University of Massachusetts

Graduate Program in Dispute Resolution

Are we mediating to manipulate or mediating to help?

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June 5, 2007

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Abstract

As I traveled through the Dispute Resolution program, I became stuck on the notion that mediation could be a manipulative process. This notion derailed my idealism about mediation and left me searching for the key that would help me to further understand the process as one that could be both non-manipulative and empowering. This key appeared in the work of Hildegard Peplau and her methods that directed nurses to be members of a helping profession, not a manipulative one. This paper seeks to apply methods put forth by Peplau in her book, Interpersonal Relations in Nursing (1988), to the process of mediation. Peplau proposes that interpersonal relations, in the nursing context, are built through a series of four phases: orientation, identification, exploitation, and resolution. These phases, as well as other recommendations for practice are considered in this paper in a way that frames mediation as a helping profession.

During my mediation internship, while we were debriefing one afternoon, I had a heated argument with my court supervisor about manipulation. More specifically, the argument was about whether or not persuasion could be counted as a form of manipulation. To me, persuasion was the most basic form of manipulation, a form so subtle and so potentially insidious that without the intention of manipulation as a part of its definition, persuasion had no meaning. To him, persuasion was just talk and there was no direct force involved. His claim was that people could presumably choose whether or not to be convinced by persuasion and so it was, in no way, manipulation. The argument ended in stalemate and it has not left me since that day.

Manipulation is something that I have struggled with throughout this program, starting with that argument in the internship and reaching its climax in our ethics class, where it became painfully clear that mediation could be just as easily used to further disempower the powerless or to manipulate the weak, as any other form of dispute resolution (Davis & Salem, 1984; Imbrogno & Imbrogno, 2000; Neumann, 1992).

With this realization, I felt myself disengage emotionally. While my mind clung desperately to the edict "Do no harm," my instinct said, "How?" How would I know what harm I could do if I became an effective mediator/manipulator, especially if I were to become overly focused on settlement as the primary goal. People come to mediation for resolution. They do not come for therapy or dispute *exploration*, but to resolve a conflict, to find an endpoint that they are happy with. In learning how to find that endpoint, I was steeping myself in a field that I felt was urging me to manipulate the parties to *any* reasonable endpoint.

I admit that I floundered for quite a long time, half-heartedly finishing classes, and listlessly making different attempts at writing this paper. I spent hours reading through literature,

trying to find some answer to ameliorate this issue that I have with manipulation. "Why did it matter so much to me?" I wondered. It did not seem to bother my classmates very much or if it did, they seemed to be able to dismiss that feeling and continue on in their work. However, I was stuck.

While exploring yet another option for this paper, I started reading Interpersonal Relations in Nursing by Hildegard Peplau (1988). At the beginning of chapter 4, I found the key that I had been looking for, "Nurses are assistants and helpers, rather than manipulators of people; they seek to aid individuals and communities in providing and using suitable conditions that will meet their needs" (Peplau, 1988, p.73). Within this brief statement, I had found the subtle, yet powerful, difference in outlook and motivation that I had been looking for. I needed to be able to distinguish between helping and manipulating. I needed the field I had invested myself in to be *helpful* in meeting the needs of its patrons and the greater community, not manipulative to its own ends.

Luckily for me, this is the field of dispute resolution and unlike many other fields, it welcomes input from other disciplines, recognizing its own evolution and the need to integrate ideas from more established fields. I needed to draw from a field that was based in helping behavior, like nursing, to understand the delicate balance in practice toward a more supportive, less manipulative end.

Connecting Peplau's Theory and Mediation Steps

Hildegard Peplau's theory of nursing describes a process of connection and growth. Peplau (1909-1999) was a psychiatric nurse who revolutionized nursing care since her first book, Interpersonal Relations in Nursing (1952), was published. Through this book and subsequent papers, talks, and practice, Peplau established herself as a leader in her field who never ceased to

grow and work toward a more understanding, more helpful process that was based in relationships rather than simple administration of care (Gregg, 1999, p.10).

Peplau's theory of interpersonal process is also analogous to the mediation format that was taught during the mediation internship. The phases are not only dependent on the success of the previous ones, but they are also overlapping and interconnected in purpose and process. The phases of Peplau's process are identified as Orientation, Identification, Exploitation, and Resolution and are briefly described below.

The Process

The first phase of Peplau's theory of nursing is *Orientation*. Orientation begins the moment that a patient passes through the door of a hospital or care center and encompasses all of the initial experiences that they have. Orientation can include a patient's first impressions of the nurse, receiving information about his problem and procedures, and expressing his needs and feelings. This phase is similar to the introduction portion of mediation. During the introduction, mediators typically review the process, the rules of conduct, and expectations. It undoubtedly also encompasses first impressions both of the process and the participants. Unlike orientation, mediation introduction rarely allows for the parties to express anything beyond consent or dissent for participation.

The second phase of Peplau's theory is *Identification*. Identification is the process by which the patients come to understand the nurse as a helpful person who meets their needs. Peplau believes that during identification, feelings of helplessness and fear can be minimized by acceptance and continual care of the nurse (Peplau, 1988). This phase could be compared to the private sessions which typically take place during mediation. Though a mediator is unlikely to be able to meet all of the needs of a party, the private session is the period of time when the

parties are able to express themselves without fear of response from their adversary. The specific response of the mediator is the factor that may mean identification has been initiated or not. If the mediator is challenging during private session, the parties may not be able to begin the process of identification because they do not feel the initial acceptance and recognition that is needed. This could result in reticence or even heightened adversarialism from parties. If the mediator is able to display an attitude of acceptance, parties may more easily enter into identification.

As identification continues, the third phase comes into play, which is *Exploitation*. The phase of exploitation can be characterized by the patient's understanding of the resources and options available to him and a willingness to utilize them. This is also the point at which patients typically will become more assertive and directive about their care. They begin to transition from receivers of care to participants in healing. This phase can be likened to the moment in some mediations where the parties begin to take control of the process and begin to create and explore options between themselves. This phase is largely dependent on the success of the first two phases, in both nursing and mediation. If patients are left in the dark about their care, or feel that they are receiving substandard care, they are unlikely to be able to understand and utilize the resources available to them. Similarly, if parties feel unsure about the process of mediation or their options, it is unlikely that they will be able to use the forum of mediation in a way that is beneficial to them.

The final phase in Peplau's theory and in mediation is *Resolution*. Resolution happens when the needs of patients and parties, within the contexts of the hospital and the conflict, have been met. Although physical recovery and settlements can be a *part* of resolution, resolution is

also the point at which patients and parties feel personally strong and empowered. Resolution is not just about satisfactory results, but must encompass growth.

