FROM SURFACE TO CORE

A Trauma-Informed Toolbox for Navigating Mediation Impasses

Trauma is not only a clinical concept; it is a relational and systemic reality that can show up subtly or overtly in mediation. Mediators may encounter impasse, not solely due to positional rigidity, but because of unspoken histories, ruptured attachment patterns, or dysregulated nervous systems. This article explores how integrating a trauma-informed perspective can support deeper, more sustainable shifts in conflict resolution. Rather than presenting a singular framework, the article offers a series of interrelated approaches, each grounded in neurobiology, attachment theory, and restorative practice. Each part of the article stands as a self-contained framework, offering insight into different facets of trauma-responsive practice such as nervous system regulation, attachment patterns, co-regulation, narrative coherence, and the importance of pacing and presence. Collectively, these approaches expand the mediator's capacity to move beyond surface settlement towards deeper human attunement, particularly in emotionally charged or complex disputes. The hope is that, in offering these fragments of practice, from regulation and co-regulation to meaning-making and narrative repair, mediators find grounding, insight, and space for reflection.

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I. Introduction

1 Mediation and counselling have traditionally been distinguished by their different goals and processes. As early as 1983, Kelly cautioned against conflating mediation with psychotherapy, highlighting that while both require interpersonal sensitivity and psychological insight, their purposes and methods differ significantly. She described mediation as "a structured, problem-solving process, time-limited and future-oriented, focusing on resolving specific disputes or decisions", in contrast to psychotherapy, which

aims for deeper emotional insight, often working through unconscious material, with an open-ended timeframe.[1] Kelly argued that confusing these roles can lead to ethical missteps, unmet expectations, and diminished outcomes for clients.

2 These boundaries serve an important purpose, until we encounter persistent impasse. When skilled mediators find themselves stuck or when parties remain locked in rigid positions despite experienced facilitation, these neat distinctions begin to feel limiting. It is in these moments that Moore's deeper insight becomes crucial: "Behind every position lies one or more unmet needs."[2]

3 The challenge is that mediators often focus primarily on what parties say they want, their substantial and positional interests, while the emotional interests that drive these positions remain unexplored.[3] When needs for respect, validation, dignity, or reassurance go unmet, they quietly fuel resistance and escalation. What appears as positional deadlock may actually stem from deeper emotional wounds, namely fear, shame, rejection, or trauma that took root long before the current dispute.[4]

4 When impasse occurs, the question becomes pragmatic rather than ideological: what tools might help both mediator and parties move forward? Recent developments in trauma and attachment theory offer compelling insights. We begin to see striking parallels between mediation and counselling; both fields ultimately seek awareness, empowerment, and transformation. The Satir Iceberg Model, for instance, reveals how surface positions often mask deeper needs and fears, a dynamic mediators encounter constantly.[5]

5 Contemporary trauma research provides a crucial missing piece. Van der Kolk's insights on trauma's embodied nature,[6] Johnson's work on secure attachment,[7] Tatkin's psychobiological approach to couple conflict,[8]

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1 Joan B Kelly, "Mediation and Psychotherapy: Distinguishing the Differences" (1983)1 *Mediation Quarterly* 33.

2 Christopher W Moore, *The Mediation Process: Practical Strategies for Resolving Conflict* (Wiley, 4th Ed, 2014).

3 Roger Fisher, William Ury & Bruce Patton, *Getting to Yes: Negotiating Agreement Without Giving In* (Houghton Mifflin Harcourt, 1981).

4 John Paul Lederach, *The Moral Imagination: The Art and Soul of Building Peace* (Oxford University Press, 2004).

5 Virginia Satir, *The Satir Model: Family Therapy and Beyond* (Science and Behavior Books, 1991).

6 Bessel van der Kok, *The Body Keeps the Score* (Penguin Publishing Group, 2014).

7 Susan M Johnson, *Attachment Theory in Practice: Emotionally Focused Therapy (EFT) with Individuals, Couples, and Families* (Guilford Publications, 2018).

8 Stan Tatkin, *Wired for Love* (New Harbinger Publications, 2012)

Porges' polyvagal theory,[9] Siegel's interpersonal neurobiology,[10] Schore's affective neuroscience,[11] and Damasio's exploration of the embodied mind,[12] all illuminate how attachment wounds and trauma shape our perception of threat, safety and connection. These insights help explain why unresolved emotional pain fuels the very resistance that frustrates mediators the most, and why conventional negotiation approaches often fall short.

