Mediation as Affective Systems Stabilization: A Theoretical Framework for the Mediator as Systemic Emotional Regulator

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Abstract

Contemporary mediation theory has produced multiple paradigms for engaging emotion in conflict: interest-based, transformative, narrative, and trauma-informed approaches. Yet, none has fully developed an account of the small-group mediation system itself as a unit of emotional analysis. Drawing on Bowen Family Systems Theory, group-as-a-whole psychodynamic theory, affective neuroscience and interpersonal neurobiology, and Dialectical Behavior Therapy's emotion regulation taxonomy, this paper develops affective systems stabilization as an integrative theoretical framework for mediation. The framework reconceptualizes the mediator as a systemic emotional regulator and treats group emotional identity as an emergent property of mediation systems, with predictable patterns of formation and regression. Four mechanisms (physiological co-regulation, attentional containment, cognitive reappraisal, and relational differentiation) are specified as substrates that operate through a four-stage operational process: reading the signs, identifying the driver, naming the emotion precisely, and selecting an intervention matched to diagnostic findings. Ten intervention strategies are aligned with this process, drawn from the operational repertoires of DBT, the trauma-informed mediation literature, and the broader group therapy and family systems traditions. The framework positions Bowen's construct of differentiation of self as the central organizing variable in mediator functioning. It proposes that current mediation training has underspecified the substrate condition on which existing paradigms depend. Limitations are addressed, scope conditions specified, and a phased research agenda articulates testable propositions whose investigation will determine the framework's empirical standing. Implications for mediator training, supervision, and professional development are discussed.

Keywords: affective systems stabilization; emotion regulation; mediation; group dynamics; differentiation of self

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1. Introduction

1.1 The Problem

The mediation has been productive for forty-five minutes. The parties have exchanged interests, identified shared concerns, and begun drafting language that might resolve a long-standing employment dispute. Then one party sees, accurately, calmly, but with a flat affect, that the other party hears as contempt. Within 90 seconds, both parties have left their positions and are arguing over a remark made 2 years ago. The mediator, trained in interest-based negotiation, returns the conversation to the drafting table three times. Each time, the parties return to the older grievance. The session ends without resolution. The mediator, reviewing the transcript afterward, cannot identify what went wrong.

What went wrong, in the framework this paper proposes, is that the mediation room had developed an emotional life of its own, a coordinated affective state, sustained by physiological co-arousal and shared appraisal, in which the parties were participating rather than controlling it. The flat remark was not the cause of escalation; it was the trigger that allowed an already-organized emotional system to assert itself. Returning the conversation to interests addressed neither the cause nor the system. Until the room's affective state stabilized, no cognitive intervention could hold.

The dominant frameworks in contemporary mediation engage emotion in three ways, each of which leaves a significant gap. The interest-based tradition (Fisher, Ury, & Patton, 2011) treats emotion as noise to be managed so that parties can return to rational, interest-based bargaining. The transformative tradition (Bush & Folger, 2005) treats emotional shifts,

empowerment, and recognition as the substantive work of mediation but locates that work within individual parties rather than within the group. The emotionally informed negotiation tradition (Shapiro & Fisher, 2005; Shapiro, 2016) treats core emotional concerns as drivers of party behavior and offers structured engagement with them. Each tradition makes a real contribution. None of them theorizes the group emotional field as a system with its own dynamics, regulatory needs, and causal power within the conflict.

The wider empirical literature suggests this gap is consequential. Barsade's (2002, 2018) work on emotional contagion in groups demonstrates that affective states transfer between group members below the level of conscious awareness and shape group cooperation, conflict, and perceived performance. Sharma, Bottom, and Elfenbein's (2020) meta-analysis of sixty-four negotiation studies confirms that emotional expressions exert systematic, predictable effects on negotiation outcomes. Halperin and colleagues' program of work on emotion regulation in intractable intergroup conflict (Halperin, 2014; Gross, Halperin, & Porat, 2013; Porat, Tamir, & Halperin, 2020) shows that reappraisal-based interventions can shift conflict-related emotions and policy attitudes even in deeply entrenched conflicts. Chung, Grèzes, and Pacherie (2024) propose a framework that distinguishes five patterns through which group emotion emerges (amplification, convergence, polarization, synchronization, and cascade), none of which is reducible to the aggregation of individual states. This literature converges on the conclusion that mediation theory has yet to fully absorb that emotion in conflict operates at multiple levels simultaneously, and that the group level is not metaphorical.

This paper develops that conclusion into a theoretical framework for mediation practice. The central premise is that emotions are meaningful, systemic, and communicative rather than merely disruptive, and that the most consequential work of a mediator is regulating the emotional

system operating within the group. Conflict escalation is reframed accordingly: not as a breakdown in communication, not as a divergence of interests, but as the emergence of a dysregulated affective system that recruits the parties' cognition, narrows their behavioral options, and sustains itself through feedback loops the parties cannot interrupt unaided. The mediator's primary task, in this framing, is to stabilize the affective system: first physiologically, through attuned presence and co-regulation; then attentionally, through containment and structure; then cognitively, through reappraisal and reframing. Settlement is not work. Settlement is a downstream effect of work done at the level of the affective system.

I term this approach *affective systems stabilization*. Because the term is borrowed from clinical practice and adapted to a non-clinical role, the construct requires careful definition before the argument can proceed.

1.2 Clinical Origins and Conceptual Translation

The term *affective systems stabilization* originates in trauma therapy and neurobiologically informed clinical practice, where it refers to the work of helping a client develop sufficient emotional regulation, nervous system balance, and internal safety to function effectively and to tolerate difficult emotional material without becoming overwhelmed. The concept emerged within phase-based models of trauma treatment, in which a stabilization phase necessarily precedes any deeper processing work (Cloitre et al., 2012; Herman, 1992; van der Hart, Nijenhuis, & Steele, 2006). The clinical insight is foundational: a person whose affective, neurological, and relational systems are dysregulated cannot engage productively with the material that produced that dysregulation. Attempting deep processing before stabilization risks retraumatization, dissociation, or therapeutic failure. Stabilization, in this tradition, is not preliminary to the real work; it is the work that makes the rest of the work possible.

Three components define the construct. *Affective* refers to the domain of emotion, mood, and felt experience. *Systems* refer to the interacting emotional, neurological, relational, and physiological subsystems through which affect is generated, transmitted, and regulated, a deliberately multi-level framing that resists reducing emotion to subjective feeling alone. *Stabilization* refers to the production of safety, regulation, balance, and predictability sufficient for further work to proceed. Together, the three components describe a task: holding a dysregulated system within tolerable bounds long enough for higher-order capacities (reflection, integration, communication) to come back online.

The translation from clinical to mediation contexts is principled rather than opportunistic. The intra-personal stabilization work the trauma clinician performs is already implicitly interpersonal: the therapist is part of the system being stabilized, providing through attuned presence the co-regulatory input the client cannot yet generate alone (Porges, 2011; Schore, 2003; Siegel, 2012). What the framework proposed here does is scale the unit of analysis up, from dyad to small group, and from intra-personal regulation to the regulation of an emergent group affective system. The core mechanism is preserved: a more-regulated participant provides, through presence and structured intervention, the conditions under which a less-regulated system can return to a functional state.

Four elements of the clinical construct translate directly to the mediation context. *First*, the phase-logic translates as follows: just as trauma processing cannot productively occur in a dysregulated client, interest-based bargaining and recognition-based dialogue cannot productively occur in a dysregulated mediation system. The mediator who attempts substantive negotiation before stabilizing the affective field stands in the same epistemic position as the clinician attempting trauma exposure with an unstabilized client. *Second*, the multi-system

framing translates emotional dysregulation into mediation involving physiological arousal, attentional narrowing, cognitive distortion, and disrupted relational signaling, just as it does in clinical work, and intervention at any single level without attention to the others is incomplete. *Third*, the principle that stabilization is itself substantive work, not merely preliminary, translates into, and in fact answers, a long-standing tension within the mediation literature about whether emotional engagement is a legitimate mediator activity or a digression from the real task. *Fourth*, the operational toolkit translates substantially: grounding, paced speech, structured pauses, naming and normalizing affect, and predictable structure all function similarly across both contexts because they target similar underlying mechanisms.

Two elements do not translate, and naming them protects the framework against the most likely critique. The mediator is not a clinician and does not diagnose, treat, or process trauma. The framework borrows a clinical concept and adapts its logic to a non-clinical role; it does not authorize mediators to perform clinical functions or to position themselves as therapists. Likewise, the goal in mediation is not therapeutic resolution of the parties' affective material but stabilization sufficient to permit the work the mediation has contracted to do. The mediator stabilizes so that the mediation can proceed, not so that the parties heal. The distinction matters ethically, professionally, and theoretically, and it disciplines the framework against the boundary-blurring that critics of emotion-engaged mediation have rightly worried about.

The Operational System: Adapting DBT Emotion Regulation to the Mediator's Role

The clinical translation provides the framework's systemic ontology and phase logic. What it does not yet provide is the operational sequence by which the mediator actually *performs* stabilization in real time. For that operational layer, the framework draws on Dialectical Behavior Therapy's emotion regulation module (Linehan, 1993, 2015), adapted from its original

clinical application to fit the mediator's role and ethical scope. The choice is principled. DBT supplies the most carefully developed, theoretically grounded, and empirically validated taxonomy of emotion regulation skills in contemporary clinical practice. Neacsiu, Bohus, and Linehan (2014) have explicitly mapped DBT's skill structure onto Gross's process model of emotion regulation, establishing the theoretical bridge that licenses extension of the taxonomy beyond Linehan's original clinical population.

DBT's emotion regulation module rests on a four-stage logic: observe and describe the components of the emotion (Linehan, 2025, Worksheet 4A); name the emotion accurately using a precise emotional vocabulary (Handout 6); check whether the emotion fits the facts of the situation (Handouts 7 and 8); and select a response strategy: Check the Facts to revise inaccurate appraisals, Opposite Action when the emotion is unjustified or its expression would be ineffective, or Problem Solving when the facts themselves are the source of the difficulty (Handouts 9 through 12). This observational-to-interventional sequence is exactly what an experienced mediator already does intuitively, often without naming it. The framework's contribution is to name it, specify it, and ground it in a body of literature that provides the mediator with a structured rationale for what would otherwise be implicit craft.

Adapted to the mediator's role, the DBT sequence yields a four-stage operational process for affective systems stabilization within a mediation:

Stage 1: Signs from Participants. The mediator observes the bodily, expressive, and behavioral signs that an emotion is rising in the system: biological indicators (flushed face, breath pattern shifts, postural tightening, hand clenching), expressive indicators (facial micro-shifts, vocal tone changes, eye-contact disruption), and action urges (leaning forward, withdrawal, fidgeting, walking out). These signs are the early-warning architecture of the

affective system, almost always preceding the verbal escalation that conventional mediation training is oriented to manage. The mediator who reads the system through its biological and expressive signs intervenes earlier and with less disruption than the mediator who waits for the words to escalate.