These four phases and their corollary aspects of mediation are summarized in the table below:

Peplau's Phase	**Orientation – first impressions, information about problems and procedures**	**Identification – expression of needs and fears, recognition of people involved**	**Exploitation – understanding resources available, willingness to utilize these resources**	**Resolution – needs of the patient have been met, both physically and psychologically**
Mediation Phase	**Introduction – review of process, rules, conflict at hand, and expectations**	**Private Sessions– exploration of the conflict, exploration of needs and desires for resolution**	**Party Control of Process – parties explore options between themselves, control the process**	**Resolution – conflict has been solved in a way that is satisfactory to both parties**

Table 1. Peplau's phases of interpersonal relationships in nursing and corollary phases in mediation

Essential Questions

Peplau utilizes many questions throughout her book to keep the reader focused on the goals of nursing. Instead of relying on simplistic details of process, her questions keep the reader's attention on the overall motive of empowerment through help, attention, and care. For example, Peplau asks, in terms of resolution and purpose in nursing, "Can the nurse-patient relationship be developed so that it facilitates forward movement of personality in ways that displace feelings of helplessness and powerlessness with feelings of creativeness, spontaneity, and productivity?" (Peplau, 1988, p. 32). This question demonstrates the nurse's professional goal to facilitate the empowerment of the patient. I feel that these types of questions must always be in the mind of the mediator, to keep the focus on helping and facilitating, rather than forcing through a settlement. The following sections utilize this method in order to maintain focus on help, empowerment and holistic resolution, and their location in relation to

manipulation, power-plays, and settlement. The questions are posed to address conflict resolution professionals but are adjusted in only a minor way from Peplau's original essential questions.

What Comes Next

Section 1 will deal with the importance of orientation and introduction to the mediation. If parties are unable to understand the process, the options, or their own roles and abilities, the mediation is more likely to produce an imposed settlement on potentially confused or powerless parties. In this Section, I will also explore initial impressions and what affect these can have on the process.

Section 2 will focus on two different styles of listening, reflective listening as proposed by trainers in the mediation internship and non-directive listening as proposed by Hildegard Peplau. How a facilitator listens appears to be a key component to the type of experience that a patient/party undergoes. Listening, although it is often thought of as a passive process, is actually a very active technique in professions of care. If care takers do not listen in a way that encourages expression and exploration, they may miss key components to the problem. Section 2 will address many issues that are encompassed by listening.

Section 3 will explore they issues of generalizations and stereotypes. Because of the perpetual rotation of new patients and parties, some amount of generalization about condition or conflicts seems to be inevitable. Section 3 will discuss the effect of generalizations and stereotypes. Section 3 will also discuss possible methods for dealing with ill affects of stereotypes on a resolution process.

Section 4 will address the behavior and emotional responses that people who are sick or in conflict are likely to experience and the ways in which nurses and mediators might effectively

deal with them in a way that leads to growth rather than regression. Because illness and conflict can both lead to states of stress for people, it is necessary to spend some time considering the emotional impact of these events and the behavioral consequences.

The conclusion includes a discussion of the subtle differences between resolution and settlement. Suggestions are drawn from Peplau's theories and integrated with overarching goals of conflict resolution to discuss how mediators could and should stay focused on a goal of non-manipulative resolution.

Section 1 – Understanding and Awareness

Times of stress, whether caused by illness or conflict, are often times when it is difficult to retain a sense of awareness. Awareness of our own state of being, our options, and the rationale for our choices or behavior can be challenging in times of complete tranquility. The addition of stress makes the task even more difficult. Likewise, being able to understand the intricacies of the medical system or the legal system can also be exceedingly complex no matter what your condition. These are the challenges that nurses and mediators must face in the very initial phase of their relationship with their patient or parties. An understanding of the problem, the unfolding process, and the options and services available must be transmitted in a clear and complete way. Additionally, this first phase of the relationship, orientation, lays the groundwork for the development of the relationship between all the involved parties. If a party or patient feels disrespected, confused, or slighted in this initial stage, it is difficult to undo that impression and repair the relationship.

Peplau's Orientation and Understanding

Peplau's theory of the phase of orientation is multi-faceted. The process is not only one of transmission of information, but one of *recognition* of both the problem and the people involved. Patients will often arrive with a great deal of questions and uncertainty. Questions like, "What is wrong with me? Why should this happen to me? What caused it? How will it turn out? What can the doctor do?" are often in the forefront of a patients' minds and reveal the need for an understanding of their situation and the need for a supportive person who will offer this information without complaint (Peplau, 1988, p. 20). The patient is seeking information, but the way that this information is transmitted by the nurse is key to how their relationship develops.

For a positive orientation experience to progress, the nurse must be ready to fill any of several roles including counselor, resource person, technical expert, or surrogate for an absent person in the patient's life (Peplau, 1988). If a nurse is able to fulfill these roles, she will be able to accomplish many things. A nurse who is able to act as a counselor can transmit expectations and help to visualize goals. A nurse that adeptly fulfills the role of technical expert can disseminate information about the technical details of the illness and the future procedures. Lastly, a nurse who can behave as a surrogate will be more likely to be able to uncover fears and anxieties of the patient. The sum total of all of these roles will be creation of an atmosphere for learning and growth (Peplau, 1988). The nurse must always listen intently to both the text and the subtext when encountering a patient. This type of attention serves the purpose of allowing the nurse to understand the patient's anxieties and concerns while sensitively passing along essential information so that the patient is without great apprehension and understands the services available to him and can use those to his greatest benefit.

For example, a patient may come into a health care facility with a stomach complaint. A problem like this could be cause by a multitude of factors. When in her technical role, the nurse is able to begin collecting information about the symptoms. While doing this, she can integrate the other two roles to more fully understand the problem. As the counselor, she can explore the patient's needs and desires while as the surrogate, she can create an atmosphere that allows for the expression of fears. She may now find out about immense stress that the patient is experiencing at work. This information could greatly alter the plan for treatment, but may not be forthcoming if her questions were asked solely from a technical perspective. The role of surrogate and counselor are integral aspects in gaining a whole picture of the patient and his

problem. Within these three roles, she can more fully understand the problem and extend the roles to help the patient find a solution.

The nurse's focus on the patient's words and demeanor during Peplau's orientation phase may be one of the biggest differences between this phase and the introductory portion of mediation and may also account for one of the subtle distinctions between a helping profession and a manipulative profession.

Mediation Introductions

The introductory segments of our internship mediations were usually very rushed events. Within just a few minutes, the mediator was charged with introducing herself and her functions, describing the process of mediation, and gaining consent for participation from the parties. I rarely saw introductions where the parties said more than a few words. Rather, the mediator quickly rattled off purpose, ground rules, generalized process and requested consent. The parties would usually consent, although often tentatively, or seemingly because they felt that they should because the clerk had sent them to mediation. With this, they were launched into the process.