6 The solution is not to abandon mediation's strengths but to expand its toolkit. Drawing from future-oriented approaches like solution-focused brief therapy[13] and salutogenic thinking,[14] trauma-informed mediators can broaden their lens without becoming therapists. As Siegel emphasises, integration is the foundation of well-being, bringing together logic and emotion, narrative and solution, present and past.

7 This article presents a collection of micro-frameworks and health-focused perspectives drawn from brain science, trauma theory, and integrative psychotherapy. Rather than proposing a single unified model, it offers distinct lenses for enriching mediation practice. From understanding the neurobiology of safety to Dr Perry's regulate-relate-reason sequence,[15] from Antonovsky's sense of coherence[16] ("SOC") to internal family systems ("IFS") principles,[17] each perspective contributes to a deeper understanding. Mediation is not simply about solving problems but about creating conditions for healing and integration.

8 The foundation for this work is safety itself. Before mediators can engage with narrative, negotiation, or even understand parties' positions, there must be a felt sense of safety, both internally and relationally. Without safety, the nervous system remains in survival mode, narrowing perception and reducing capacity for curiosity or compromise. Trauma-aware mediation therefore begins not with persuasion or problem-solving, but with creating conditions where people can feel safe enough to engage authentically.

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9 Stephen W Porges, *The Polyvagal Theory: Neurophysiological Foundations of Emotions Attachment, Communication, and Self-Regulation* (W W Norton, 2011).

10 Daniel J Siegel, *The Developing Mind: How Relationships and the Brain Interact to Shape Who We Are* (Guilford Publications, 2nd Ed, 2012).

11 Allan N Schore, *Affect Dysregulation and Disorders of the Self* (W W Norton, 2003).

12 Antonio R Damaiso, *The Feeling of What Happens: Body and Emotion in the Making of Consciousness* (Harcourt Brace, 1999).

13 Steve De Shazer, *Keys to Solution in Brief Therapy* (W W Norton, 1985).

14 Aaron Antonovsky, *Unraveling the Mystery of Health: How People Manage Stress and Stay Well* (Wiley, 1987).

15 Oprah Winfrey & Bruce D Perry, *What Happened to You? Conversations on Trauma, Resilience, and Healing* (Flatiron Books, 2021).

16 Aaron Antonovsky, *Health, Stress, and Coping* (Jossey-Bass, 1979).

17 Richard C Schwartz, *Introduction to the Internal Family Systems Model* (Trailheads Publications, 2001).

9 The article now turns to understanding the nervous system itself, not as clinical theory or sidebar, but as the practical foundation for any real movement in mediation.

II. The body remembers: regulation before resolution

10 If mediation is to become a space not just for agreement but for integration, one must begin with the conditions that allow the human system to *stay in the room*. Before logic, before negotiation, and before meaning-making, there is the body. The nervous system, often invisible in traditional models of conflict resolution, plays a quiet but central role in whether parties feel safe enough to engage.

11 Trauma is not just a past event but a present-tense experience stored somatically. A person might say "I'm fine" while their body is in a defensive state – tight chest, shallow breaths, and eyes scanning for threat. In such moments, no amount of reasoning will bring clarity. What is needed first is regulation: a shift from survival physiology into relational presence.

A. Neuroception and the window of tolerance

12 Porges' concept of neuroception[18] explains how we unconsciously detect safety or danger. When a party perceives threat, whether from past trauma or present cues, their nervous system may activate fight, flight, or freeze responses. Mediators may notice this as shutdown, reactivity, or avoidance.

13 Trauma-informed mediators learn to spot these cues and help parties return to their window of tolerance[19] – a state where thinking, feeling, and relating are possible. When parties are within their window of tolerance, they have access to their prefrontal cortex – the brain's "executive center" responsible for rational thinking, decision-making, and emotional regulation. This keeps the logical brain online and maximises cognitive flexibility, allowing parties to process information, consider options, and engage in productive dialogue.

14 Conversely, when parties are pushed outside their window of tolerance and into hyperarousal (characterised by panic, anger, overwhelm) or hypoarousal (characterised by numbness, withdrawal, disconnection), the prefrontal cortex essentially goes offline. Only subcortical brain regions, the limbic system and brainstem, remain active, removing the ability to think through actions and consequences. For mediators, this means that

18 Stephen W Porges, *The Polyvagal Theory: Neurophysiological Foundations of Emotions Attachment, Communication, and Self-Regulation* (W W Norton, 2011) at p 11.