Stage 2: What is Driving the Emotion. Having registered that an emotion is rising, the mediator works to identify what is producing it, distinguishing, in DBT's vocabulary, the *prompting event* (what was said or done in the room) from the *interpretation* (the meaning a party is making of it). This distinction is critical and routinely missed: mediators trained to attend events often treat the event itself as the cause of escalation, when the actual driver is the party's interpretation of it. A neutrally phrased question may prompt outrage when interpreted as an accusation; a procedural pause may prompt panic when interpreted as abandonment. The mediator's diagnostic task is to identify who is doing the work, and the intervention strategy depends entirely on the answer.

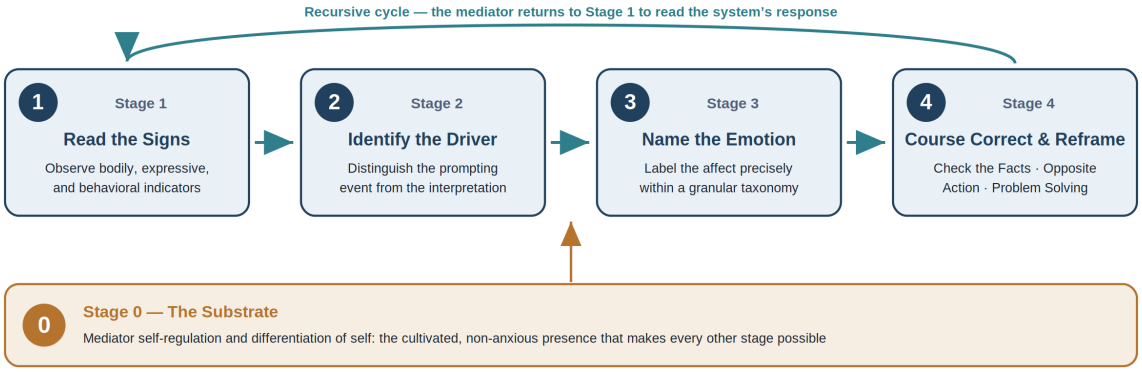
Stage 3: Identify the Emotion. With the driver identified, the mediator names the emotion specifically rather than generically. Linehan's emotion vocabulary handouts (2025, Handout 6) provide a structured lexicon that distinguishes emotions that practitioners and parties alike tend to collapse into single words. Anger differentiates into frustration, indignation, fury, rage, resentment, and contempt, each carrying different action urges and different regulatory needs. Fear differentiates from anxiety, dread, panic, and apprehension. Shame differs from guilt, mortification, embarrassment, and humiliation. Precision in naming is itself regulatory: an emotion accurately named loses some of its diffuse intensity, and the mediator who names "this looks like shame, not anger" has changed the regulatory problem the room is trying to solve.

Stage 4: Course Correct and Reframe. Based on the identification, the mediator selects an intervention. If the emotion does not fit the facts, disproportionate anger driven by a memory of a similar prior conflict rather than by the current statement, the move is Check the Facts: gently surfacing the appraisal and inviting reconsideration. If the emotion fits the facts but acting on it would be ineffective (justified anger that, if expressed as an attack, will collapse the mediation), the move is Opposite Action: the mediator models de-escalation, validates the emotion as legitimate, and channels its energy into structured engagement rather than withdrawal or assault. If the facts themselves are the problem, the move is Problem Solving: returning the parties from emotional reactivity to collaborative work on the underlying issue. Across all three options, the mediator works in a neutralizing rather than suppressive register, and may also draw on language of affirmation and recognition, attending throughout to the environmental and historical conditions parties bring with them (including hypervigilance, hypovigilance, and trauma-related states implicating amygdala, prefrontal cortex, and hippocampal function) that shape what regulatory move is available in the moment.

This four-stage process is not Linehan's DBT applied to mediation; it is a mediator's adaptation of DBT's logic, scaled from intra-personal regulation to inter-personal facilitation. The mediator does not teach the parties DBT skills (though that may sometimes be appropriate); the mediator uses the DBT taxonomy to read the room, name what is happening, and intervene with precision. The systemic orientation of affective systems stabilization supplies the *why*; the DBT-derived operational sequence supplies the *how* (see Figure 1).

Figure 1

The Four-Stage Operational Process of Affective Systems Stabilization



Note. The four in-room stages proceed in sequence and recur throughout the session. Stage 0 denotes the mediator's ongoing self-regulation and differentiation, the substrate on which the other stages depend.

This four-stage process is the applied core of the framework. The theoretical pillars developed in Section 3, the mechanisms specified in Section 4, and the intervention strategies organized in Section 5 all exist to ground, explain, and equip it. It is the practitioner-facing spine of affective systems stabilization, the form in which the theory is meant to be carried into the room, and the reader is invited to hold Figure 1 in view throughout what follows, as the structure onto which the remainder of the paper attaches.

1.3 Defining the Construct for Mediation

With the translation parameters established and the operational system specified, the construct can now be defined for the conflict resolution context as follows:

Affective systems stabilization in mediation is the deliberate work of bringing the emergent emotional system of a mediation (including its physiological, attentional, cognitive,

and relational subsystems) into a sufficiently regulated state that productive engagement with the substantive matters in dispute becomes possible and can be sustained.

Five features distinguish this construct from adjacent concepts in the mediation literature. First, it locates the unit of intervention at the level of the group emotional system rather than at the level of individual party emotion, which differentiates it from emotional intelligence frameworks that center on the mediator's individual capacity. Second, it treats stabilization as substantive work rather than as a preliminary or supportive activity, which differentiates it from de-escalation framings that treat affective work as a setup for the real conversation. Third, it is multi-system, taking physiological state seriously alongside cognitive content, which differentiates it from communication-focused frameworks that treat emotion primarily as a verbal phenomenon. Fourth, it is mechanism-specified rather than skill-listed: the framework specifies *why* particular interventions stabilize (physiological co-regulation, attentional containment, cognitive reappraisal, relational differentiation) rather than simply enumerating techniques. Fifth, it is process-extended rather than moment-bound: stabilization is an ongoing condition the mediator monitors and maintains throughout the engagement, not a discrete event accomplished and moved past.

Affective systems stabilization is best understood as a complementary layer beneath existing mediation paradigms rather than as a competitor to them. Interest-based negotiation can proceed within a stabilized system; recognition and empowerment shifts emerge more reliably within a stabilized system; narrative reconstruction is more sustainable within a stabilized system. The proposition the framework advances is not that these paradigms are wrong, but that they have left the regulatory conditions on which they depend underdeveloped. Each paradigm assumes a baseline of party capacity for reflection, communication, and engagement; the

framework names the conditions under which that baseline obtains and the work required when it does not. Trauma-informed mediation has begun to articulate this substrate using related vocabulary (most notably the "window of tolerance" construct adapted from Siegel (Marshall, 2024; Saini, Lalani, Dahya, & Polak, 2025) but has not yet developed it into a full theoretical framework with specified mechanisms, a defined mediator role, and a clear relationship to existing paradigms. Affective systems stabilization can be read, in part, as the theoretical scaffolding that the trauma-informed mediation literature has converged on intuitively but not yet formalized.

A final feature of the framework distinguishes it from purely procedural accounts of mediation. The mediator is not external to the system being stabilized. The mediator's own physiological state, emotional reactivity, and capacity for differentiated presence are constitutive of the system's regulation. A reactive mediator amplifies the system's dysregulation; a well-differentiated mediator provides the relational and physiological reference point against which the system can reorganize. This is why the framework treats Bowen's construct of differentiation of self (Bowen, 1978; Friedman, 2007; Kerr & Bowen, 1988) as the central organizing variable in mediator functioning, and why mediator self-regulation is not a self-care concern peripheral to the work but a core competency on which the rest of the framework depends.

1.4 Contributions and Roadmap

The paper makes seven contributions to conflict resolution literature. It reconceptualizes the mediator as a systemic emotional regulator. It integrates Bowen Family Systems Theory, and specifically the construct of differentiation of self, into mediation theory and the mediator role. It frames group emotional identity as an emergent systems phenomenon within conflict, supported by individual affect but not reducible to it. It connects emotional regulation, group identity,

emotional contagion, and mediator intervention into a unified theoretical model. Bowen's differentiation of self directly to mediator functioning, positing differentiation as the central organizing variable in the mediator's capacity to stabilize a dysregulated system. It is called a paradigm, affective systems stabilization, distinct from but complementary to existing mediation approaches. Moreover, it reframes conflict escalation itself as systemic emotional dysregulation rather than as a communication failure or a divergence of interests alone.

The argument proceeds in seven further sections. Section 2 surveys how existing mediation and conflict resolution frameworks have engaged with emotion, identifying both what they have contributed and where they have stopped short. Section 3 develops the four theoretical pillars on which affective systems stabilization rests (Bowen Family Systems Theory, group-as-a-whole psychodynamic theory, affective neuroscience and interpersonal neurobiology, and the operational skills taxonomy of Dialectical Behavior Therapy) and shows how each supplies a specific element that the others lack. Section 4 specifies the mechanisms (physiological, attentional, cognitive, and relational) through which affective systems stabilization operates. Section 5 develops ten intervention strategies, organized by mechanism rather than presented as a flat list of skills. Section 6 engages the limitations and boundary conditions of the framework. Section 7 articulates a research agenda, specifying testable propositions derived from the model. Section 8 concludes.

2. How the Field Has Engaged Emotion: A Critical Survey

The mediation and conflict resolution literature has not ignored emotion. Across five decades of theoretical development and empirical research, the field has produced a layered conversation about what role emotion plays in dispute resolution, how it should be engaged, and what it means for mediator practice. The survey that follows organizes this conversation around

the *level* at which each tradition conceptualizes emotion's operation: emotion as a feature of individual cognition; as the substance of relational shift; as the structure of narrative meaning; as a physiological state; and, most recently, as a regulable property of intergroup processes. Each tradition has made a real contribution and continues to shape contemporary practice. The cumulative reading, however, is that the field has not yet developed a sustained account of emotion as an emergent property of the group system that forms within a mediation, and it is at that level that the framework proposed in this paper makes its contribution.

2.1 Emotion as Obstacle and Variable: The Settlement-Focused and Interest-Based Traditions

The earliest formal mediation literature, shaped by court-connected dispute resolution and labor arbitration, treated emotion primarily as an impediment to settlement. Riskin's (1996) influential grid of mediator orientations, which distinguished narrow-evaluative from broad-facilitative practice, did not foreground emotion at all; the assumption underlying evaluative and settlement-focused practice was that parties' emotional reactivity needed to be contained so that rational, interest-based bargaining could proceed. The mediator's task, in this tradition, was to keep the temperature low, identify the bargaining range, and shepherd the parties toward an agreement.

