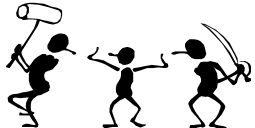


Understanding The Dynamics Of Anger In Mediation



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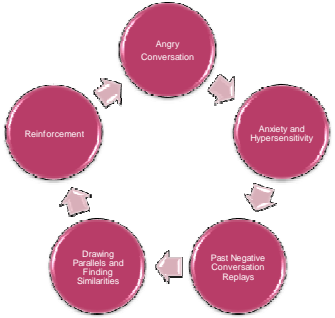
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What Makes An Angry Conversation?

- Think about an angry, high conflict or difficult conversation you had with someone at some point in your life.
- Describe it briefly.
- Identify your feelings before, during and after the conversation.
- How did this conversation change how you now approach discussions that are similar or different?

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The Old Conflict Cycle Model



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What Is Anger?

- Anger is a secondary emotional and physiological response to a primary emotion that causes either emotional or physical pain or discomfort
- Associated with the Limbic system, the oldest part of the brain
- Designed to provide protection and prepare us to defend ourselves in potentially dangerous situations
- Anger is natural and cannot be simply ignored or stuffed down
- Anger is not the same as aggression and not an excuse for aggression
- Physiological responses include:
 - Release of adrenalin to stimulate the body, shutting down the thinking part of the brain and engaging the survival functions
 - Heartbeat, blood flow and respiration increase
 - Blood pressure rises
 - Muscles tense for immediate reaction

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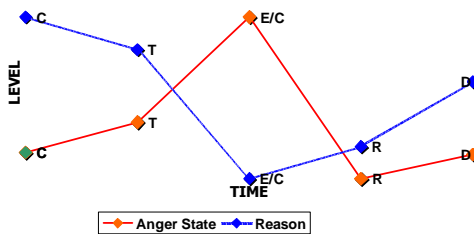
What Causes Anger?



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The Anger Cycle



Calm Phase

- This will look different in each individual
- This is the only time that effective communication can occur
- Communication skills can be learned and used at this time
- Mediators have to focus on being the communication models at this time which includes:
 - Using clear communication methods
 - Separating the people from the problem
 - Working on common language/goals/outcomes
 - Encouraging communication between parties rather than through the mediator or attorneys
 - Remaining calm
 - Addressing issues as they arise

Trigger

- **External**
- Temperature, lighting, other people, objects, room set up, situations
- Can be somewhat controlled by self or others
- **Internal**
- Anxiety, fatigue, illness, hunger, stress, mental health diagnosis, hallucinations, alcohol or drugs

CHEAP BFV

- Not necessarily under self-control but definitely not under mediator control

Escalation

- Body is preparing for fight or flight
- Increase respiration and heart rate
- Adrenalin released
- Muscles tensed, high energy and agitation visible
- May appear belligerent, non-compliant, aggressive
- Voice changes, louder, pitch changes
- Screaming, yelling, cursing, crying
- Mediator has to intervene prior to the escalation happening
- Just taking a cool down time is not going to be beneficial – caucus and processing essential

Crisis Phase

- Top of Anger Mountain
- Brain functioning mostly in the limbic region, frontal cortex shut down
- Judgment impaired, rational thinking non-existent
- Huge amounts of emotional and physical energy released
- Cannot be sustained but will cycle in and out
- Time when violence or aggression is most likely to happen
- Allow time and space, provide safety for all
- Do not attempt to continue a discussion or mediation as it will provoke the situation

Recovery Phase

- Body begins to relax
- Adrenaline levels decrease
- Blood flow increases to the frontal lobes of the brain and thinking processes are slowly restored
- Takes time, each person is different as to how long
- Easy to pop back up the incline to crisis phase again
- Mediator can recap, summarize and support points of agreement. Reframing trigger issue possible with caution.

Depression Phase

- Heart rate and brain function return to normal
- Self-assessment and reflection
- Embarrassment, humiliation, anxiety and guilt occur (remember what these are precursors to???)
- Emotional and physical fatigue
- Agreements made at this time are likely out of lack of energy rather than true understanding and agreement
- Wear 'em down strategy used by many individuals
- Mediator must be aware of the dynamics at this stage
- Assess the capacity of the individual to make an immediate decision or provide extra time for decision making

What Does Anger Look Like In A Mediation?

- More likely to be seen on a spectrum rather than as an absolute in most mediations
- Anger can take many forms but typically can include the following:
- Excessive movement such as fidgeting, shifting about, small and large muscle movements
- Total stillness but in a tense and "primed for action" way
- Staring or refusing to make eye contact
- Redness of the face, ears or neck (flushing of the skin)
- Sweating
- Breathing becomes more rapid
- Verbalizations change in cadence, tone and volume
- Irrational statements
- Repetitions
- Latching on to one particular statement without hearing the rest (if ...then)

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Mediator Personal Awareness

- Know your own level of comfort with the precursor emotions and anger
- Become a people watcher – look for early indications and plan your effective response
- Know what your own anger triggers are
- Learn how to combat or manage your own triggers and precursor emotions
- Rehearse and role play with "angry" people
- Learn about anger
- Understand your own views and potential bias about people that are angry or display the "negative" emotions

So What About Mediation?

- Anger in mediation is not a productive emotional state for anyone (including the mediator)
- Conflict is, by nature, stressful, hurtful, embarrassing, isolating and all the rest, so the role of the mediator is made more challenging by the individuals natural emotional state
- Anger can be used as a form of manipulation in the mediation, especially if this is a pattern of behavior
- Mediators, while not therapists, behavioral consultants or coaches, have to recognize and intervene early in the anger cycle to allow constructive exchange between parties
- Passive aggression or provoking behavior by one or both parties needs to be addressed immediately to prevent derailment of the mediation process
- Anger is often used as a weapon by both parties
- Parties may use the mediator to "set up" an angry response to make the other person look bad in the mediation

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Mediator Tools For Addressing Anger

- Use reframes at the first sign of one of the precursor emotions
- Talk about the CHEAP BFV's, don't ignore them
- Address changes in behavior, speech or mannerisms that may indicate an escalation
- Encourage appropriate discussion of emotions and feelings
- Complete screenings for DV in all family cases
- Learn to quickly recognize and address the precursor emotions
- Don't be afraid of anger but rather be aware
- Have a safety plan at all times