19 Kekuni Minton, Pat Ogden & Clare Pain, *Trauma and the Body: A Sensorimotor Approach to Psychotherapy* (W W Norton, 2006) at p 27.

no amount of logical argument or problem-solving will be effective until physiological safety is restored.

15 This does not require clinical training, but it does require attention to breath, tone of voice, eye contact, and pace. Mediators who understand this neurobiological reality can focus first on helping parties return to a regulated state before attempting substantive negotiation.

B. Regulate-relate-reason sequence

16 Dr Perry's regulate-relate-reason sequence[20] is a good reminder that reasoning only becomes available *after* the nervous system is calm. A dysregulated person cannot reflect meaningfully or empathise with the other party. The RRR sequence offers a helpful mantra:

(a) regulate: attend to physiological safety (*eg*, slow things down and allow breaks);

(b) relate: rebuild connection and trust before tackling issues; and

(c) reason: only when safety and connection are present does it make sense to explore options or agreements.

17 When impasse occurs, it is often not a matter of content but of capacity. The RRR sequence offers a gentle and accessible map for mediators to follow under pressure.

C. Somatic presence: the mediator as regulator

18 The mediator's own nervous system matters. If one is hurried, bracing, or overly fixated on outcomes, this can amplify tension. However, when one ground themselves through breath, posture, and intention, they become a co-regulating presence. This has been called "the biology of holding space".[21]

19 Practices such as *orienting* (*ie*, inviting someone to look around the room), *tracking breath*, or *offering silence* are not secondary to the work; they *are* the work. These moments offer the body a chance to feel safe again; and without that, no real resolution can occur.

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20 Bruce D Perry & Maia Szalavitz, *The Boy Who Was Raised as a Dog: And Other Stories from a Child Psychiatrist's Notebook* (Basic Books, 2017) ch 11 at pp 242–243; Bruce D Perry & Maia Szalavitz, *Born for Love: Why Empathy is Essential – and Endangered* (HarperCollins, 2010) chs 2–3; Oprah Winfrey & Bruce D Perry, *What Happened to You? Conversations on Trauma, Resilience, and Healing* (Flatiron Books, 2021) chs 5–6.

21 Bonnie Badenoch. *The Heart of Trauma – Healing the Embodied Brain in the Context of Relationships* (W W Norton, 2017) at p 89.

20 If regulation is the entry point, then relationship is the path forward. Once a sense of safety is restored, mediators can begin to understand how attachment histories and relational dynamics shape the conflict at hand. The next part of the article[22] explores this terrain – the hidden architecture of human connection and disconnection.

III. Attachment underneath: what gets activated in the room

21 If safety brings someone into the room, attachment patterns often determine how they stay there and how they relate to what unfolds. When parties are triggered in mediation, the surface behaviour (*eg*, stonewalling, lashing out, people-pleasing and avoiding) often masks deeper relational wounds. Trauma-informed mediation asks: "What is this behaviour protecting?" and "What need is going unmet beneath this strategy?"

22 Attachment theory, originally developed by Bowlby and later expanded by Ainsworth and others,[23] offers a profound map for understanding human responses under stress. Our early relationships shape implicit expectations around safety, trust, autonomy, and closeness. When conflict arises, especially in high-stakes, emotionally charged situations, these templates get activated.

A. Working with attachment styles in mediation

23 The four broad attachment styles – secure, anxious, avoidant, and disorganised – can offer insight into parties' coping patterns:[24]

(a) *Secure* individuals tend to seek collaboration and can hold both their own needs and the other's perspective.

(b) *Anxious* individuals may seek proximity, validation, or reassurance, sometimes appearing "needy" or emotionally reactive.

(c) *Avoidant* individuals may shut down, minimise conflict, or appear detached even when hurt.

(d) *Disorganised* individuals may swing between extremes, often due to unresolved trauma and conflicting inner impulses.

24 These are not labels to be imposed, but patterns to be gently recognised. A trauma-informed mediator does not diagnose but notices: Who retreats? Who pursues? Who freezes? Who explodes? These are often survival strategies shaped by early environments.

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22 See paras 21–32 below.

23 *Handbook of Attachment: Theory, Research, and Clinical Application* (Jude Cassidy & Phillip R Shaver eds) (Guilford Publications, 3rd Ed, 2016) chs 1 and 3–6.