Fisher, Ury, and Patton's (2011) interest-based negotiation framework, while more sophisticated than a purely settlement-focused practice, retained the underlying logic that emotion is something that happens to parties and interferes with their capacity to reason about interests. The famous injunction to "separate the people from the problem" is a structured response to this assumption: emotion is acknowledged, normalized, and then managed so that substantive negotiation can occur. The framework treats emotion as a variable affecting parties'

bargaining behavior, and its prescriptions (acknowledge feelings, allow venting, address perception) are reasonable management strategies for emotion-as-variable.

The empirical literature that has grown up around this tradition is substantial and important. Van Kleef's (2009, 2016) Emotions as Social Information (EASI) theory provides the most developed account of how the emotional expressions of one negotiator influence the cognition and behavior of the other, distinguishing inferential effects (the other party reads the emotion as information about limits, toughness, or values) from affective reactions (the other party's mood is altered). Sharma, Bottom, and Elfenbein's (2020) meta-analysis of sixty-four negotiation studies confirms that emotional expressions exert systematic, predictable effects on negotiation outcomes: expressions of anger tend to extract concessions but reduce trust and damage long-term relational outcomes; expressions of disappointment can produce similar concession patterns through different mechanisms. This body of work makes clear that emotion is not a peripheral variable in dispute resolution but a primary one.

What the settlement-focused and interest-based traditions contribute is methodological rigor and a serious empirical base for the claim that emotions matter. What they leave undertheorized is anything beyond the individual. Emotion in this tradition is something parties *have* and *express*; the unit of analysis is the negotiator, dyad, or transaction. The question of whether the mediation itself, as a small group with its own dynamics, develops an emotional state that exceeds the sum of its participants' states is not asked. Emotion-as-variable is a defensible analytic frame, but it cannot see emotion-as-system because its ontology rules the systemic level out at the start.

2.2 Emotion as Substance: The Transformative and Emotionally Informed Traditions

Bush and Folger's (2005) transformative mediation represents the first major break with the settlement-focused paradigm. The transformative model rejects the premise that mediation is fundamentally about reaching agreement and replaces it with a different premise: that mediation is fundamentally about supporting the parties' experience of empowerment (their renewed sense of agency) and recognition (their renewed capacity to see the other party as a fellow human being). Emotional shifts, in this framing, are not preliminary to the work of mediation; they *are* the work. The mediator's task is to attend microscopically to the unfolding interaction and to support opportunities for empowerment and shifts in recognition as they arise. The body of empirical evaluation that has grown up around the U.S. Postal Service's REDRESS program, the largest implementation of transformative mediation to date, has demonstrated that the approach produces high party satisfaction and meaningful relational outcomes even when it does not result in settlement (Folger & Bush, 2014).

Mayer's (2004, 2012) work develops a parallel critique of pure procedural neutrality. *Beyond Neutrality* argues that the conflict resolution field's commitment to a thin notion of mediator detachment has limited its capacity to engage the deeper emotional, identity, and relational dimensions of conflict; *The Dynamics of Conflict* offers a more comprehensive account of conflict that integrates cognitive, emotional, and behavioral dimensions, and treats mediator engagement with the emotional life of the conflict as a legitimate and necessary professional activity. Lederach's (2005) work on conflict transformation and the moral imagination extends this further, especially in peacebuilding contexts: emotion is constitutive of the conflicts that matter most, and the work of mediation cannot be separated from the work of emotional and relational repair.

Shapiro and Fisher's (2005) *Beyond Reason* and Shapiro's (2016) subsequent Negotiating the Nonnegotiable develop the most operationally specified emotionally informed negotiation framework. The five core concerns (appreciation, affiliation, autonomy, status, and role) function as a diagnostic and prescriptive vocabulary for understanding what drives emotional reactions in conflict and how mediators and negotiators can engage them constructively. Shapiro's later work on emotionally charged conflicts extends the framework to identity-based disputes where the parties' sense of self is at stake.

What these traditions contribute is a substantive theory of emotion as the proper substance of mediation work rather than as an obstacle to it. The transformative framework's emphasis on relational shifts, Mayer's integrative account of conflict, Lederach's peacebuilding-oriented vision, and Shapiro's emotionally informed negotiation framework all treat emotional engagement as central rather than peripheral. What these traditions share, however, is a continued location of emotional work within individual parties or within the dyadic relationship between them. Transformative mediation's empowerment and recognition shifts are shifts within parties; Shapiro's core concerns are concerns parties bring with them; even Mayer's integrative dynamics are dynamics of the conflict between parties. The group emotional field that forms within a mediation, the room itself as an emotional unit, remains undertheorized.

2.3 Emotion as Meaning: The Narrative Tradition

Narrative mediation, developed primarily by Winslade and Monk (2008), building on Cobb's (1993) earlier work, takes a different theoretical route. Drawing on social constructionist and post-structural traditions, narrative mediation treats conflict as constituted by competing stories parties tell about themselves, each other, and the events at issue. Emotion, in this framing, is embedded within those stories: it is produced and sustained by the meanings parties make

rather than by raw events. The mediator's task is to help parties externalize the conflict narrative, deconstruct the totalizing stories that have come to define the dispute, and develop alternative narratives that allow for different relational possibilities.

The contribution of the narrative tradition is significant. Locating emotion within meaning-making provides a route into emotional dynamics that does not depend on direct emotional engagement, which can be a useful entry point in cultural or professional contexts where overt emotional discussion is inappropriate. It also offers a theoretical account of why certain conflicts feel intractable even when the substantive issues are relatively minor: the entrenched narratives have made the emotional stakes existential.

What the narrative tradition shares with the transformative and emotionally informed traditions, however, is a continued individualism: emotion is constituted within the meanings each party makes, even when those meanings are co-constructed through interaction. The framework does not theorize a level at which the meanings and emotions themselves take on a group-level systemic character that exceeds the sum of individual narrative positions. Nor does the narrative tradition, by its theoretical commitments, engage seriously with the physiological and bodily dimensions of emotion: emotion is treated as a linguistic and semiotic phenomenon, which is a real but partial account.

2.4 Emotion as State: The Trauma-Informed Tradition

The most recent major development in the mediation literature is the emergence of trauma-informed practice, which has produced an explicit theoretical engagement with the physiological and neurobiological dimensions of emotion that the earlier traditions largely set aside. Saini, Lalani Dahya, and Polak's (2025) *A Framework for Trauma-Informed Mediation*, published in the *Cardozo Journal of Conflict Resolution*, develops the most comprehensive

treatment to date, drawing on Siegel's "window of tolerance" construct and the wider trauma-informed care literature (Substance Abuse and Mental Health Services Administration [SAMHSA], 2014) to argue that mediators must attend to the autonomic state of the parties and adapt the process to keep parties within a regulatory range where productive engagement remains possible. Marshall (2024) offers a parallel articulation in the *American Academy of Matrimonial Lawyers Journal*. A growing practitioner literature, drawing on adverse childhood experiences research and trauma physiology, extends this work into the domains of family mediation, restorative justice, and community-based dispute resolution.

The contribution of trauma-informed mediation is to introduce a physiological vocabulary that the earlier mediation traditions lacked. The window of tolerance construct, the recognition that hyperarousal and hypoarousal each turn off different cognitive capacities, and the operational implications of these states for mediator practice (predictable structure, transparent process, choice and pacing, attention to bodily cues) collectively name conditions that experienced mediators have always managed intuitively, but for which no theoretical vocabulary existed in the field.

The limitations of the trauma-informed tradition, as it currently stands, are two. First, it remains primarily focused on the individual party's state rather than on the emotional dynamics of the mediation system as a whole. The window-of-tolerance framing asks whether each party is within their regulatory range; it does not yet ask whether the group itself has developed an affective state, sustained by physiological co-arousal and shared appraisal among the participants, that operates at a level above any individual party's experience. Second, the tradition is still developing its theoretical scaffolding. The clinical concepts borrowed (window of tolerance, hyperarousal/hypoarousal, fight-flight-freeze-fawn) are deployed primarily as

practitioner heuristics rather than integrated into a fully specified theoretical framework with named mechanisms, a defined mediator role, and a clear relationship to other mediation paradigms. The framework proposed in this paper can be read, in part, as supplying that scaffolding while shifting the analytic level from the individual party to the emergent group system.

2.5 The Empirical Bridge: Emotion Regulation in Conflict and the Group Level

A parallel body of work, developed largely outside the mediation literature proper but with growing relevance to it, has begun to specify what emotion regulation in conflict actually looks like as an empirical phenomenon. The most developed program is that of Eran Halperin and colleagues, whose research over the past fifteen years has tested whether emotion regulation interventions (particularly cognitive reappraisal, drawn from Gross's (1998, 2014) process model of emotion regulation) can shift conflict-related emotions and policy attitudes in genuinely intractable intergroup conflicts. The findings, developed primarily in the Israeli-Palestinian context but tested in other settings as well, are consequential: brief reappraisal interventions can reduce intergroup anger and increase support for compromise positions, even in populations with deeply entrenched conflict-supporting ideologies (Gross, Halperin, & Porat, 2013; Halperin, 2014; Halperin, Porat, Tamir, & Gross, 2013). Halperin and Pliskin (2015) provide the most thorough theoretical treatment of how emotion regulation operates in the unique context of intractable conflict.

The work most directly relevant to the present framework is Porat, Tamir, and Halperin's (2020) articulation of *group-based emotion regulation* as a distinct construct: the proposition that people regulate their emotions not only as individuals but also as group members, and that group-level motivations and identifications shape that regulation. This is the closest the existing

empirical literature has come to specifying a group-level emotion regulation construct, and it provides important theoretical resources for the framework developed here. Where Porat and colleagues' work operates at the intergroup-political scale (Israeli citizens' regulation of conflict-related emotions in a long-running political dispute), the framework proposed in this paper extends a parallel insight downward to the small-group mediation context: that emotion regulation can be a property of a group and not only of individuals, and that mediators can engage this group-level process directly. This group-based construct builds on Goldenberg, Halperin, van Zomeren, and Gross's (2016) process model of group-based emotion, which integrated intergroup emotions theory with Gross's process model of emotion regulation to show that group-based emotions can be regulated through the same strategy families (situation selection, situation modification, attentional deployment, cognitive change, and response modulation) that operate at the individual level, supplying a theoretical bridge between the group level posited here and the Gross-derived operational sequence developed in Section 3.4.

Related empirical work strengthens the theoretical case. Barsade's (2002) demonstration of emotional contagion in groups, extended in Barsade, Coutifaris, and Pillemer's (2018) review, establishes that affective states transfer between group members below the level of conscious awareness and shape group cooperation, conflict, and performance. Chung, Grèzes, and Pacherie's (2024) framework for collective emotion identifies five distinct emergence patterns (amplification, convergence, polarization, synchronization, and cascade) that operate at the group level and cannot be fully reduced to aggregations of individual states. The emerging literature on interpersonal physiological synchrony, recently synthesized in *Nature Reviews Psychology* (Gordon & Bartsch, 2026), demonstrates that physiological coordination between interacting

individuals is measurable, common across many contexts (therapeutic dyads, romantic partners, crowds, work teams), and meaningfully related to relational and task outcomes.