Dissemination of information. If we compare this type of introduction to Peplau's phase of orientation, we can see how this portion of the process may have many different effects, many of them setting up a potentially manipulative process. First, the information that is given about mediation is extremely rushed and somewhat superficial. There is rarely time for parties to ask questions that might clarify the process to them. If they have never even heard of mediation, and many people have not, they can feel uncertain and pushed toward a process about which they have very little understanding.

If awareness and information are defenses against manipulation, a cursory introduction is the first element that makes manipulation in mediation possible. If a person is unclear as to what he thinks, he will be more likely to go along with the mediator, the nurse, or whoever seems to have authority in an ambiguous situation. For example, if your car breaks down and you know little about cars, you will be more likely to defer to the authority of a mechanic because of your uncertainty. Without the knowledge to make an informed decision, you would be subject to the suggestions of a mechanic. The mechanic may have integrity, or he may manipulate you into spending money on repairs that are unnecessary.

These feelings of uncertainty make manipulation much more possible. When we are unable to see the full spectrum of choices or understand the possible repercussions of those choices, it is more difficult to make an informed, empowered decision. We may, instead, depend on a person who has authority. In the case of mediation, this person is usually the mediator and this situation of uncertainly grants the mediator leeway to manipulate the parties into settlement (Metropolitan Mediation Services, 2002).

As Peplau (1988) points out, "when a patient is left in doubt about ordinary services that are available for his use, he becomes more anxious and uncertain about the wisdom of the present course of action" (p. 26). Perhaps it would be more useful to encourage a mediator to take the time during introduction to give a fuller explanation of the process and allow the parties to explore their own questions and anxieties about the process. Just as nurses may utilize several roles (counselor, resource person, technical expert, or surrogate) during orientation to create an atmosphere for learning and growth, mediators must take on similar roles during introduction to encourage an atmosphere that is ripe for learning, creative problem solving, and growth. A mediator who fully explains the process and is willing to answer any questions fulfills the roles

of resource person and technical expert. A mediator who creates an atmosphere of openness with attentive listening can fulfill the roles of counselor and surrogate. The creation of this type of environment, where the parties are encouraged to engage from the onset, may also allow the mediator to improve upon another potentially manipulative effect of the cursory introduction: the lack of the party voices.

Listening and voice in the introduction. Because the parties have very little opportunity to talk during the brief mediation introduction, mutual engagement and recognition between the parties and the mediator becomes difficult. A term used by Fletcher, Jordan and Miller (2000), *mutual engagement* is process of empowerment that is based on care rather than specific goals. It is not meant to be giving or receiving, but rather a process that includes "listening and responding…drawing out voices and minds" and in the process coming to "hear, value, and strengthen their own voices and minds" (Belenky, 1997, p. 48). This process of mutual engagement and recognition is often coupled with empowerment in terms of mediation. Empowerment, in the mediation context can "allow parties to define problems and goals in their own terms, thus validating the importance of those problems…[It can] support the parties' exercise of self-determination in deciding how, or even whether, to settle a dispute, and it can help the parties mobilize their own resources to address problems and achieve their goals" (Baruch-Bush and Folger, 1994, p. 22). Recognition and mutual engagement are the backbone of an empowering process.

However, when parties are silent in the beginning of a mediation; when their concerns and worries are left out, mutual engagement, recognition and empowerment become less likely. Not only are the parties voiceless in unfamiliar territory, the mediator does not have the opportunity to see the parties as whole people, nor can she take into consideration the feelings,

thoughts, and position of the parties. The parties need to see the initial desire to listen in the mediator as much as the mediator needs to expand her initial impression of the parties. Peplau (1988) asserts that, in nursing, incomplete or ineffective orientation may affect "the tone for all later relationships…[this tone] may be set at a level below that needed for integrating the present event into the stream of life experiences" (p. 26-27). This lack of an opportunity for expression from the parties and listening from the mediator could establish this lower level tone and affect the entire mediation.

Power imbalance creation in the introduction. These two issues, the cursory introduction and the inability for parties to express themselves in the introduction also establish a hierarchy between the parties and the mediator. The mediator establishes her power by enacting the part of the disseminator of information and the person who controls expression of all in the room. Though the mediator is a facilitator, present to help parties work through their conflict, a cursory introductory phase can initiate a power imbalance among those in the room.

Additionally, mediators must try even harder to ameliorate power imbalances when the mediation takes place with the context of the court. The court itself is an imposing authority which can easily carry over into a mediation even when the mediation occurs out of the courtroom. As the leader of the mediation, the court's authority can be transferred to the mediator by parties who are intimidated or unfamiliar with the process. In this context, the potential for mediation can increase.

Conclusion

We can already see how a mediator's ability to listen to a party can impact the development of the relationship between all parties in the room. As a mediator or nurse, our listening style can either open or close communication. We can make the room a cooperative

environment centered on growth and learning or we can capitalize on the authority initiated by the environment and maintain absolute control of the unfolding process. The following section examines two different styles of listening and their potential uses and impact in mediation.

Section 2 – Listening, Methods and Motives

Whenever people must form relationships with each other, communication determines the development of that relationship. Just as orientation is the prelude to the relationship, the phase that lays the groundwork, identification is initiated by communication and recognition. It is the phase marked by expression, listening, and exchange. Identification is when the nurse and patient begin to understand each other and move from strangers to collaborators.

Conflict and illness are often very stressful situations, and within these contexts, communication becomes even more important. Details that seem negligible in everyday life, like a headache or a missed phone call, can suddenly mean much more in the context of illness or conflict. How we express ourselves and how we listen become some of the strongest determining factors to how our relationships develop and how our problem is solved. Because communication is an omnipresent issue throughout the entire mediation, it seems useful to consider some "essential questions" about the purpose of communication in mediation, just as Peplau would. Peplau's questions focus on expression of basic needs:

> What kinds of basic human needs seek expression in nursing situations? How are they expressed? What happens when needs are not met? What are mature, professional attitudes toward needs that patients demonstrate in their behavior? How can a nurse find out what are the psychological needs of patients? How can a nurse meet those needs and still complete all of the work that has been assigned to her for a given morning? Is it important to pay attention to the needs of patients? Aren't professional persons like nurses better able to decide what a patient needs? (Peplau, 1988, p. 73-74)

Conflict situations also expose basic needs of people which need expression. These needs may be personal, such as the need to feel respected, or they may be concrete, such as need to delay a

payment. We can draw from Peplau's questions to help consider expression, attention, and listening in mediation:

What kinds of basic human needs seek expression in conflict situations? How are they expressed? What kinds of responses to this expression are most beneficial? What happens when expression is encouraged? What happens when expression is stifled? How can a mediator meet the needs of the parties within the brief time period allotted to them? Is it important to pay attention to the needs of parties or is it more important to focus on settlement of the immediate conflict irregardless of other issues?