24 Susan M Johnson, *Attachment Theory in Practice: Emotionally Focused Therapy (EFT) with Individuals, Couples, and Families* (Guilford Publications, 2018) chs 1 and 8–9.

25 Understanding attachment styles allows mediators to depersonalise difficult behaviour. It helps us move from "Why are they being difficult?" to "What has this person learnt about safety and conflict?"

B. Repetition compulsion and the unfinished story

26 One reason conflict becomes "stuck" is because it taps into an old wound – the kind that never got to complete or resolve. Mediation, in such moments, risks becoming the stage for a reenactment rather than a resolution.

27 Psychodynamic theory speaks of *repetition compulsion*,[25] *ie*, the unconscious drive to recreate early unresolved dynamics in the hope of a different outcome. A party may unconsciously cast the mediator as a punitive parent or an absent ally. The other party may resemble a critical sibling or a past abuser. These projections are not rational; they are emotional echoes seeking repair.

28 Being trauma-aware means recognising when we have stepped into someone's old story. It means pausing to ask internally, "What might this remind them of?" or even externally, "Is there something familiar about this dynamic for you?"

C. The mediator's role: secure base and safe haven

29 Attachment research also reminds us that healing happens in relationships. In the absence of a therapist, the mediator can serve a parallel function, not as a healer *per se*, but as a *secure base* (steady, attuned, not overwhelmed) and *safe haven* (emotionally available, respectful, non-judgmental).[26]

30 This does not mean becoming enmeshed. It means embodying steadiness. Offering validation without siding. Helping people stay with discomfort long enough to see what it is beneath.

31 Sometimes, this looks like slowing down, *eg*, naming the emotion in the room, or simply being willing to hold the silence.

32 If attachment helps us understand *why* certain patterns emerge in conflict, the next challenge is helping parties *make sense* of what has

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25 Judith Lewis Herman, *Trauma and Recovery: The Aftermath of Violence—From Domestic Abuse to Political Terror* (Basic Books, 1992) at p 42.

26 *Handbook of Attachment: Theory, Research, and Clinical Application* (Jude Cassidy & Phillip R Shaver eds) (Guilford Publications, 3rd Ed, 2016) chs 1 and 3–5; Mario Mikulincer & Phillip R Shaver, *Attachment in Adulthood* (Guilford, 2016) chs 1 and 6–8; Susan M Johnson, *Attachment Theory in Practice: Emotionally Focused Therapy (EFT) with Individuals, Couples, and Families* (Guilford Publications, 2018) chs 1 and 6–9.

happened. Trauma often fragments narrative coherence. It leaves people stuck in loops of blame, shame, or confusion. The following part of the article[27] now turns to the power of story, not just as information but also as integration.

IV. The power of narrative: from chaos to meaning-making

33 At the heart of many entrenched conflicts is a fractured story. Trauma shatters the continuity of a person's narrative. What once made sense no longer does. Events become fragmented. Cause and effect blur. People oscillate between helplessness and blame, both of which block resolution. A trauma-informed mediator understands that restoring narrative coherence is not merely about "getting the facts straight". It is about helping parties find meaning in the midst of chaos, and helping clients make sense of their experience is not just therapeutic, it is reparative.

A. Trauma's impact on story-making

34 Trauma impairs the brain's capacity to create a linear, integrated narrative.[28] Instead of a narrative with a beginning, middle, and end, the traumatic memory loops intrusive, unresolved, and often incoherent events. Neuroscience suggests that traumatic memories are stored differently from ordinary ones disconnected from language, time, and context. This explains why parties in conflict may repeat themselves, focus obsessively on certain details, or struggle to articulate their needs clearly.

35 In mediation, this can manifest as (a) repetitive storytelling without resolution; (b) emotional flooding or detachment; or (c) a fixation on being "right" rather than understood.

36 These are not just communication issues; they are symptoms of a nervous system trying to make sense of rupture. Narrative incoherence is not a communication problem. It is a signal that meaning has been lost and needs to be slowly, safely rebuilt.

B. Narrative coherence and the healing function of a story

37 Narrative coherence is the ability to tell a story that has a beginning, middle, and end and that makes emotional sense. Siegel, a key contributor to interpersonal neurobiology,[29] emphasises that coherence is not about having a perfect memory, but about integrating what happened into one's ongoing sense of self. When parties feel heard and can reflect on events

27 See paras 33–54 below.

28 Bessel van der Kok, *The Body Keeps the Score* (Penguin Publishing Group, 2014).

29 Daniel J Siegel, *The Developing Mind: How Relationships and the Brain Interact to Shape Who We Are* (Guilford Publications, 2nd Ed, 2012) at p 223.

without re-entering a state of distress, new understanding, and even growth, becomes possible.