This empirical literature provides a defensible foundation for the present argument. The proposition that conflict produces an emergent group-level affective system is not metaphor or speculation; it is consistent with a substantial body of empirical work on group-based emotion regulation, emotional contagion, collective emotion emergence, and physiological synchrony. What this literature does *not* yet supply is a fully developed mediation-facing theoretical framework, one that integrates these findings with the systemic ontology of family systems theory, the operational specificity of DBT emotion regulation, and the practitioner role of the mediator. That integrative work is what Section 3 takes up.

2.6 The Gap: Toward a Systems Account

The survey above suggests a cumulative direction in the field rather than a series of dead ends. Each tradition has contributed to a level of analysis that the others lacked. The settlement- and interest-based traditions established that emotion has systematic effects on negotiation behavior and provided an empirical methodology for rigorously studying these effects. The transformative and emotionally informed traditions established that emotional engagement is the substantive work of mediation rather than preparation for it. The narrative tradition located emotion within the meanings parties make and provided a non-clinical entry point into deep emotional dynamics. The trauma-informed tradition introduced the physiological vocabulary that earlier traditions lacked and made the parties' autonomic state a legitimate object of the mediator's attention. The empirical emotion regulation literature, particularly the Gross-Halperin program, demonstrated that emotion regulation interventions actually work, even in intractable conflicts, and began to articulate group-based emotion regulation as a distinct construct.

What no tradition has yet fully developed is a theoretical framework that takes the small-group mediation system itself as the unit of emotional analysis, that treats the room, not the parties, as the primary entity whose affective state must be stabilized for productive work to occur. The traditions surveyed above either operate at the level of the individual party (interest-based, transformative, narrative, trauma-informed) or at the level of the large-scale intergroup political conflict (Halperin program); the level in between, the small group that forms when a mediator sits with parties to engage a dispute, has remained undertheorized as an emotional unit.

This gap is consequential for both theory and practice. Theoretically, it means the field lacks a vocabulary for what experienced mediators routinely encounter: rooms that "tip" emotionally in ways that exceed any single party's contribution, dynamics that escalate or de-escalate together rather than dyadically, and moments in which the mediator's own state visibly shifts the emotional weather of the engagement. Practically, it means mediator training is organized around skills addressed to individual parties (active listening, reframing, caucusing) rather than around the capacity to read and regulate a group's emotional field. The framework developed in the next section proposes that the field has been moving toward a systems account for some time and that the conceptual resources to articulate one are now available, distributed across mediation theory, family systems theory, group-as-a-whole psychodynamic theory, affective neuroscience, and Dialectical Behavior Therapy. Bringing those resources into an integrated framework is the task to which the paper now turns.

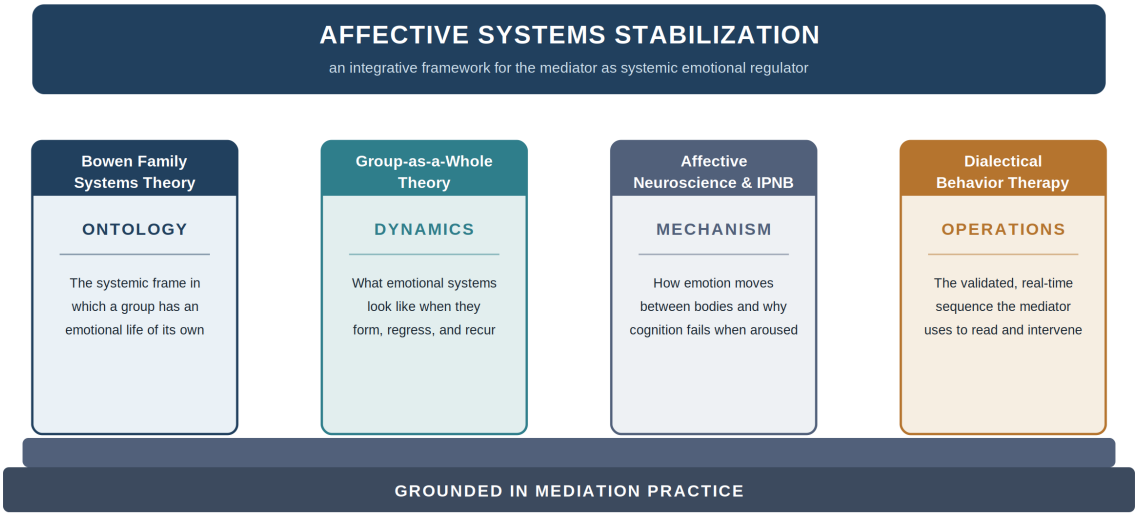
3. The Four Theoretical Pillars of Affective Systems Stabilization

The framework rests on four theoretical pillars drawn from traditions that rarely appear together in the conflict resolution literature: Bowen Family Systems Theory, group-as-a-whole psychodynamic theory, affective neuroscience and interpersonal neurobiology, and Dialectical

Behavior Therapy's emotion regulation system. The integration is not eclectic. Each pillar supplies a specific element that the others cannot, and the framework requires all four. Bowen Family Systems Theory supplies the systemic ontology, the conceptual frame in which a group can have an emotional life that exceeds the sum of its members, and the mediator's stance within that system. Group-as-a-whole theory supplies the specific clinical-empirical account of what such systems look like when they form, what predictable regressive states they enter under anxiety, and how they can be observed and named. Affective neuroscience and interpersonal neurobiology supply the biological mechanism: how emotions move between bodies, why cognition fails under dysregulation, and how physiological co-regulation works. Dialectical Behavior Therapy supplies the operational system, the validated taxonomy of emotion regulation skills that the mediator uses to observe, identify, and intervene in the affective field in real time. The remainder of this section develops each pillar in turn and then specifies how they integrate (see Figure 2).

Figure 2

The Four Theoretical Pillars of Affective Systems Stabilization



Note. Each pillar supplies a distinct element (ontology, dynamics, mechanism, and operations) that the others do not. The framework as a whole requires all four.

3.1 Bowen Family Systems Theory: The Systemic Ontology

Bowen Family Systems Theory belongs to a broader twentieth-century intellectual movement that sought to theorize human behavior as a function of person and environment rather than as a property of bounded individuals. Kurt Lewin's (1951) field theory in social psychology, with its formulation that behavior is a function of the person and the surrounding field of forces (B = f[P, E]) and its construct of the social *field* or *life space* within which behavior occurs, anticipated by two decades the systems-oriented family therapies that would emerge in the late 1950s and beyond. The framework's systemic ontology stands within this lineage. Bowen's specific contribution was to extend the field-theoretic intuition to emotional life within the family unit; the deeper claim, that behavior must be understood within the field

that produces and constrains it, predates family systems theory and has continued to develop across multiple disciplines.

Murray Bowen's family systems theory, developed across the 1950s and 1960s and consolidated in *Family Therapy in Clinical Practice* (Bowen, 1978) and *Family Evaluation* (Kerr & Bowen, 1988), proposed a fundamental shift in how human emotional life is theorized. Rather than treating emotional experience as primarily an intra-individual phenomenon (something each person has, manages, and brings into interactions), Bowen treated the emotional system as the primary unit of analysis. The family, in Bowen's framing, is not a collection of individuals, each with their own emotional life; it is an emotional system in which anxiety, reactivity, and regulatory capacity move among members according to predictable patterns. Individual emotional functioning is best understood as a position within the system rather than as a property of the person.

This systemic ontology is the framework's foundational commitment. It is what licenses claim that a mediation room can develop an emotional life of its own. If Bowen is right that the family is fundamentally an emotional system, the same logic applies to any small group of humans engaged in sustained interaction around emotionally significant material, which is what a mediation is. The mediation room is not a family, but it shares a relevant systemic property: it is a temporary emotional system in which anxiety is transmitted, regulatory capacity is shared, and individual emotional functioning is shaped by position within the larger field.

The construct of *differentiation of self* is the load-bearing concept Bowen offered for understanding individual functioning within emotional systems. A well-differentiated person, in Bowen's account, maintains a clear sense of self in emotional contact with others, capable of staying connected without becoming reactive, of holding principle in the presence of pressure,

and of thinking clearly while feeling intensely. A poorly differentiated person, by contrast, fuses with the surrounding emotional system: their thinking is colonized by their feelings, the feelings around them colonize their feelings, and their behavior tracks the system's anxiety rather than their own considered judgment. Differentiation, Bowen argued, is the most consequential variable in human functioning under stress.

Friedman's (2007) extension of Bowen's work to leadership in *A Failure of Nerve* developed the construct that most directly connects to mediator practice: the well-differentiated leader as a "non-anxious presence" within the systems they lead. Friedman claimed that the leader's regulation of self, their capacity to maintain principle and clarity in the face of the system's anxiety, is the single most important variable in the system's capacity to function. The leader who joins the system's anxiety amplifies dysregulation; the leader who stays differentiated provides the reference point against which the system can reorganize. This formulation translates directly to the mediator role and is one of the framework's central operational claims.

The empirical base for Bowen's theory has matured substantially in recent decades. Calatrava and colleagues' (2022) scoping review of 295 primary studies on differentiation of self confirmed moderate-to-strong associations between higher differentiation and psychological well-being, relational functioning, and capacity under stress, while flagging the continuing need for longitudinal and causal designs. The review establishes that differentiation of self, however originally derived from clinical observation rather than experimental study, has accumulated a substantial empirical base that licenses its use as a construct in formal theoretical work. The Bowen Center's ongoing development of applications of Bowen theory to organizations, leadership, and professional roles provides a parallel conceptual literature for extending the framework beyond the nuclear family context (Gilbert, 1992).

What Bowen Family Systems Theory contributes to the framework, then, is twofold: a systemic ontology in which the mediation room can be conceptualized as an emotional system with its own dynamics, and a model of the mediator's functioning within that system as a well-differentiated, non-anxious presence. What BFST does not supply is the specific clinical-empirical account of what emotional systems look like when they form and regress, the biological mechanism through which emotion moves between bodies, or the operational sequence the mediator uses to intervene. The remaining pillars address these gaps.

3.2 Group-as-a-Whole Theory: The Group as Emotional Unit

Where Bowen Family Systems Theory provides the systemic ontology in general form, the group-as-a-whole tradition in psychodynamic group therapy provides the most developed clinical-empirical account of what specifically happens when a small group forms an emotional life of its own. Wilfred Bion's (1961) *Experiences in Groups* remains the foundational text. Bion's central observation, drawn from his clinical work with therapeutic and training groups, was that groups oscillate between two modes of functioning: the *work group*, in which members consciously cooperate toward stated tasks, and the *basic assumption group*, in which members unconsciously coordinate around shared emotional assumptions that operate beneath the work group's awareness. Bion identified three primary basic assumption states: *dependency* (the group operates as if a leader or other figure will solve its problems), *fight-flight* (the group operates as if it is under threat and must attack or escape), and *pairing* (the group operates as if a coupling between two members will produce salvation or hope). Each basic assumption state has predictable affective, behavioral, and cognitive features, and each represents a defensive collapse of work-group functioning under anxiety.