Reflective Listening in Mediation

During my time in the mediation internship, one of the most frequently discussed and recommended methods of listening was reflective listening. Based loosely on the method of *Active Listening* my Carl Rogers and Richard Farson (1957), reflective listening goes a step beyond this method. Rogers and Farson urge a high level of attention and connection. The purpose of the listener's response is to convey understanding and elicit clarification.

Though reflective listening also involves a great amount of attention directed at the speaker, it is most distinctly characterized by the listener response to the speaker. Reflective listening, as posed by our supervisors, revolves around reframing the words of the speaker. This reframing can be a very subtle shift from the initial statement of the speaker, but is also often very powerful. For instance, a party may say, "I just don't understand how someone could run their business like that!" A mediator engaging in reflective listening, focusing on reframing the statement could respond in many ways, such as, "So, you don't feel like you understand how he does business," or "You expected something different that the type of experience that you had at the business." This reframed response is a very subtle shift from the initial statement which can

allow a party to see another point of view. Often times, reframing can serve to neutralize a very emotional, volatile statement and cool the heated tone to a more manageable level. Used in this way, reflective listening is a beneficial method for mediation. But while I can easily acknowledge the usefulness of reflective listening in mediation, it is also a method that could be used for manipulative purposes.

Reflective listening has many motives. One of which has already been discussed; to neutralize a volatile statement or to adjust the atmosphere of the situation. Other motives for using reflective listening include clarification and resolution exploration. The motive of clarification is self-explanatory and simply uses reflective listening for questions that allow the party to explain more fully what he wants to say.

Reflective listening can also be used by mediators to explore options for resolution. It can also be used to reframe initially undesirable options into more appealing alternatives (Moore, 1996). At best, these motives can allow the parties to see options that they may not have considered before. At worst, this motive can allow the mediator to lead the parties down the path to a settlement, but not to a full or satisfactory resolution of the problem. This is the motive that gives reflective listening the potential to be extremely manipulative, and the more focused on settlement that the mediator is, the more likely that reflective listening could become manipulative. For example, if a party says, "I'm just so tired of this whole thing. I just want it to be over." A mediator who is overly focused on resolution may reflect back this statement, with settlement in mind, by saying something like, "I understand that this has been really hard for you, maybe if you agree to x, y, and z, we can end it." With this statement, the mediator has taken the party's disenchantment and weariness with the conflict and fed off it in order to push a

settlement. If the party is exhausted enough, he may simply agree, feeling like there is nothing better that he can attain.

It is also conceivable that the party who has expressed exhaustion and desire to be done with the problem may be the one with less power. If one has been involved in a conflict for a length of time from a position of lower power, he is much more likely to feel downtrodden and to start to consider giving up (Thomas, Smucker, Droppleman, 1998). If the mediator responds as in the previous paragraph, she may have just played off of this person's lower-power expectations to push through a settlement.

Peplau's Non-Directive Listening

Peplau (1988) suggests a different type of listening for nurses utilizing her method called *non-directive listening*. Non-directive listening is characterized by the listener relaying back to the speaker *exactly* what she has said. Instead of making subtle changes, as in reflective listening, the listener simply allows the speaker to hear exactly what they have said, in another voice. If one is practicing non-directive listening, the listener "offers the patient a sounding board against which he can reveal feelings and discover them" (Peplau, 1988, p. 29). The primary purpose is to open the door for expression, exploration, and understanding, not to adjust the perspective of the speaker.

This shift from reflective listening to non-directive listening is a shift that lessens "noise" in the communication process (Krauss & Morsella, 2000, p. 133). Noise is described by Krauss and Morsella as interference between the transmitted message and the received message. When a nurse or a mediator engages in non-directive listening, the potentially harmful impact of noise should be lessened because the received message is transmitted directly back to the speaker without any alterations.

Non-directive listening can have several different results and, like reflective listening, fulfills several different goals. Because the patient or party has an open forum to express his needs and feelings, non-directive listening can help him to fully explore his problems and their goals (Peplau, 1988). Even feelings and thoughts that have gone unrecognized can come to the forefront if the listener remains open and non-directive (Peplau, 1988).

Non-directive listening can also enhance the developing relationship as the patient or party is met with unconditional attention and acceptance. With this development comes a higher level of trust and a greater opportunity to solve problems more holistically. Additionally, for mediators especially, non-directive listening could help them maintain neutrality. With a response of the *exact* words of the speaker comes a greater likelihood of behaving neutrally, whereas reframing can often include *some* bias, at least a bias toward settlement.

Expression and exploration. I have already mentioned that non-directive listening is a gateway for full-expression. This is able to happen because the speaker is left to explore her own thoughts and ideas. Since the only words she hears are her own, her task becomes exploration of herself, rather than adjustment to another point of view. Without judgment or input, the person practicing non-directive listening does not guide, but rather follows the path of the speaker (Peplau, 1988). The listener's only response works to create sign-posts on this path for the speaker by allowing her to hear the words she has spoken. Instead of potentially derailing the speaker's thought process by reframing his words into something subtly or even vastly different, something that is not of his own experience, he is able to continue to explore for himself.

If the goal of mediation is resolution, rather than settlement alone, then it seems to follow that the problem needs full exploration. Without this exploration, it seems unlikely that the process will lead to an endpoint that addresses the important aspects of the issue. In observing

several mediations, I frequently saw parties say something like, "He didn't even apologize!" The mediator would pick up on this and say, "So, you really wanted an apology?" Often times, apology was a *part* of the issue, but it was also often clear that the party did not *just* want an apology. The mediator, sensing an opening, makes apology *the* issue, and presses onward with it. In this scenario, it is possible that the mediator's focus on reframing has cut away many of the issues that need to be expressed by the party. If a mediator is consistently focused on reframing, rather than exploring, she may misguide parties down a path that is not constructive.

With this in mind, non-directive listening seems integral to any process which strives for thorough and *holistic problem solving*. For illness and conflict, the problem is solved holistically when resolution results in satisfaction with the process and the outcome, but also offers growth by modeling creative paths to follow if a similar situation arises in the future. Resolution of this nature is different from settlement. Whereas as settlement may be a satisfactory end to the issue at hand, holistic resolution refuses to ignore that the person who leaves the room may need tools to address future illnesses or conflicts.

Validation and trust. Like illness, conflict can give rise to countless thoughts and feelings. Many of these can be inhibited for any number of reasons, many of which are related to expected responses from others (Peplau, 1988; Eagly, 1987). A party may be apprehensive about relaying his true feelings about a conflict. Past experiences, socialization, and low self-esteem could all dissuade a party from expressing feelings that he has been told are weak, petty, or inappropriate (Cook-Huffman, 2000). The party may have a difficult time sharing his feelings if he anticipates a similar response from the mediator. If the mediator can transcend this expectation through unconditional attention and validation, then the party may be able to express what he needs to truly solve his problem (Peplau, 1988; Davis, 1989). With this shift from

judgment to unconditional acceptance of the speaker, the mediator exhibits validation for the person and for his thoughts and feelings, instead of attending only to the details of the problem or potential keys to settlement (Peplau, 1988; Davis, 1989).