38 In mediation, this does not mean retelling every detail of the conflict. Instead, it means creating space for reflecting on questions such as:

(a) What does this conflict mean to you?

(b) What does it remind you of?

(c) What feels unresolved or confusing?

39 When people feel truly heard, not just in their positions but in their pain, they are more likely to soften, to listen, and to reframe their narratives in a way that makes mutual understanding possible.

C. The mediator as witness and weaver

40 Mediators are not there to rewrite someone's story, but they can offer presence, reflection, and pacing to help people find their own thread. Restoring coherence requires more than logical sequencing. It involves creating a relational container in which parties feel safe enough to re-story their experience. The mediator becomes a temporary co-author, helping parties reframe, link events, and integrate emotion and meaning.

41 This might involve:

(a) naming emotional truths (*eg*, "It sounds like that moment really stayed with you.");

(b) reflecting shifts (*eg*, "Earlier you described it as betrayal; now it sounds like disappointment.");

(c) connecting parts of the story (*eg*, "You mentioned both wanting justice and fearing more loss – how do those sit together?");

(d) slowing down the process when distress surfaces;

(e) asking reflective questions (*eg*, "When did things start to feel that way?"); and

(f) highlighting change or growth (*eg*, "It sounds like this experience also showed you something new about yourself.").

42 These interventions do not impose meaning; they invite it. By helping clients narrate their experience with more clarity, mediators also help loosen the grip of trauma. When a story can be told without shame, interruption, or dismissal, it begins to settle.

43 Importantly, narrative work does not require full disclosure. It is about allowing enough coherence for the person to move forward, not rehashing every detail.

D. Externalisation and narrative distance

44 Narrative therapy offers a helpful practice: externalisation.[30] This is the art of separating the person from the problem. For instance, instead of saying "You always sabotage things", one might say "When distrust shows up, it makes it hard for us to move forward".

45 This shift reduces defensiveness and invites curiosity. Mediators can model this language and help both parties talk about what is happening between them rather than attacking each other directly.

46 Using metaphors can create narrative distance. Naming dynamics as "old patterns", "uninvited guests", or "protective armour" allows participants to reflect without becoming overwhelmed.

E. Moving from shame to meaning

47 Shame is often the most hidden and corrosive emotion in mediation. Unlike guilt (which says, "I did something bad"), shame says, "I am bad". It contracts the nervous system and isolates the person. Parties in shame often withdraw, attack, or deflect.

48 Helping someone move from shame to meaning involves:

(a) validation (*eg*, "Given what you've been through, it makes sense this feels overwhelming.");

(b) normalisation (*eg*, "Many people react this way when something important is at stake."); and

(c) invitation (*eg*, "Would it help to talk about what this moment brings up for you?").

49 By holding space for these moments with respect and care, mediators help repair internal dignity. This is often what unlocks movement when nothing else can.

F. From facts to felt meaning

50 While agreements may focus on facts and outcomes, resolution often requires deeper integration: a sense of being seen, of restoring dignity, and of understanding "what this means for me". Mediators who hold space for this level of storytelling allow parties not just to settle the dispute, but to reclaim their sense of agency and coherence.

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30 Michael White & David Epston, *Narrative Means to Therapeutic Ends* (W W Norton, 1990) at p 38.

51 Antonovsky's concept of SOC[31] provides a helpful map here. SOC involves three components:

(a) comprehensibility (*eg*, "Can I make sense of what happened?");

(b) manageability (*eg*, "Do I have the resources to cope with it?"); and

(c) meaningfulness (*eg*, "Can I find purpose or value in it?").

52 When mediators attend to these dimensions, they support not only understanding but also healing. For instance:

(a) reframing conflict as part of a larger life transition;

(b) validating resilience or insight gained through hardship; and

(c) acknowledging the cost of silence or rupture and the courage to revisit it.

53 By restoring coherence, mediation becomes more than a resolution process; it becomes a meaning-making space.

54 Once people feel safe, understood, and reintegrated in their narrative, they are more resourced to move forward. Yet, progress must be paced. Stories do not live in a vacuum. The pace at which they are told, the presence in the room, and the felt sense of "being with" another all shape what becomes possible. The next part of this article[32] explores the importance of titration, presence, and holding complexity not as delays to the process but as the path to lasting repair.