The conceptual translation to mediation is direct. Mediations routinely encounter exactly these regressive states. Parties may collapse into dependency on the mediator, seeking rescue rather than engaging in the substantive work. They may organize into fight-flight, either attacking each other or pressing to terminate the process. They may form transient pairings (sometimes between parties, sometimes between a party and the mediator) that promise resolution but actually defer the conflict's substance. The basic-assumption vocabulary gives the mediator a diagnostic framework for what would otherwise be a vague sense that "the room has gone somewhere it should not."

The empirical literature on Bion's constructs, while less voluminous than that surrounding cognitive-behavioral or family systems frameworks, is genuine. Karterud's (1989) study of seventy-five inpatient group therapy sessions used the Group Emotionality Rating System to operationalize basic assumption states and provided a quantitative replication of Bion's central observations. De Felice and colleagues' (2018) systematic treatment in *Group Analysis* integrates Bion's framework with complexity science, and contemporary clinical applications continue in residential treatment, addiction recovery, and organizational consulting (Riegel, 2022).

Yalom and Leszcz's (2020) *The Theory and Practice of Group Psychotherapy*, now in its sixth edition, provides the most influential contemporary articulation of group-as-a-whole theory and is the standard text in group therapist training. Yalom and Leszcz identify eleven *therapeutic factors* that operate at the group level (universality, instillation of hope, group cohesiveness, interpersonal learning, and others), none of which is reducible to dyadic exchanges between therapist and individual members. The framework claims that these factors emerge from the group as a unit and act back upon its members. In the present framework, the relevance is less

the specific therapeutic factors (which presuppose a treatment context the mediator does not occupy) than the underlying claim: that the group has emergent properties that shape its members, and that those properties can be observed, named, and engaged with.

A complementary theoretical lineage from sociology develops parallel insights from a different methodological tradition. Randall Collins's (2004) *Interaction Ritual Chains* offers what is arguably the most developed micro-sociological account of how emotional life arises from face-to-face interaction. Collins argues that embodied co-presence generates *emotional energy* through rituals of mutual attention and rhythmic entrainment, that when people interact in physically present, mutually focused, rhythmically coordinated ways, they produce shared emotional states and group solidarity that no individual could generate alone and that fade rapidly when co-presence ends. Collins's framework matters for the present argument in two ways. It provides sociological grounding for the framework's claim that the mediation room develops an emotional life of its own: that life is precisely the kind of shared emotional state Collins identifies as the natural product of focused embodied interaction. Moreover, it specifies *why* physical co-presence matters (through the rhythmic entrainment of bodies, the mutual reading of micro-expression and posture, the synchronization of attentional focus) in a vocabulary that complements the psychodynamic group-as-a-whole tradition without depending on its specific clinical commitments. The framework's later discussion of online mediation as a boundary condition (Section 6.5) draws directly on Collins's specification of what embodied co-presence supplies.

The contemporary empirical literature on collective emotion converges with the group-as-a-whole tradition from a different methodological direction, building on the foundational social-identity tradition that Tajfel and Turner (1979) opened with their integrative theory of

intergroup conflict: their argument that group membership is internalized as part of self-concept, and that group-level processes therefore shape individual perception, emotion, and behavior, supplies the theoretical foundation for treating emergent group-level emotional phenomena as real rather than as artifacts of aggregation. Parallel developmental work (most influentially Tuckman's (1965) sequence of forming, storming, norming, and performing) established the proposition that small groups display predictable patterns of development over time that operate at the group rather than individual level. Chung, Grèzes, and Pacherie's (2024) framework distinguishes five patterns by which group emotion emerges (amplification, convergence, polarization, synchronization, and cascade), each of which has been empirically demonstrated in laboratory or field conditions and none of which is reducible to the aggregation of individual states (Goldenberg, Garcia, Halperin, & Gross, 2020). Pizarro and colleagues' (2022) meta-analytic review of collective effervescence in social gatherings provides parallel empirical grounding from social and political psychology. Where Bion offered a clinically derived account of group emotional life, this contemporary empirical literature has begun to specify the mechanisms of emergence in measurable form.

What the group-as-a-whole pillar contributes to the framework is a clinical-empirical specification of what happens when emotional systems form and regress in small groups, together with a diagnostic vocabulary the mediator can use to recognize and name these states. What it does not supply is the systemic ontology in general form (which BFST provides), the biological mechanism (which the next pillar addresses), or the operational intervention sequence (which DBT provides).

3.3 Affective Neuroscience and Interpersonal Neurobiology: The Biological Mechanism

The third pillar specifies the biological substrate through which the systemic and group-level phenomena identified by the first two pillars actually operate. Two intertwined research traditions are relevant: affective neuroscience proper, which has established the embodied, multi-system nature of emotion, and interpersonal neurobiology, which has specified the mechanisms by which emotional states are transmitted, coordinated, and regulated between bodies.

Damasio's (1994) somatic marker hypothesis in *Descartes' Error* established the foundational claim that emotion is not opposed to cognition but is integral to it: that bodily states and feelings function as informational signals in decision-making, and that the separation of reason and emotion central to much of the Western intellectual tradition is empirically untenable. Subsequent affective neuroscience work has confirmed and extended this claim: emotion involves coordinated activity across cortical and subcortical structures (amygdala, anterior cingulate, insula, prefrontal regions) and across autonomic, endocrine, and behavioral systems; cognitive performance under emotional dysregulation is measurably impaired, particularly in capacities for working memory, perspective-taking, and flexible problem-solving (Barrett, 2017; Gross, 2014). This is the empirical foundation for the framework's claim that an unstabilized mediation system cannot productively engage with substantive content: the cognition required for productive engagement is unavailable when the affective system is dysregulated.

Porges's (2011) polyvagal theory offered the most influential clinical articulation of how this multi-system regulation works. The theory proposes that the autonomic nervous system reads safety and threat below conscious awareness (a process Porges termed *neuroception*), and that the body's available behavioral repertoire (social engagement, mobilization, immobilization) is shaped by the autonomic state thus produced. Siegel's (2010, 2012) interpersonal neurobiology develops parallel constructs, most notably the *window of tolerance* (the range of

autonomic arousal within which a person can think, feel, and engage effectively) and the role of attuned relationships in shaping and restoring that window. These constructs have become widely adopted in trauma-informed practice across multiple fields, including mediation (Saini et al., 2025).

The polyvagal framework requires careful handling in a peer-reviewed manuscript. Grossman's (2023) detailed critique in *Biological Psychology* challenges several of polyvagal theory's foundational anatomical and evolutionary premises, particularly the claimed functional differentiation of ventral and dorsal vagal control of heart rate and the use of respiratory sinus arrhythmia as a clean index of vagal tone. Porges has responded in multiple peer-reviewed venues (Porges, 2022, 2023), and the scientific debate continues. For the present framework, the prudent position is to distinguish polyvagal theory's clinical-conceptual contributions (the construct of neuroception, the social engagement system, the felt sense of safety), which remain useful as practitioner heuristics independent of the specific anatomical claims, from its disputed mechanistic propositions. The harder empirical claims the framework depends on are drawn not from polyvagal theory specifically but from the broader literature on autonomic regulation, emotion physiology, and interpersonal coordination.

That broader literature provides the load-bearing scientific base. The empirical evidence for interpersonal physiological synchrony, the temporal coordination of autonomic states between interacting individuals, has matured substantially over the past decade. Gordon and Bartsch's (2026) synthesis in *Nature Reviews Psychology* reviews the corpus of work from 2020 to 2024. It identifies physiological synchrony as a measurable, common, and consequential feature of dyadic and small-group interactions. Tschacher and colleagues' (2025) study of electrodermal synchrony between psychotherapists and patients across sixteen-session courses of

treatment provides empirical demonstration that interpersonal physiological coordination is associated with therapeutic alliance and outcome. Hatfield, Cacioppo, and Rapson's (1994) foundational work on emotional contagion, extended by Barsade's (2002, 2018) demonstration of contagion effects in work groups, supplies the bridge between physiological synchrony in dyads and affective convergence in groups: emotion transmits between bodies through largely automatic processes of mimicry, feedback, and resonance.

This pillar contributes to the framework by specifying the biological mechanism through which the systemic and group-level phenomena identified by the first two pillars operate. It specifies why dysregulated cognition cannot be reasoned with directly (because the cognitive capacities required for reasoning are not available); why mediator presence matters at a physiological level and not only at a behavioral level (because bodies regulate bodies, not only through words); and how co-regulation works as a primary mechanism for stabilizing an unstable system (the more-regulated body provides the autonomic reference point that the less-regulated bodies can entrain to). What it does not supply is the systemic ontology (BFST), the specific clinical-empirical account of group emotional states (group-as-a-whole), or the operational sequence the mediator follows. The final pillar provides the last of these.

3.4 Dialectical Behavior Therapy: The Operational System

The first three pillars supply ontology, dynamics, and mechanism, the conceptual foundations of the framework. What they do not yet supply is the operational sequence the mediator follows in real time. For that operational layer, the framework draws on Marsha Linehan's Dialectical Behavior Therapy. Section 1.2 introduced the four-stage adapted process (Signs, What is Driving the Emotion, Identify the Emotion, Course Correct and Reframe) that constitutes the operational backbone of mediator practice within the framework. This subsection

develops the theoretical case for why DBT is the right operational system, beyond the empirical and structural reasons gestured at in Section 1.

DBT was developed in the late 1980s and early 1990s for the treatment of chronically suicidal patients with severe emotional dysregulation, and Linehan's (1993, 2015) elaboration of the model rests on what she termed the biosocial theory of emotional dysregulation. The theory proposes that pervasive emotional dysregulation arises from the transaction between biological vulnerability (heightened emotional sensitivity, intensity, and slow return to baseline) and an invalidating social environment (one that responds erratically, dismissively, or punitively to emotional expression). The combination produces individuals who experience emotion as overwhelming, who lack effective regulation strategies, and who often turn to self-destructive or interpersonally damaging behaviors to manage the affective load. The biosocial frame has direct relevance to mediation: parties arrive in dispute with histories of validation and invalidation that shape their available regulatory capacity, and dispute environments themselves often function as intensely invalidating contexts in which emotional sensitivity is amplified, and regulatory resources are depleted. Understanding this biosocial dynamic equips the mediator to recognize that some parties are not merely "being difficult" but are operating with limited regulatory capacity under conditions specifically designed to overwhelm it.

The architecture of DBT rests on a fundamental dialectical philosophy that distinguishes it from other clinical frameworks and maps onto the mediator's role with unusual precision. Linehan's central insight was that effective therapeutic work requires the simultaneous holding of two truths that are typically experienced as opposites: *acceptance* (radical, full acknowledgment of the person as they currently are) and *change* (focused work toward different ways of feeling, thinking, and behaving). The therapist who emphasizes acceptance without

change produces complicity; the therapist who emphasizes change without acceptance produces invalidation. The dialectical move is to hold both simultaneously, not as a compromise between them but as a synthesis that recognizes each as necessary to the other. The therapist's stance, in this framing, is constituted by the dialectic itself.