Through non-directive listening, the mediator shows attention and non-judgmental response by simply repeating back what the party has expressed. This simple method exhibits validation and acceptance and can build trust which can deepen exploration further. Once a party feels that he can trust a mediator, additional options to resolve a problem can be explored by the party as well. Without that trust, discussing options can feel dangerous.

Many parties that I observed seemed to back away or oscillate between different positions because they did not want to feel cornered. For example, in several mediations I observed, the parties were moving along toward an agreement. All of a sudden one party would back off and re-position himself as if the entire mediation had just begun. As I understand what happened, trust had not been built by the mediator, and the party felt safer going back to a previous position rather than taking the risk of being talked into a settlement by a mediator, who was a stranger.

Listening for neutrality. Non-directive listening can also be a useful tool for maintaining neutrality. Neutrality, or impartiality, is defined as conduct which "guard(s) against partiality or prejudice based on the parties' personal characteristics, background or performance at the mediation" (Model Standards, p. 258). Though the concept of neutrality seems to be a simple lack of bias, enacting neutrality can often be a quagmire of conscious and unconscious processes. Pure neutrality is, of course, impossible and to claim that you are completely neutral and impartial as a mediator is, at best, a half-truth. I would attempt to be neutral, but no matter how

hard I tried, I noticed that there was often some underlying bias, maybe one that I or my classmates did not even recognize until much later.

I feel that non-directive listening would have helped me to attain more consistent neutrality. In repeating back the words of the speaker, the mediator conveys understanding without exhibiting bias. Although this may seem like simply an *appearance* of neutrality, as a method, it may accomplish neutrality more than reflective listening (Smith, 1994). If I am listening in a non-directive way, I am not trying to manipulate the parties or the mediation in any direction. I am simply allowing exploration without exacting influence.

Non-directive listening could also be a very useful tool in building trust with parties because it entails acceptance and validation without implying agreement. When this process is internalized, the mediator can take in the words as they come from the speaker without searching for underlying meanings or cues. The opportunity for bias is diminished.

Conclusion

Non-directive listening can enhance the process of mediation for everyone involved. The unconditional response from the mediator not only allows the parties to focus on their conflict and feelings, but it gives the mediator a tool for maintaining her principles regarding the process (Peplau, 1988). It builds trust, which can serve as a gateway to expanding the discussion and essential for identification between the mediator and parties. Non-directive listening allows for unconditional expression from the parties, whether they need to focus on the facts of the conflict, or give more cathartic or emotional accounts of what happened. The parties determine the entire landscape of their mediation process and its outcome. And so foremost, non-directive listening could be the heart of a process that is not manipulative. Non-directive listening gives the process over to the parties and does not push in any direction that they are not going

themselves. The opportunity to manipulate seems to completely disintegrate under the method of non-directive listening.

The next section explores more fully the issue of bias, extending to stereotypes. What impact can stereotypes, from either the parties or the mediator, have on a mediation? Can parties hope to come to a holistic resolution when they are not viewed by the mediator as whole people? Nursing must deal with similar questions as it deals with a multitude of people with many different conditions. How does Peplau recommend that nurses deal with stereotypes and could her recommendation be applied to mediation?

Section 3 – Stereotypes

The American Heritage New Dictionary of Cultural Literacy (2007) defines a stereotype as "a generalization, usually exaggerated or oversimplified and often offensive, that is used to describe or distinguish a group". Although this definition is accurate, it is also somewhat simplified. Categorizing is believed to be a natural cognitive for processing the complex input from our lives and placing information into more general groups (Paul, 2006). Stereotypes result when these generalizations are exaggerated, simplified, and transferred to others, reducing a person or a group to a one-dimensional characteristic (Moore, 1996; Minow, 1997). Stereotypes can be subtle and insidious. A generalization can pass to a stereotype in a flash and without the awareness of the individual.

During the mediation internship, though the cases did vary, there were often repeats of specific people or repeats of specific conflicts. On any given day, it was likely that we would find a landlord and tenant, often in conflict over a security deposit. Or we would find a tow truck company and a person who claimed damage to their car, or one of several other familiar cases. Generalizations about these conflicts were sometimes useful, in helping to understand the basics of the case, but sometimes, the generalizations descended into stereotypes. During debriefing, it became clear that sometimes, the presence of a particular repeater in a mediation would make the mediator feel like they knew "the bottom line" before the parties even spoke based on her stereotypical view of the case. This mode of thinking always seemed limiting because the mediator was listening only within the context of her stereotypes. Within that context, the mediator jumped to the conclusion that the party wants "x". Even if a party explicitly says he want "y", if the mediator already believes "x" is the key to settlement, this preconception is likely to affect the process.

Because of this, stereotypes can be one of the underlying but hidden roots of manipulation in mediation. If I, as the mediator, believe that you want, or deserve "x" before you even speak, it becomes possible that the path down which I will attempt to lead you will be consistent with my preconceptions. Through persuasion, selective reflection of parties words, or control of the developing process, a stereotype may cause a mediator to mold the outcome to fit her views about the parties or the content of the conflict.

Since stereotypes are often concealed, denied, or not understood, they become difficult to extinguish. Because nurses must similarly deal with their stereotypes or biases about the many people that they care for, Peplau (1988) offers suggestions for ways to subvert the potential of stereotypes to do harm. Her suggestions include: considering the role of the nurse and considering who determines this role, viewing the patient as a stranger, and involving the patient as much as possible, in plans for recovery. Peplau's suggestions for dealing with stereotypes and their potential application to mediation are discussed below.

The Role of the Helper

A professional's role can often be akin to a stereotype in that it sums up a person with one word. When one says, "I am a nurse" to a patient, her identity is then tied to the patient's view of nurses. This predisposition to view nurses in a certain way can greatly impact the relationship through all of the phases, but culminates in the phase of exploitation. If a patient believes that a nurse only has certain abilities, but does not understand the full scope of resources and help that she can offer him, he will not be able to enter into this phase. Even if identification has been somewhat successful, if the patient does not understand the resources that the nurse can make available to him, he will most likely not be able to fully utilize the care he is receiving.