V. Pacing, presence and co-regulation

55 In trauma-informed mediation, how we proceed matters as much as what we do. One of the most common risks in emotionally charged mediation is going too fast pushing for resolution before the ground is steady. Trauma recovery teaches us that integration requires titration: attending to experience in manageable doses. The same holds true in mediation.

56 Just as healing happens in waves not in a straight line, so too does the process of resolution. Moments of opening may be followed by withdrawal; a breakthrough may lead to silence. These are not derailments. They are signs that something important is shifting.

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31 Aaron Antonovsky, *Unraveling the Mystery of Health: How People Manage Stress and Stay Well* (Wiley, 1987) at p 18.

32 See paras 55–79 below.

A. Titration and the art of doing less

57 Borrowed from somatic therapy, the concept of titration[33] refers to breaking down overwhelming experiences into smaller, more digestible pieces. Rather than plunging into the heart of the dispute immediately, mediators can gently explore moments of safety, small shifts, or partial agreements.

58 This is not avoidance; it is pacing. It respects the capacity of the parties and avoids re-traumatisation. Titration in mediation might look like:

(a) focusing first on a less contentious issue;

(b) checking in regularly on emotional tone; and

(c) allowing for silence or slow reflection instead of rushing into dialogue.

59 The goal is not to avoid discomfort, but to avoid flooding where emotional overwhelm shuts down meaningful engagement. When intense emotions or traumatic memories surface, moving slowly, naming what is happening, and checking for consent becomes an ethical imperative. Titration honours the window of tolerance, avoids re-traumatisation, and models a respectful pace for resolution. This embodies the paradox of trauma-informed practice: sometimes we must go slow to go fast.

B. The mediator's presence as containment

60 Beyond tools and techniques, the mediator's own presence is perhaps the most powerful intervention – not presence as performance but grounded, regulated, attuned being-with. A mediator who is calm but not passive, and spacious but not disengaged, brings a quality of steadiness that allows others to settle. This kind of presence says: "You do not need to rush. I can stay with you, even here."

61 Thus, pacing is not just a technique; it flows from the mediator's presence. When a mediator embodies steadiness, attunement, and calm curiosity, they become a regulating force in the room.

62 In therapeutic work, this is sometimes called "affect co-regulation",[34] *ie*, the ability of one nervous system to soothe another. Mediators do not need to be therapists, but they do need to be containers, holding emotion without trying to fix it, naming complexity without collapsing into it, and being willing to slow down when things feel too fast.

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33 Peter A Levine, *In an Unspoken Voice: How the Body Releases Trauma and Restores Goodness* (Berkeley: North Atlantic Books, 2010) at p 67.

34 Allan N Schore, *Affect Dysregulation and Disorders of the Self* (W W Norton, 2003) at p 45.

63 Even subtle signals like body posture, voice tone, and breathing can support containment. A mediator who can stay grounded in the face of intensity signals safety to others, and where there is safety, there is potential for movement.

64 Trauma often leaves people feeling alone, overwhelmed, or too much for others. A mediator's grounded presence counters that narrative not through words, but through their way of being.

C. We are wired to connect: the biological basis

65 At the heart of trauma-informed mediation lies a deceptively simple truth: people regulate through people. Long before words make meaning, our nervous systems scan for cues of safety or danger in others. This means that the quality of presence between individuals can either calm or escalate a conflict. In mediation, the relational field becomes as important as the agenda.

66 From infancy, human beings are biologically primed to co-regulate our heart rate and breathing, and even brainwaves sync with those around us. This social nervous system, described in Porges' polyvagal theory,[35] continues into adulthood. When a party feels truly seen and heard, their nervous system relaxes. When they feel judged or dismissed, it tightens. This explains why logical arguments can fail under pressure. Without a felt sense of safety, the brain defaults to protection, not connection.

D. How presence creates co-regulation

67 In emotionally charged situations, the mediator becomes a co-regulator. Their voice, eye contact, pace, and emotional neutrality send signals: "You are not alone. It is safe for you to stay here."

68 This presence cannot be faked; it comes from the mediator's internal state. Grounded mediators, aware of their own breathing and body, become steadying anchors for the room. Dysregulated mediators, by contrast, risk unconsciously transmitting anxiety or urgency.