The structural homology of the mediator's role is striking. The mediator who emphasizes validation of each party's emotional reality without seeking movement produces stuck mediations; the mediator who emphasizes movement without validation produces compliance rather than resolution. The dialectical stance, fully validating each party's experience while simultaneously holding the possibility of movement toward something different, is the structurally correct mediator posture, and DBT's philosophical articulation gives the framework a developed conceptual vocabulary for what would otherwise be implicit practitioner wisdom. The dialectical move is not unique to DBT; it has Hegelian and broader philosophical roots that long predate clinical adaptation, but DBT supplies the most operationally specific articulation in contemporary clinical practice.

The framework's specific borrowing from DBT centers on its emotion regulation module, but its theoretical grounding rests on Neacsiu, Bohus, and Linehan's (2014) integration of DBT into Gross's (1998, 2014) process model of emotion regulation. Gross's process model identifies five families of regulation strategy operating at different points in the emotion-generative sequence: situation selection (choosing what situations to enter), situation modification (changing aspects of the situation), attentional deployment (choosing what to attend to), cognitive change (reappraising the situation's meaning), and response modulation (altering the emotional response once generated). Neacsiu and colleagues map DBT's skills onto each of these regulation families, demonstrating that DBT is not an idiosyncratic clinical technique but a

structured, theoretically grounded operationalization of the broader emotion regulation framework that has become the standard model in affective science. This mapping is what licenses extension of DBT beyond its original clinical population: the skills derive their effectiveness from underlying regulatory mechanisms documented across affective science research, not from features specific to the clinical population for which the skills were originally packaged. Empirical evidence for this transdiagnostic generalization has continued to accumulate. Heath, Midkiff, Gerhart, and Turow (2021), studying a heterogeneous outpatient sample of 136 patients enrolled on a rolling basis, found that each of DBT's four skills modules (mindfulness, distress tolerance, interpersonal effectiveness, and emotion regulation) was independently and additively associated with improvements in emotion regulation, supporting the proposition that the skills target a common regulatory substrate rather than diagnosis-specific symptomatology. This finding strengthens the warrant for adapting the taxonomy to a non-clinical role whose shared currency with the clinical context is precisely emotion regulation rather than diagnosis.

For the mediator, the practical importance is that the four-stage operational process introduced in Section 1.2 is not an ad hoc set of practitioner heuristics but a structured application of validated emotion regulation strategies, adapted to the role and ethical scope of the mediator. Stage 1 (Signs from Participants) operationalizes the observational foundation of DBT's emotion regulation module and corresponds to the broader emotion regulation literature's emphasis on awareness as the precondition for any regulation strategy. Stage 2 (What is Driving the Emotion) draws on DBT's distinction between prompting event and interpretation and operationalizes the cognitive-change family of regulation strategies. Stage 3 (Identify the Emotion) uses DBT's emotion vocabulary to enable precise naming, which functions as both an

attentional deployment strategy and an early intervention in itself. Stage 4 (Course Correct and Reframe) deploys DBT's specific intervention modules (Check the Facts, Opposite Action, Problem Solving), adapted from individual self-regulation to mediator-facilitated group regulation. Each stage rests on a theoretical foundation that extends beyond DBT into the broader emotion regulation literature; DBT supplies the operational specificity and integrative coherence that the broader literature does not yet provide in a single package.

What this pillar contributes to the framework is the operational sequence the mediator follows in real time, grounded in a validated emotion-regulation taxonomy and a philosophical stance (the dialectic) that aligns the mediator role with unusual precision. What it does not supply, on its own, is the systemic ontology that locates the work at the group level (BFST), the clinical-empirical account of the group emotional states the mediator will encounter (group-as-a-whole), or the biological mechanism through which the operational interventions actually produce regulatory change (affective neuroscience). DBT supplies the *what to do*; the other three pillars supply the *why it works* and *what one is working on*. Without the integration, the operational sequence becomes a checklist; with the integration, it becomes a theoretically coherent practice.

3.5 Integration: How the Four Pillars Fit Together

The four pillars are not parallel offerings of the same content from different traditions. Each does specific theoretical work that the others cannot, and the framework requires all four to function. The integration can be specified as follows.

Ontology: Bowen Family Systems Theory holds that human emotional life is best understood at the systemic level, with individual functioning shaped by one's position within emotional systems. This commitment permits the framework to conceptualize the mediation

room as an emotional system with its own properties. This claim would be incoherent within the methodological individualism of much negotiation research.

Dynamics: Group-as-a-whole theory specifies what such systems look like when they form. Bion's basic assumption, Yalom and Leszcz's therapeutic factors, and the contemporary empirical literature on collective emotion emergence patterns: these supply the clinical and empirical vocabulary for naming what the mediator encounters. Without this pillar, the systemic ontology remains abstract; with it, the mediator has a diagnostic framework for the specific regressive and emergent states that mediation systems enter.

Mechanism: Affective neuroscience and interpersonal neurobiology specify the biological substrate through which the systemic dynamics actually operate. Emotional contagion, physiological synchrony, the relationship between autonomic state and cognitive availability, and the mechanisms of co-regulation: these explain why the system-level phenomena identified by the first two pillars produce the cognitive and behavioral effects observed in mediation. Without this pillar, the framework would be vulnerable to the charge of metaphor; with it, the framework rests on documented biological mechanisms.

Operations: Dialectical Behavior Therapy supplies the operational sequence the mediator uses to intervene. The four-stage adapted process (Signs, What is Driving, Identify, Course Correct, and Reframe) operationalizes the broader emotion regulation literature within a structure that is observable, teachable, and adapted to the mediator's role. Without this pillar, the framework would be theoretically sophisticated but practically vague; with it, the framework specifies what the mediator actually does, second by second, in the room.

Each pillar supplies what the others cannot. The framework is coherent precisely because the four traditions, despite their disparate origins, are addressing complementary rather than

overlapping questions: what kind of thing is being worked with (BFST), what does it look like when it forms (group-as-a-whole), how does it work biologically (affective neuroscience), and what does the mediator do about it (DBT). Section 4 develops the specific mechanisms through which the integrated framework operates in practice (physiological, attentional, cognitive, and relational), and Section 5 specifies the ten intervention strategies that constitute the mediator's working repertoire.

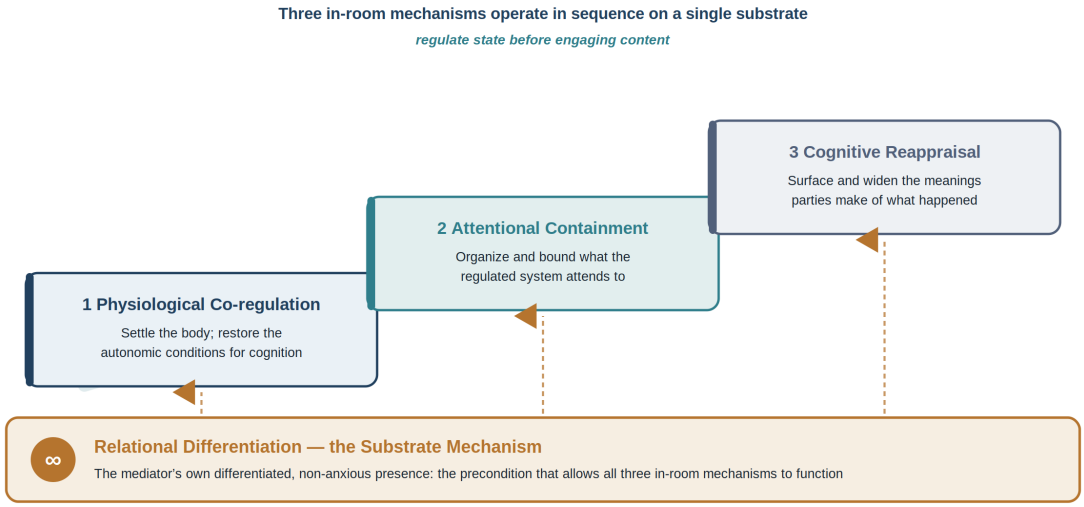
4. The Four Mechanisms of Affective Systems Stabilization

Section 3 established that the framework rests on four theoretical pillars, each supplying a specific conceptual element that the others cannot. The present section moves from theoretical foundation to mechanism specification: what, precisely, does affective systems stabilization *do* to an emergent group emotional system, and through what causal pathways? Four mechanisms operate within the framework. Three function as a hierarchical sequence: physiological co-regulation, which restores the autonomic conditions under which cognition becomes available; attentional containment, which organizes what the regulated system attends to; and cognitive reappraisal, which works on the meanings parties make of what they are attending to. A fourth mechanism, relational differentiation, operates as the substrate that makes the other three possible: the mediator's own differentiated presence is the precondition for any of the in-room mechanisms to function. The sequence matters. Cognitive reappraisal directed at a dysregulated system fails because the cognitive capacities required to engage reappraisal are not available; attentional containment fails when the autonomic state of the room is too aroused for attention to settle. Beginning at the wrong level is the most common technical failure in emotionally charged mediation, and a primary practical implication of the framework is that mediators trained to

address content first must reorient toward addressing state first. The four mechanisms together specify why this reordering produces different outcomes (see Figure 3).

Figure 3

The Four Mechanisms of Affective Systems Stabilization



Note. Physiological co-regulation, attentional containment, and cognitive reappraisal operate as an ordered in-room sequence; relational differentiation is the substrate mechanism that enables them.

4.1 Physiological Co-regulation

Physiological co-regulation is the first and most foundational mechanism. It refers to the process by which the autonomic states of individuals engaged in face-to-face interaction become coordinated, and through which a more-regulated body provides the reference state toward which a less-regulated body can entrain. The mechanism draws primarily on the affective neuroscience and interpersonal neurobiology pillar developed in Section 3.3 and is grounded in a substantial empirical literature on interpersonal physiological synchrony.

The biological substrate is well-documented. Gordon and Bartsch's (2026) synthesis in *Nature Reviews Psychology* identifies physiological synchrony (temporal coordination of cardiovascular, respiratory, and electrodermal indices between interacting individuals) as a common feature of dyadic and small-group interaction across contexts ranging from therapy to teamwork to crowd settings. Tschacher and colleagues' (2025) study of electrodermal synchrony across sixteen-session courses of psychotherapy demonstrates that interpersonal physiological coordination correlates meaningfully with therapeutic alliance and treatment outcome. Hatfield, Cacioppo, and Rapson's (1994) foundational work on emotional contagion, extended by Barsade's (2002, 2018) demonstration of group-level contagion effects, supplies the bridge between dyadic synchrony and small-group emotional convergence: emotion transmits between bodies through largely automatic processes of mimicry, autonomic resonance, and feedback. Schore's (2003) work on affect regulation specifies how this co-regulation functions developmentally and clinically: the more-regulated adult's autonomic state provides the right-hemispheric, sub-symbolic information that the less-regulated child's nervous system uses to organize itself, and similar dynamics operate throughout adult clinical and relational contexts.