Stereotyping of a profession is an area where mediators have an advantage over an established field like nursing. Almost all people have *some* idea about nurses; some vision that is conjured when they hear the word, nurse (Peplau, 1988). But oftentimes, people have had little or no prior experience with mediators and do not know what to expect. They do not have a generalized vision or a stereotype about mediators or mediation because the have no previous experience on which to base a generalized view. This gives mediators a great deal of freedom to create their role and the experience of mediation. With this freedom comes the responsibility for fully considering just what that role should be. When discussing the role of the nurse, Peplau (1988), once again, poses a stream of essential questions for the reader to consider:

> What roles should a nurse fulfill? Are the functions determined in advance or do they arise out of the authority of the situation? How does a patient view a nurse? Does the patient cast the nurse into roles that have a rational or a nonrational basis? Should a nurse respond in a nonrational role? Can a nurse shift her behavior from one role to another? Who should decide what roles a nurse can function in effectively? Should the physician decide? The patient? Society? All nurses? Each nurse? What practical difference does it make who decides? What is best for the patient? (Peplau, 1988, p. 43-44)

We can, again, draw from these questions to help consider what the role of the mediator should be:

What roles should a mediator fulfill? Are functions determined in advance or do they arise out of the authority of a situation? How does a party view a mediator? Who should decide what roles a mediator can function in effectively? Should the court decide? The parties? Society? All mediators? Each mediator? What is best for the parties?

Although some of these questions could be answered differently, on a personal level, by every mediator in every specific mediation, some of them can be considered within the context and purpose of the field. If our purpose is to help people resolve their conflicts, and give them some tools for resolving future conflicts, then our role is drastically different than if our role is to settle disputes. The role becomes more facilitative and any authoritative role must be diminished. In contrast to a judge or adjudicator who has this authority to *settle* the matter, mediators hope to *resolve* the conflict, in a way that promotes the holistic problem solving previously mentioned. If parties come into contact with a mediator who is of an authoritative mindset, their sense of the mediator will not be that she is there to help them work through their problems. If they, on the other hand, come into contact with a facilitator, it will be easier for them to see their own role and their own power in the mediation. When parties sense their own power in the process and they understand how to use the mediator and mediation to achieve the best results, it greatly lessens the opportunity for manipulation. Parties need to meet a mediator who makes it clear that they are not there to submit to the wishes of the court but rather to engage in problem solving among themselves.

Viewing as a Stranger

Just as the parties' view of a mediator is important, the mediator's view of the parties is equally important. Peplau (1988) suggests that nurses view patients as they would a complete stranger. The importance of this viewpoint is explained here:

> *Respect and positive interest accorded a stranger is at first nonpersonal and includes the same ordinary courtesies that are accorded to a new guest who has been brought into any situation*. [Emphasis added by Peplau] This principle implies: (1) accepting the

> patient as he is; (2) treating the patient as an emotionally able stranger and relating to him on that basis until evidence shows him to be otherwise (Peplau, 1998, p. 44)

If mediators view parties in this way, there would be no assumption about the intentions or the desires of either party based on stereotypes set off by past experiences. The mediation becomes a clean slate upon which the parties draw a picture of their conflict, their needs, their desires, and their own resolution. Without viewing the parties in this way, stereotypes and speculations may color the mediator's understanding of the situation.

As I have already discussed, the freedom to express oneself is important. This freedom gains strength in a forum where expression is the primary purpose, rather than ferreting out the underlying intention of the party (Peplau 1988). Often times, in our internship, we were encouraged to always keep intention in the back of our minds during a mediation; to try to figure out what the bottom line was for both parties. As we were listening, we were always straining to hear the underlying key to the conflict, to find out what it was *really all about*. And, in retrospect, sometimes we would jump too fast, thinking that we had found the key. The danger of this is that we would open a useless or even a detrimental door. This tendency to prematurely summarize the conflict, this effort to see intentions often inhibited further expression and sent the process down the mediator's path, not the parties'.

Party/Patient Involvement

As mentioned in the previous section on roles, party involvement is an integral piece of a process that dissociates itself from stereotypes and manipulation and strives for *resolution*. Conflicts can be highly personal events, even when the parties themselves know little about each other. This personal nature requires a higher level of understanding than may be typical if a mediator thinks, "Oh, another tow truck case," as in a previous example. Peplau (1988) asserts

that "productive relations with others can be fostered more readily when the interaction that takes place is an interpersonal relationship and its meanings are understood" (p. 119). This idea is demonstrated through the four phases of the relationship. While orientation*n* is primarily a time to convey meaning and information, it also initiates the development of the interpersonal relationship. Identification focuses on the development of this relationship so that the patient feels free to utilize the nurse and the resources (exploitation) that she can offer to actively participate in their resolution. Similarly, when parties become involved in the process, they have entered the exploitation phase. The relationship with the mediator, her goal to help the parties, and the purpose of the mediation are understood and the process becomes productive.

For a mediation to be truly successful, this productive relationship must also be developed between the parties and it is the mediator's job as a facilitator to help them move from contention to productivity. When parties have made this movement and exploit the freedom of mediation, they can be more involved in resolving their conflict. And when they are this integrated into the process, the mediator's generalizations about the conflict or her stereotypes about the parties mean very little because the process has truly become the parties' process and not the mediator's. This is a process that moves closer to empowerment by allowing the parties definitive control of their mediation and its outcome (Baruch-Bush & Folger, 1994).

Additionally, involvement can help to ameliorate the preconceptions and stereotypes that the parties have about one another. "Involvement in the process of setting goals that affect oneself as a member of a group builds respect for the integrity of other individuals as the opinions and attitudes of each are evaluated and reshaped as a plan for meeting the needs of all is designed" (Peplau, 1988, p. 239). Parties must be encouraged to involve themselves in an open process that respects them and their viewpoints. The mediator can build this process, first by

example, with the use of non-directive listening, and secondly by allowing the mediation to remain a completely clean slate where the parties can devise their own solutions.

Conclusion

Stereotypes can be a detrimental force in a process that is meant to empower people. By clinging to a preconception about a conflict or any party, the mediator can, even without awareness of doing so, manipulate parties into a settlement that she has envisioned even before they sit down at the table. Accepting the parties as they come to the mediation and allowing them total involvement can help to lessen the potential dangers of stereotypes.

The next section deals with the potential impact that emotions can have on a conflict and on a mediation. The influence of emotion can be strong. Here, we will see that the listening skills of the mediator may be the key to dealing with another potentially problematic issue in mediation.

Section 4 – The emotions of conflict

At first glance, it may seem that conflict and illness are vastly different states. Illness is often the result of biological activities. Dealing with illness often revolves around adjusting the biological or chemical components within the body. Illness can be isolated; you do not need anyone else in order to become sick. Conflict usually involves others. It is rare that science can help to diagnose or treat a conflict, but instead it must be dealt with through personal exploration. But there is a place where these two states of being meet and have very similar effects. This place is even more internal and more complex than our biological systems or the endless details of a conflict. The way in which illness and conflict are similar is the complex effect they have on our emotions.

Throughout Interpersonal Relations in Nursing, Peplau (1988) iterates many different emotional responses or results of illness. Included among the emotions provoked by illness that she observes are apathy, dependence, aggression, feeling threats to security, dignity or worthlessness, and anxiety. Even if we think about the conflicts in our own lives, without projecting onto any others, it is easy to see how these feelings could characterize either illness or conflict. In fact, Weitzman and Weitzman (2000) point out that many of these are also produced in conflict, specifically anger, apathy, or anxiety.