69 Simple interventions make a difference:

(a) pacing: slowing the conversation or inviting silence;

(b) softening: modulating tone of voice or posture; and

(c) orienting: gently helping a party notice the environment (*eg*, "You're here now. There's no rush.").

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35 Stephen W Porges, *The Polyvagal Theory: Neurophysiological Foundations of Emotions Attachment, Communication, and Self-Regulation* (W W Norton, 2011) at p 273.

70 These are not therapeutic gestures but practical tools for restoring access to reason, empathy, and possibility.

E. The art of pacing: when to do less

71 Many mediators, especially those with a strong desire to help, may struggle with the urge to "fix" things. However, trauma-informed practice reminds us: resolution must arise from within the parties, not be imposed from the outside.

72 What appears as "resistance" may actually be protection. What looks like avoidance may be a sign that the nervous system has reached its limit. When we push too hard or too fast, we risk replicating the very dynamics that created harm in the first place.

73 In these moments, doing less is not failure. It is fidelity to the process. Mediators can ask:

(a) Is this moment too much, too soon?

(b) What would it mean to pause, to breathe, and to let things settle before moving on?

(c) How can I honour the pace of each party's readiness?

74 The paradox is this: When we stop pushing for change, change becomes more possible. This reflects the ethics of slowness – a fundamental respect for the human capacity to integrate difficult experiences at their own pace.

75 The mediator's role shifts from problem-solver to witness, from director to companion in the process of healing.

F. Moments that shift the energy

76 Mediators often describe a moment when "something shifted": the atmosphere lightened, tears welled up, or someone exhaled. These are nervous system events. What felt like a rupture was met with presence, and in that meeting the body could register, "I am not in danger." This is often when the shift becomes visible: a softening in the room, a lightening of the atmosphere, and the felt sense that new outcomes are possible. For mediators, such shifts are more than moments of relief; they mark the nervous system's move from protection into openness. Recognising these cues helps a mediator stay attuned and support the conversation as it begins to unfold in new directions.

77 Co-regulation is not about soothing every discomfort. It is about staying present to what emerges without flinching, fixing, or fleeing. It is about helping nervous systems remember what connection feels like.

78 When pacing, presence, and co-regulation work together, they create the conditions for deeper integration. Understanding parts of the self and internal conflict becomes the next layer of this work.

79 The following part of the article[36] explore how IFS and the idea of multiplicity can illuminate the inner tensions that complicate outer resolution.

VI. Parts in conflict: internal family systems-informed mediation practice

80 Sometimes, the source of mediation impasse is not just interpersonal but intrapersonal. While full IFS therapy is outside the scope of mediation, its principles can enrich practice. A party may appear inconsistent or ambivalent not because they are being evasive, but because different "parts" within them are in conflict. The IFS model, developed by Dr Schwartz,[37] offers mediators a compassionate lens for understanding such inner fragmentation.

81 Sometimes the resistance a mediator encounters is not between two people, but within a person. A client may say, "Part of me wants to settle, but another part can't forgive", or "I know I should move on, but I'm still furious". These are not metaphors; they are maps pointing to internal divisions that require acknowledgment.

A. Multiplicity as normal

82 IFS begins with a simple but profound premise: the mind is naturally multiple. We all have "parts", *ie*, sub-personalities with distinct feelings, thoughts and roles. For example, a person may have:

(a) a protective part that says, "Don't trust them".

(b) a compliant part that says, "Just agree and move on".

(c) a wounded part that says, "They never listen to me".

83 These parts are not pathological; they are adaptive. Especially in trauma, certain parts take on extreme roles to protect the system. In mediation, these roles may surface as defensiveness, withdrawal, or repeated patterns of "stuckness".

36 See paras 80–92 below.

37 Richard C Schwartz, *Introduction to the Internal Family Systems Model* (Trailheads Publications, 2001) at p 14.

B. Internal family systems: principles in practice

84 Key principles include:

(a) Naming without shaming: acknowledge inner tension as normal (*eg*, "We all have mixed feelings sometimes.").

(b) Inviting inner dialogue: help parties speak for, not from, their parts ("Can you say what that part of you wants us to know?").

(c) Hold space for the self: IFS posits that beyond our parts is the self, a centred, compassionate presence. Mediators, by modelling calm and curiosity, can help parties access more of this grounded state.

C. Befriending protective parts

85 IFS encourages curiosity, not confrontation. Rather than pushing past a resistant part, mediators (and clients) are invited to befriend it. Questions like "What is this part trying to protect?" and "What does it fear would happen if it stepped back?" can shift the dynamic from opposition to understanding.