The mechanism's relevance to mediation rests on a specific empirical claim: that the mediator's autonomic state is not a private matter but a public condition of the room. A mediator whose breath is quick, whose musculature is tense, whose voice tracks the parties' rising tempo is providing autonomic cues that push the room toward further dysregulation. A mediator whose breath is paced, whose body is settled, whose voice maintains a steady prosody, provides autonomic information that dysregulated bodies can entrain to. The mediator's body, in this framing, is an instrument of regulation, and the mediator's bodily preparation and in-session self-regulation are not personal practices peripheral to the work but central professional functions.

The mediator's operations at this mechanism level are specific and technically describable: paced and audible breathing that the parties can entrain to without instruction; vocal prosody that holds rhythm rather than reactive intensity; postural settling rather than postural mirroring of the parties' tightening; deliberate slowing of pace when the room accelerates; and the use of physical setting, lighting, and seating arrangement to provide environmental cues of safety that complement the mediator's bodily presence. None of these is a technique applied to the parties from outside the room's affective field. Each is a contribution to the field that the mediator makes by being in it as a more-regulated body.

The relationship to the operational stages developed in Section 1.2 is direct. Stage 1 (Signs from Participants) is the observational entry point to this mechanism: the mediator reads the room's autonomic state through bodily, expressive, and behavioral signs. Stage 4 (Course Correct and Reframe) deploys this mechanism's specific operations when course correction at the physiological level is what the room requires, when, in DBT's vocabulary, change-your-body-chemistry interventions are indicated. The mediator who responds to a flaring room by speeding up to "manage" is making a technical error against the mechanism's logic; the mediator who responds by slowing breath and settling posture is operating in mechanism-appropriate ways.

4.2 Attentional Containment

Attentional containment is the second mechanism in the sequence. Once physiological co-regulation has produced an autonomic state in which attention becomes available, the mediator's task is to organize what the regulated attention attends to. Attention, in the framework's account, is a limited resource that becomes especially constrained under emotional intensity, and what an unstabilized system attends to tends to be exactly what amplifies its

dysregulation. The mediator's work at this mechanistic level is to contain, direct, and structure what the room's now-available attention engages with.

The theoretical grounding draws on two pillars. The group-as-a-whole tradition developed in Section 3.2 supplies the construct of *containment* in its specifically Bionian sense: the group's emotional intensity is held and metabolized by a containing presence (originally the therapist's, here the mediator's) rather than allowed to escalate without limit. Containment, in Bion's account, is not suppression but the active capacity to hold what would otherwise overwhelm. The DBT pillar developed in Section 3.4 supplies operational specificity through its mindfulness module, which is the foundational module on which all other DBT skills rest: the capacity to observe and describe experience without immediately reacting to it, to direct attention deliberately rather than reactively, and to disengage attention from material that is not serving regulation.

The mediator's operations at this mechanism level include structured turn-taking that prevents the autonomic acceleration of overlapping speech; deliberate pacing that allows what has been said to be metabolized before more is added; the use of pauses as substantive interventions rather than as awkward gaps to be filled; the naming and bounding of affect ("there is a lot of grief in what you just said. Let us give it a moment before continuing") that brings attention to what is happening at the affective level rather than allowing it to operate unrecognized; and the deliberate reorientation of attention away from material that the parties cannot productively engage in the moment toward material they can. Each of these operations works by deliberately managing the room's attention.

The empirical basis for attentional containment as a regulatory mechanism is well developed in the adjacent clinical and educational literatures, if not yet specifically in the

mediation literature. The DBT outcome literature documents that mindfulness-based attentional skills produce measurable improvements in emotion regulation across clinical populations (Linehan, 2015; Neacsiu et al., 2014; Heath et al., 2021). The trauma-informed mediation literature has begun to develop parallel attentional-containment vocabulary, particularly around predictable structure as a primary safety signal (Saini et al., 2025). The empirical question for the framework, whether structured attentional containment by the mediator produces measurable regulatory effects at the group level, remains open and will be identified as a priority in Section 7.

The connection to the operational stages is again direct. Stages 1 and 3 (Signs from Participants; Identify the Emotion) both operate as attentional containment moves before they operate as anything else: the mediator who names what is happening in the room is directing attention, and the act of direction is itself regulatory. Stage 4's structuring interventions (the use of pauses, turn-taking, and procedural structure as parts of Course Correction) operate primarily at this mechanism level.

4.3 Cognitive Reappraisal

Cognitive reappraisal is the third mechanism in the sequence. Once the room's autonomic state has been regulated and attention has been contained, the meanings parties make of what is happening, the appraisals that drive their emotional and behavioral responses, become available for examination and revision. The mechanism draws most directly on the DBT pillar (Check the Facts) and the broader emotion regulation literature (Gross, 1998, 2014) developed in Section 3.4, but is also empirically anchored in the Gross-Halperin program of work on emotion regulation in intergroup conflict reviewed in Section 2.5.

Cognitive reappraisal works through a specific causal pathway. Emotions arise not from events directly but from appraisals of events, interpretations parties make of what has happened, what it means, what threat or opportunity it represents, and what is likely to happen next. Different appraisals of the same event produce different emotions and different action urges. A statement experienced as an accusation produces shame or a counterattack; the same statement, experienced as concern, produces engagement. Reappraisal interventions work by surfacing the appraisal that is doing the actual work and inviting consideration of alternative interpretations consistent with the available facts. The intervention does not deny the original appraisal; it widens the cognitive field within which the appraisal sits.

The empirical base for cognitive reappraisal as a regulation mechanism is among the strongest in the affective science literature. Gross's (1998, 2014) process model identifies cognitive change as one of five regulation strategy families, and, in particular, reappraisal has been associated with adaptive emotional and behavioral outcomes across hundreds of studies. The Halperin program (Gross et al., 2013; Halperin, 2014; Halperin et al., 2013) has demonstrated that reappraisal interventions produce measurable shifts in conflict-related emotions and policy attitudes even in populations engaged in intractable intergroup conflict, with effects observed both in laboratory conditions and in field settings. Porat, Tamir, and Halperin's (2020) extension of the framework to group-based emotion regulation provides the most direct theoretical anchor for applying reappraisal at the group level.

The mediator's operations at this mechanism level center on Stage 2 (What is Driving the Emotion) of the DBT four-stage process and the Check the Facts intervention within Stage 4 (Course Correct and Reframe). The mediator works to distinguish the prompting event from the interpretation, to surface the appraisal a party is making without directly contesting it, and to

invite the party to test the appraisal against the available facts and alternative interpretations consistent with those facts. The technique is not an argument; it is a structured invitation to widen cognitive engagement. Reappraisal, in this framing, is not a debate about who is right but a regulatory move that produces emotional and behavioral shifts due to cognitive widening.

Two cautions are important. First, reappraisal interventions deployed before the room's autonomic state has been regulated typically fail or backfire. A party whose autonomic system reads the situation as threatening will experience reappraisal as dismissal of their experience, and the intervention will increase rather than decrease dysregulation. The sequence matters. Second, reappraisal is not the only cognitive intervention available; Opposite Action and Problem Solving (also from DBT Stage 4) operate at the cognitive level through different pathways and are appropriate when reappraisal is not: Opposite Action when the appraisal fits the facts but acting on it would be ineffective, Problem Solving when the facts themselves require change. The choice between these is itself a clinical judgment, and Section 5 develops the operational specifications of each.

4.4 Relational Differentiation: The Substrate Mechanism

The fourth mechanism does not sit alongside the first three in the same way. Relational differentiation refers to the mediator's own differentiated functioning within the emotional system of the mediation, the capacity to maintain a clear sense of self in emotional contact with the parties, to remain connected without becoming reactive, to think clearly while feeling intensely, and to hold principle in the presence of pressure. Drawing directly on the Bowen Family Systems pillar developed in Section 3.1, and on Friedman's (2007) extension to leadership, relational differentiation is the substrate on which the other three mechanisms depend. A poorly differentiated mediator cannot stabilize physiologically because their own

body is participating in the room's dysregulation; cannot contain attentionally because the system's anxiety captures their own attention; and cannot reappraise cognitively because their own cognition is being shaped by the parties' appraisals rather than holding independently. The other three mechanisms operate through the mediator, and the mediator's differentiation determines whether they can operate at all.

This positioning has substantial implications for the framework's theoretical and practical claims. Mediator training literature has historically been organized around skill acquisition (active listening, reframing, caucusing, problem-solving facilitation) with attention to the mediator's internal state treated as a matter of personal development or self-care peripheral to the technical work. The framework proposes that this organization has priority reversed. The mediator's internal differentiation is not peripheral; it is the most consequential variable in the mediator's professional functioning, because every other technical intervention is delivered through the mediator's state. A reactive mediator deploying a perfect technique fails. A differentiated mediator deploying an imperfect technique succeeds because the substrate condition, the mediator's regulated presence, is what allows any technique to work.

The empirical base, while less voluminous than for the other mechanisms, is meaningful. Calatrava and colleagues' (2022) scoping review of 295 primary studies on differentiation of self confirms moderate-to-strong associations between higher differentiation and capacity under stress, relational functioning, and psychological well-being. The broader literature on therapist self-regulation and therapeutic alliance points in the same direction: the therapist's own regulatory capacity is among the most reliable predictors of therapeutic outcome across modalities (Wampold, 2015). The application of these findings specifically to mediator

differentiation, while still requiring direct empirical study, rests on a defensible analogical foundation.

The mediator's operations at this mechanism level are different in kind from those of the other three mechanisms. Differentiation is not a technique deployed during a session; it is a cultivated capacity brought into the session. The relevant practices are largely pre-session and inter-session: ongoing work on the mediator's own family-of-origin emotional functioning (the classical Bowen route), deliberate physiological self-regulation practice, the development of principle-based clarity about the mediator's own values and role, the cultivation of non-anxious presence as a habituated stance rather than a momentary achievement, and the willingness to remain in difficult emotional contact without retreating into procedural defensiveness or compensating with reactive helpfulness. The mediator's body and mind are the instruments of the framework's operations, and the framework demands that those instruments be tuned.

A subtle implication follows. If the mediator's differentiation is the substrate that enables the other mechanisms, then the most important professional development work for mediators trained within this framework is not acquiring techniques but cultivating differentiation itself. This claim, developed further in Sections 5 and 7, has implications for how mediator training programs should be designed and what counts as continuing professional development in the field.

4.5 The Mechanisms in Real-Time Logic

The four mechanisms operate together in a logic that the experienced mediator instantiates flexibly rather than mechanically. The temporal hierarchy among the three in-room mechanisms (physiological, then attentional, then cognitive) does not mean that the mediator addresses one and moves on. The mechanisms operate continuously and recursively: a settled

room can de-regulate again at any moment, and the mediator's work cycles back through the sequence as needed. The substrate mechanism of relational differentiation operates throughout, providing the conditions under which any of the other three can function.

