure of whether or not they would actually use such a measure in practise, particularly when they would not be compensated for the extra time involved in doing so (e.g. Education Department clients). Many reported that they would be willing to do so if the measure was vastly improved on the current evaluation sheet, making it more relevant to various situations. Some indicated that if they were given a reason as to why the evaluation was important, they would be much more inclined to administer it. One mediator stated that if an evaluation form was going to be administered, this would need to be explained to the participants during pre-mediation.

With regards to having a checklist in the manual so that mediators can verify they have followed all of the procedures, most people were positive about including this. Although many felt that they may not formally utilise such a tool (they do this mentally at present), it was stated that it could be useful as a reference check following the session, particularly when mediation was unsuccessful.

At interview, mediators were also asked whether they felt any of the current guidelines in the manual should be removed or altered. As mediations are not exclusively held on behalf of the Education Department, it was suggested that sections in the NIB manual such as the evaluation sheet could not be used externally because they would be nonsensical to those outside of the department. Removing the Department of Education header, particularly from the 'guidelines for closure section' was also proposed to enable mediators to hand these out to all referring managers on conclusion of the mediation. It was also noted that the guidelines for record keeping were out of date and not in line with current practise requirements, therefore these should be re-examined.

One limitation of the study that should be noted is that the data was gathered primarily through self-report, which means that the bias of the subjective measure may have influenced the accuracy of the results (Podsakoff & Organ, 1986). Although observations were conducted in an attempt to address this issue, it was not possible to observe all of the mediators in practise, therefore some self-report bias may be operating. Future studies examining model adherence may include multiple measures that gather data from a variety of sources to avoid this issue.

Another limitation of the study was that the sample size of nine participants was too small to perform any statistical analysis, therefore it is not possible to draw conclusions regarding significance of results. The qualitative nature of the study allowed for a smaller sample size, therefore the findings are considered representative of the larger population, however future studies may recruit a larger sample and conduct more rigorous quantitative analyses.

This research has several practical implications for OSA Group as an organisation. Firstly, it demonstrates that people who work under the OSA Group mediation model believe strongly in its process and principles. This is valuable information as it provides a solid rationale for maintaining the framework, as it clearly works well in practice.

In addition, this study has found that mediators are closely adhering to the model, as outlined in the NIB manual. This is an important finding as any future research that is conducted on OSA Group mediation can positively conclude that outcome effects are a result of a consistent application of intervention, rather than extraneous individual factors.

Finally, the current study has provided some insight into what areas of the manual mediators believe could be improved, and addressing these factors may influence model adherence to an even greater extent. Continuous improvement is valued at OSA Group, and is important to the maintenance of any training program, therefore documenting areas for improvement and looking at ways to implement these is an extremely valuable process.

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Appendix A
Model Adherence Interview Questions

Adherence Questions:

1. Do you consistently follow the process stages of mediation as outlined in the manual flow chart?
2. How closely do you follow the steps described in the manual for preparation and initial contact?
3. Do you follow each of the steps that the manual recommends during your pre-mediation interviews?
4. When required, do you utilize the guidelines for active listening and assertiveness?
5. Do you follow the steps indicated for your pre-mediation briefing?
6. How closely do you adhere to the steps outlined for conducting a mediation?
7. Do you then go on to follow the final steps illustrated in the "Within the Mediation" flow chart?
8. Do you utilize the ground rules listed in the manual?
9. Do you follow the example provided when writing your mediation outcomes report?
10. How often do you administer the evaluation sheet?
11. How do you make the decision to go ahead with a mediation?

Attitude Questions:

12. Did you feel that the Nipping it in the Bud program provided you with sufficient training to conduct successful mediation?
13. How often do you refer to the training manual?
14. What do you consider to be the strongest aspect of the manual?
15. The biggest weakness / limitation?
16. How do you think the model affects the practitioner-client relationship?
17. Have you ever had a negative client reaction to the model process?

Improvement Questions:

18. Are there any guidelines you would recommend for inclusion in the manual?
19. Would you recommend that any of the current guidelines be removed?
20. Do you think it would be beneficial to have a section detailing guidelines for dealing with noncompliant clients, or other difficult circumstances?
21. Would you like any extra readings or resources included in the manual?
22. Would you utilize a pre- and post mediation assessment to assist with determining whether to go ahead with the mediation, and to evaluate the effectiveness of the session?
23. Would you utilize a post-session checklist to ensure model procedures have been followed?
24. Are there any additional comments you would like to make in reference to either the manual or the Nipping it in the Bud program as a whole?

Appendix B
Model Adherence Questionnaire

This brief questionnaire is intended to assess possible barriers to model adherence. Please note the following response alternatives:

SD = Strongly Disagree; D = Disagree; N = Neutral; A = Agree; SA = Strongly Agree

Usability

The following questions are designed to assess the degree to which you find the manual easy to apply in practice. Please indicate the extent to which you agree with the following statements.

		SD	D	N	A	SA
1.	I find the guidelines in the manual to be clear and concise	1	2	3	4	5
2.	I find the manual easy to follow	1	2	3	4	5
3.	I believe that the procedures outlined in the manual are practical	1	2	3	4	5
4.	I feel that the procedures outlined in the manual enable me to conduct my sessions within an appropriate time frame	1	2	3	4	5

Confidence in Manual

These questions are designed to assess how confident you are in the integrity and validity of the manual procedures. Please circle the number which best represents your agreement with each statement.

		SD	D	N	A	SA
5.	I agree with the procedures outlined by the manual	1	2	3	4	5
6.	I am confident in the credibility of the authors of the manual	1	2	3	4	5
7.	I believe that following the manual allows enough room for exercising reasonable autonomy	1	2	3	4	5
8.	I have confidence that following the manual process will yield a successful outcome	1	2	3	4	5

Background Questions

The following questions are intended to aid in thorough coding and analyzing of the data. As indicated, all responses will be kept strictly confidential.

9. Your Gender (please circle): Female Male
10. Job Title: _____
11. How long have you been facilitating mediations?

12. How long ago did you attend the Nipping it in the Bud training session?

Thank you for our participation.