Basing her analysis on Maslow and Mittleman (1941), Peplau (1988) asserts that the backbone of all of these emotional responses is frustration: "Maslow and Mittleman assert that the obstacle is frustrating when it is perceived as a threat to personality" (Peplau, 1988, p. 87). Conflicts can easily activate this type of threat to our personality. Even in conflicts that seem like simple misunderstandings, the complexity of relationships and the inadequacy of words to

convey our thoughts and feelings sometimes lends to a feeling of being treated in a way that threatens our sense of self and self-respect (Peplau, 1963).

For example, in one case that we observed during the mediation internship, a woman was suing a mechanic because she felt that his negligence while changing her oil had damaged her car a great deal. The mechanic claimed that he had done his job properly and anything that had gone wrong must be her fault. The threat to each of them was clear. The woman's accusations threatened the mechanics view of his abilities and professionalism. The mechanic's refusal to consider any responsibility on his part made her feel taken advantage of, disrespected as a customer, and belittled as woman trying to solve her car problems.

Peplau (1988) goes on paraphrasaing Maslow and Mittleman (1941) saying:

> In order to feel frustrated there must be anticipation of a goal; an end-view, is the motivation to action as well as the purposeful aspect of activity around which personality is unified during a particular experience. Since the motivation, or stimulus, or goal, sets off and/or transforms the tensions of needs or drives into energy, any interference before the energy is actually expended is perceived by the self as a barrier to action (p. 87).

In the previous example, the woman's goal was to attain professional and quality service for her car. Having been thrown off this course by the subsequent car problem, she became frustrated. The mechanic's goal is to run his business in a smooth and professional way. Having been accused of unprofessional and/or poor service, his goals, too, were impeded. Though this case concerned mechanical problems, both parties came to the court with considerable frustration, fueling many negative emotions.

Essential questions. Having recognized how emotions can arise from an illness or a conflict, we must now consider how mediators or nurses deal with these emotions. We can use essential questions, again, to focus on emotions in the realm of mediation.

Is it more beneficial to subdue emotions in order to keep parties and patients calm? Or is it more beneficial to allow expression of emotions and validate them, but then potentially risking escalation or increased stress? Is it the role or responsibility of the mediator or the nurse to venture into emotional areas? Or is this beyond the scope of their training and responsibilities?

Role of the Nurse in Emotional Issues

It comes as no surprise, at this point, to learn that Peplau (1988) feels that it is the nurses' duty to accept patients as they are. In fact, she sees nursing itself as symbolic of this idea. This acceptance of the person, as a whole, is the first step toward "full development of his productive living in the community" (Peplau, 1968, p. 264). Feelings brought on by conflict or illness can disturb this productive living. Peplau (1988) asserts that these feelings can be lessened when the patient has an attentive care-taker with whom to identify. If a nurse can remain aware of the frustration that is felt by patients as a result of their illness and can "recognize the kinds of behavior that arise in response to such experiences [they] are in a better position to plan with the patient novel ways of meeting the difficulty" (Peplau, 1988, p. 85).

The nurse, then, is first charged with acceptance and, second, problem solving. If the problem-solving aspect comes before the patient identifies with the nurse, behavioral responses such as aggression, apathy, or dependence that have not been dealt with can impede the healing process. But if the relationship between patient and nurse is strengthened by the nurse's unconditional acceptance of the patient, the patient feels less threatened and more able to deal with his illness in an empowered way. Patients do not need to expend their energy defending

their choices or their feelings. With the acceptance that the nurse gives, it will be easier for the patient to accept his illness and address the problems in a productive and comprehensive way.

Role of the Mediator in Emotional Issues

During our internship, it was often asserted by our supervisors, that the mediator's role was to calm parties and to keep the atmosphere of the mediation business-like. Perhaps it was the environment of the court or perhaps it was the viewpoint of my supervisors, but in most cases it seemed as if emotional expression by the parties was beyond the scope of what was acceptable in mediation. Additionally, in debriefing sessions, it was often highlighted by our supervisors that some emotional expression may have led to escalation of the conflict. To me, it became clear that our supervisors felt that quieting any volatile moments was more important than free expression by parties. This could also been seen in the concept of reframing, as was discussed earlier. Reframing of a volatile emotional statement often included an element of dulling the statement to something less emotional and more stable and manageable. And while I believe that there is benefit to calming people in mediation, there are also several drawbacks. Similarly, there are potential benefits and drawbacks in allowing parties to express any emotion.

Benefits to calming parties. The primary benefit to keeping the parties calm is that it lessens the risk of escalation. Often times, the parties have been dealing with their current conflict for a long time before it reaches the court. This makes it likely that they have already had many exchanges. Because they have ended up in the court, it is unlikely that these exchanges have been either productive or friendly. There were times, during the internship, when one party would make a remark, and the other party would become extremely exasperated saying, "I knew you would say that" or "That's what you always say." With full expression, past encounters can seep into the mediation room and reinvigorate a conflict even when a mediation

seems to be going smoothly. If the rules of the mediation are laid down in such a way that discourages such comments, the parties may be able to focus on the problem instead of past exchanges. Therefore, it is undeniable that maintaining calm in the mediation room can be beneficial, but there can also be some drawbacks this type of filtering.

Drawbacks to stifling emotional expression in mediation. When mediators direct the process in such a way that inhibits emotional expression, the parties may rightfully feel stifled in expressing their viewpoints. Without their feelings and opinions being validated, they may feel as if the mediator is on the other's side. They may also feel that the mediation process is not their own, as the mediator often purports, but a process wholly controlled by the mediator (Kolb, 1994; Menkel-Meadow, 1995). Additionally, without being allowed to fully express what they need to, and without having their feelings validated, they may become stuck in their positions because they have not had the opportunity to deal with feelings at the root of their position (Kolb, 1994). This could happen without any awareness on the part of the individual. Peplau (1988) points out that:

> the purposes of human acts are not always clear; they are not always expressed in creative ways. Activity directed toward a goal is sometimes governed by forces that operate outside the awareness of an individual; unknown forces push and pull individuals in directions they so not understand" (p. 86).

When parties are not allowed to explore these forces, it is unlikely that they will gain the awareness needed to creatively deal with their conflict. Since they have not been heard, a settlement may be reached but it may still leave them dissatisfied or disenchanted even if it meets their more concrete concerns. Encouraging parties and patients to explore their feelings will allow them to deal with them, and move toward a productive solution.