86 In a mediation setting, this might look like:

(a) Recognising when someone's protectiveness is rooted in past betrayal.

(b) Normalising internal conflict (*eg*, "It sounds like a part of you wants peace, and a part of you doesn't trust it yet.").

(c) Giving space for ambivalence without forcing coherence too soon, as this inner permission often leads to more honest dialogue and sustainable outcomes.

D. Making space for parts

87 Mediators do not need to become therapists to work with parts. Simple language can invite integration, *eg*:

(a) "It sounds like a part of you is really angry, and another part just wants to move forward."

(b) "What does that protective voice want for you?"

(c) "Is there space in you that feels differently?"

88 These invitations honour internal complexity without demanding resolution. They allow parties to hear themselves more fully.

89 In some cases, naming the part relieves the person from over-identifying with it: "It's not that I am unforgiving; it's that a part of

me is still hurting." This shift opens up room for choice, flexibility, and compassion.

E. All parts to the table: welcoming the whole person

90 When mediators recognise and welcome parts, the table becomes more inclusive not just of parties, but of their inner worlds. This reduces shame and resistance, especially when someone is behaving in ways they do not fully understand. Rather than asking "Why are you being so defensive?", the question becomes, "What might this part be trying to protect?".

91 This shift can be subtle but profound. The room moves from judgment to curiosity, and when parts feel acknowledged, they often soften. Recognising this internal diversity can depersonalise gridlock. The conflict is not because a person is being difficult; it is because two (or more) parts are in tension.

92 Even small applications of IFS can open new paths when outer arguments reflect inner polarities. When mediators recognise and welcome parts, they expand their capacity to work with the whole person. Having explored these various trauma-informed approaches – from narrative work to pacing to parts work, the discussion now turns to the professional and ethical considerations that frame this practice.

VII. Professional boundaries and ethical considerations

93 Traditional boundaries remain important and must be clearly maintained. As Folberg and Taylor note, "[m]ediators are not therapists. Their role is not to diagnose or treat emotional or psychological conditions".[38] However, understanding emotional dynamics can inform practice without crossing professional boundaries.

94 The trauma-informed approach advocated in this article does not seek to transform mediators into therapists, nor does it suggest that mediation should become therapy. Rather, it proposes that awareness of trauma's impact on the nervous system, attachment patterns, and narrative coherence can enhance a mediator's ability to create conditions for effective resolution.

95 Key ethical considerations include:

(a) Scope of practice: mediators remain focused on conflict resolution, not therapeutic healing, while being informed by trauma awareness.

38 Jay Folberg & Alison Taylor, *Mediation: A Comprehensive Guide to Resolving Conflicts Without Litigation* (Wiley, 1984) at p 7.

(b) Referral networks: Trauma-informed mediators should maintain relationships with qualified mental health professionals for appropriate referrals when needed.

(c) Self-care and training: Mediators working with trauma-affected parties must attend to their own regulation and seek appropriate training and supervision.

(d) Informed consent: Parties should understand the mediator's approach and limitations, particularly when trauma-responsive techniques are employed.

96 The goal is not to eliminate the boundary between mediation and counselling, but to create a more informed and responsive practice that honours both the professional integrity of mediation and the human complexity of those who seek its services.

VIII. Conclusion: holding a larger frame

97 Rather than proposing a singular trauma-informed mediation model, this article offers a mosaic of interlocking insights, each a piece of the puzzle in helping mediators work at greater depth. Some pieces focus on neurobiological safety, others on narrative integration, emotional regulation, or cultural humility. What binds them is a shared orientation: that beneath entrenched conflict often lies unspoken stories, activated attachment patterns, and unmet needs. By making these invisible dynamics visible and by cultivating the internal conditions to hold them, a mediator becomes more than a neutral third party. They become a steadying presence, capable of restoring dignity, coherence, and hope. Shifting from surface settlement to deeper attunement, the role of the mediator itself evolves: from problem-solver to pattern-seer, and from deal-maker to meaning-maker.

98 Mediation, then, becomes more than a process. It becomes a relational art grounded in presence, humility, and the quiet power to witness what is unresolved, without needing to rush to resolution.

99 When mediators centre what is going right however small and attune to what lies beneath the positions, they activate more than resolve. They invite coherence, dignity, and growth. In doing so, mediation becomes more than transactional; it becomes transformational.