Differences in expression. It is worth noting that every party in mediation will have a different need for emotional expression and a different ability to express his own ideas and listen to the other party. There are individual differences that are based on personality, but also differences that stem from socialization. For instance, socialization accounts for many differences between men and women in their emotional expression (Crawford & Chaffin, 1997). For example, one of the most primal emotions that people deal with in a conflict is aggression. While some aggression is seen as acceptable in men, it is typically viewed as extremely socially unacceptable for women (Sharkin 1993). Whether because of a fear of social sanctions or simply a lifetime of socialization, women will often be less comfortable expressing aggression (Bandura, 1965; Eagly, 1984, Heesacker, et al., 1999). Another emotion that can stem from conflict is weakness or helplessness. While weakness or needing help is viewed as an acceptable state for women, most men have learned that weakness casts them in a very poor societal light (Christensen & Heavey, 1990, Miller, 1976).

These are only two very basic, generalized potential differences in how parties may express themselves or feel about the expression of the other. A mediator must bear mind that personal differences will vary greatly too, and stay aware of the other's reaction to the speaker. It may also be beneficial for the mediator to encourage parties to express their feelings during private sessions where the parties may be less inhibited. Speaking only to an attentive mediator, privately, without fear of antagonistic response from the other party, a party could more fully explore his feelings and his true desires for resolution.

Conclusion

Because conflict is often an extremely emotional event, it is important that mediators be open to the expression of the parties. There are certainly limits, especially concerning the

personal comfort of the parties, but in disallowing them to express their frustration or anger, a mediator may lose the chance to lead an empowering process and create a holistic resolution. Also, the heightened emotional state in which many parties enter a mediation can make them more susceptible to manipulation. If they are made to feel that their emotions are unimportant or petty, it becomes more likely that they will agree to a less than satisfactory settlement or reject the mediation process all together.

Conclusion – Resolution versus Settlement

Throughout the previous sections, the words resolution and settlement have been used to mean different things. Although, in some cases, they may be the same, often times they are not. For the purposes of this paper, settlement has meant the end to the immediate conflict, but with a connotation of *settling* for something less than desired or less than could be ideally achieved. Resolution contains a more holistic connotation. In addition to dealing with the immediate conflict, resolution is accompanied by a sense of satisfaction and empowerment with the result and the process that settlement may not include. To me, it seems unlikely that a manipulative process would end in resolution. If parties are subjected to manipulation, whether it is subtle, such as persuasion, or more direct, such as advice or threats, it seems impossible that the outcome will be their own making. Their power and voices may be stifled by any manipulative practices and push them towards settling for less than they can achieve. It is this distinction in motive that all mediators must consider. Are we there to convince the parties to split the difference of a balance owed and move on to the next case? Or are we there to resolve a conflict in a way that makes the parties feel satisfied and empowered to handle the next conflict that comes their way?

These types of questions are commonly heard in health professions, like nursing, as well. Peplau (1988) asks, "What are the obligations to society that a nurse needs to consider: to get the patient out of the hospital as quickly as possible in whatever way seems most direct or to help patients to use experiences such as illness as steppingstones for further development of personality?" (p. 240). If we view both of these professions as helping professions, the answer points to development of the person, rather than factory-like symptomatic quick-fixes. The

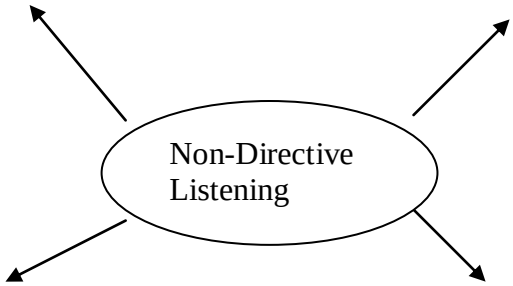
effectiveness of any solution depends on the actual impact that it has on the person, not just on any one symptom.

All of the methods that have been discussed in this paper could doubtlessly take much time, skill, and awareness to enact. These methods require: (1) the development of understanding and awareness through a more thorough and inclusive orientation, (2) the use of non-directive listening, (3) viewing the patient as a stranger and not inferring anything about them from previous experiences, and (4) allowing full expression of feelings and desires for resolution. All of these require a mediator to be able to create an atmosphere that encourages expression and growth in emotionally charged contexts. These methods also require openness, both to listen and to express.

In reading Peplau's view of the development of relationships, it seems clear that one of the keys to developing a productive empowering relationship is listening. The following chart summarizes the impact that non-directive listening could have on every step of the mediation process. As we can see, non-directive listening not only impacts each phase, but opens the gate for the development of the next phase. Just as Peplau's phases are interconnected and grow out of the development of the previous phase, phases that strive to build holistic resolution in mediation connect in the same way. Peplau's corollary phases are indicated in parenthesis.

Introduction (orientation)
-encourages expression of concerns
-helpful in viewing each party as a stranger with new concerns to be addressed, nullifies stereotyping
-creates initial impressions of openness and respect

Parties control the process (exploitation)
-atmosphere of non-directive listening created where parties can then listen to each other and explore options between themselves
-exploration of solutions and ideas results from freer expression than in contentious environments



Private sessions/exploration (identification)
-encouraged by the non-directive mediator, needs are expressed by parties
-recognition between parties and mediator lends to greater level of trust and willingness to participate
-emotions are aired and dealt with rather than stifled

Resolution of conflict (resolution)
-end result addresses the concerns of the parties
-process models listening which may be useful in future conflicts

Chart 1. Impacts of non-directive listening on the mediation process

Mediators may argue that Peplau's methods would be too time-consuming and impractical for most mediation sessions. Many conflicts are simple allocations of resources, and can be solved without means that lean towards therapy. And sometimes, solutions depend only on working out a payment plan. Typically, however, conflicts that lead to mediation are far more complex than a straightforward financial calculation.

Similarly, I do not think that most mediators enter the field for the purpose of dividing a payment due by a number of months. No matter how nebulous the motivation feels, most seem to come to the field because they feel that there must be a better way to solve conflicts than using the adversarial and potentially hurtful methods to which we are accustomed to using. That is certainly why I came to the program. This is why I believe that, even if it may be time-

consuming and seem impractical at times, adopting a method that strives to empower the parties to resolve their conflicts openly, rather than surreptitiously manipulating them into a settlement is vital to the integrity of the field. As Kolb (1994) points out, "Mediation is seen as a means to empower community members, further the goal of citizen participation, and set standards for responding to the current world challenge of ethnic, tribal, and cultural disputes" (p. 466). These goals are global and long-term and require an approach that models respect for expression and inclusion of all viewpoints.

Peplau, in a 1999 interview, points out the dangerous allure of the quick-fix in healthcare and the dangers of abandoning therapeutic methods for a pill or a surgery. A pill may treat symptoms, but the lifestyle that causes the illness still exists. A settlement may solve the immediate conflict, but the lifestyle and behaviors that create potentially harmful conflict may still continue. Like healthcare, if the person is our concern, then we must not fall prey to the appeal of quick-fixes. We must take the time, energy, and attention to develop a process that empowers each party we meet if we are to uphold mediation as a profession, not of manipulation, but of help, care, and empowerment.

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