A working logic for the mediator can be specified as follows. The mediator enters the session in a state of cultivated differentiation, with their own physiological regulation and principle-based clarity established before the parties arrive. As the session proceeds, the mediator continuously reads the room at the level of signs (Stage 1 of the operational sequence), monitoring the autonomic state of the parties and of the group as a whole. When the room is stable enough for substantive engagement, the mediator's work moves through Stages 2, 3, and 4 of the operational sequence with whatever interventions the situation calls for: cognitive reappraisal when appraisals are driving the emotion, opposite action when emotions are justified but ineffective to act on, problem solving when the facts themselves are the issue. When the room destabilizes, the mediator returns first to the physiological level: settling their own body, pacing the room down, deploying the specific operations of physiological co-regulation, and only resuming attentional and cognitive work once the autonomic conditions have been re-established.

This logic produces a different working priority than the dominant mediation traditions. Where settlement-focused mediation prioritizes movement toward agreement and treats emotional intensity as an obstacle, and where transformative mediation prioritizes recognition and empowerment shifts and treats settlement as secondary, affective systems stabilization prioritizes regulation of the affective field as the prior condition under which any other work becomes possible. The mediator is doing different work, not the same work differently. Section 5 specifies that work in detail through ten intervention strategies, organized by which of the four mechanisms each strategy primarily targets.

5. Ten Intervention Strategies, Organized by Process Stage

The four-stage operational process introduced in Section 1.2 and depicted in Figure 1 (Signs from Participants, What's Driving the Emotion, Identify the Emotion, and Course Correct and Reframe, resting on the Stage 0 substrate of mediator self-regulation) is the applied framework this paper is built to deliver. It is the practitioner-facing spine: the sequence a mediator actually runs, in the room, for each emotion that rises, and the structure into which every theoretical pillar and mechanism developed above resolves. The ten intervention strategies that follow are not a separate contribution but the working contents of that spine, each assigned to the stage at which it operates. A reader who retains nothing else of the framework should retain this process, for it is the form in which the theory becomes practice.

The framework's value as theory rests ultimately on its practical specification: what, exactly, does the mediator do, and when? This section develops the ten intervention strategies that constitute the mediator's working repertoire and aligns each to a specific stage of the four-stage operational process introduced in Section 1.2. The alignment is more than organizational. Each intervention targets specific mechanisms, drawn from Section 4, and each operates appropriately only at certain points in the process. A strategy deployed at the wrong stage, psychoeducational framing offered to a dysregulated room; problem-solving structure imposed before emotions have been named, produces predictable failure. The discipline of the framework is in matching the intervention to the stage.

5.1 The Process as Operational Spine

The four-stage process developed in Section 1.2 (Signs from Participants, What's Driving the Emotion, Identify the Emotion, Course Correct and Reframe) constitutes the moment-by-

moment operational logic the mediator follows. Two refinements to the process specification, implicit throughout Sections 3 and 4 but not yet stated explicitly, are useful here.

First, the process rests on a substrate stage that precedes any in-room work. Section 4.4 established that the mediator's own differentiated presence is the precondition for the other mechanisms to function. The substrate stage, designated Stage 0, captures the mediator's pre-session and ongoing self-regulation as foundational rather than peripheral. Without Stage 0, the subsequent stages cannot proceed reliably.

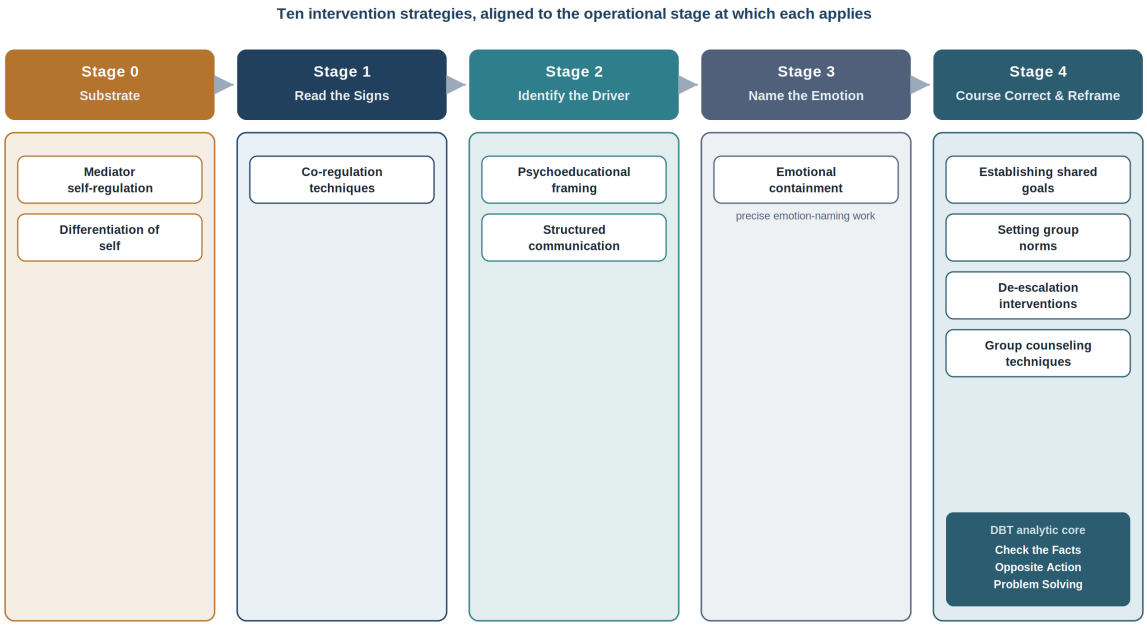
Second, the process is recursive rather than linear. The mediator who completes Stage 4 does not move on; she returns to Stage 1 to read the room's response to the intervention. Stabilization is not an achievement but a maintained condition, and the four-stage process cycles continuously across the arc of the session, sometimes completing fully within thirty seconds, sometimes extending across an hour as a single iteration. The recursive structure is what allows the mediator to detect when an intervention has worked, when it has produced new dysregulation requiring different work, and when the room has stabilized sufficiently to engage substantive content directly.

With these refinements, the ten intervention strategies originally specified in the framework's practical brief (establishing shared goals, setting group norms, emotional containment, co-regulation, differentiation of self, structured communication, psychoeducational framing, de-escalation, group counseling techniques, and mediator self-regulation) are distributed across the stages as follows. Stage 0 (Substrate) operates through mediator self-regulation practices and differentiation of self. Stage 1 (Signs) operates primarily through co-regulation techniques. Stage 2 (Driving) operates through structured communication and psychoeducational framing. Stage 3 (Identify) operates through emotional containment, and the

precise naming work this section develops in detail. Stage 4 (Course Correct) operates through the DBT response trio (Check the Facts, Opposite Action, Problem Solving) together with the establishment of shared goals, group norms, de-escalation moves, and selective use of group counseling techniques. The remainder of the section walks through each stage, and the interventions are appropriate to it (see Figure 4).

Figure 4

Ten Intervention Strategies Aligned to the Operational Stages



Note. Each strategy is aligned to the stage at which it primarily operates. The DBT response trio (Check the Facts, Opposite Action, and Problem Solving) provides the analytic core of Stage 4.

5.2 Stage 0: The Substrate, Mediator Self-Regulation and Differentiation

The mediator arrives at the session as the instrument through which every subsequent intervention will be delivered. The quality of that instrument is determined by work done long before the parties enter the room. Stage 0 captures this preparatory and ongoing dimension and is

operationalized through two of the ten intervention strategies: mediator self-regulation practices and differentiation of self.

Mediator self-regulation practices are technically describable and trainable. Pre-session bodily preparation (paced breathing, deliberate slowing of pace, settling of musculature, intentional grounding in physical surroundings) establishes the autonomic baseline that the mediator brings into the room. Mid-session self-regulation operates through brief, often invisible interventions: a longer inhale before responding to a charged statement, a deliberate softening of the jaw, a moment of internal noticing before speaking. These are not relaxation techniques in the casual sense; they are clinical-grade interventions targeting the mediator's own physiological state, with measurable effects on the parties due to the co-regulation dynamics specified in Section 4.1. The mediator who learns to recognize her own autonomic shifts, the slight tightening that signals she has been caught by the parties' anxiety, gains a diagnostic instrument that few mediation training programs currently develop.

Differentiation of self, as developed in Section 3.1, is the deeper and more demanding intervention. Where self-regulation practices address the mediator's momentary state, differentiation addresses the underlying capacity to remain principled, connected, and non-reactive across sessions and careers. The work of differentiation is largely outside the session itself. It includes Bowen-style work on the mediator's own family-of-origin emotional patterns; the development of clear, articulable values that inform the mediator's choices; the cultivation of non-anxious presence as a habituated stance; and the willingness to remain in difficult emotional contact with parties without retreating into procedural defensiveness or compensating with reactive helpfulness (Friedman, 2007; Gilbert, 1992). Differentiation is not a personality trait but

a developmental capacity, and its cultivation is the long-term professional work of the mediator trained within this framework.

A practical implication follows. Mediator training programs organized around this framework prioritize Stage 0 work (body-based regulation practices, differentiation curricula, supervision focused on the mediator's own functioning under stress) alongside technique acquisition. This is a meaningful departure from much current mediation training, which assumes the mediator's state and focuses on what the mediator does. The framework claims that what the mediator does is downstream of who the mediator is in the room, and that training programs need to address both.

5.3 Stage 1: Reading the Signs, Co-regulation Techniques

Stage 1 begins the moment the mediator enters the room and continues throughout the session. The mediator's work at this stage is observational and responsive: reading the autonomic, expressive, and behavioral signs of the affective system as they unfold and respond to those signs through co-regulation rather than through verbal or cognitive intervention. The primary intervention strategy at this stage is co-regulation.

The observational dimension is technically specifiable. The mediator attends to biological indicators (flushed face, breath pattern shifts, postural tightening, hand clenching, vocal pitch and tempo changes) and to expressive indicators, including facial micro-expressions (Ekman, 2003), eye contact patterns, and shifts in physical orientation. Ekman's foundational work on facial expression provides one empirical anchor for this observational discipline, demonstrating that emotional states produce reliable facial signals that trained observers can identify even when verbal content is masked or controlled. The mediator who learns to read these signs accesses

information about the system's state that precedes its verbal manifestation, often by several seconds, sometimes by minutes.

The responsive dimension is what makes Stage 1 an intervention stage rather than merely a diagnostic one. Co-regulation, as developed in Section 4.1, operates through the mediator's bodily contribution to the affective field. When the mediator reads rising arousal in the room, the responsive move is not to address the arousal verbally but to settle her own body in ways that the parties can entrain to: paced and audible breathing, a deliberate reduction in vocal tempo, a postural softening that becomes a visual reference for the parties, the introduction of a brief silence that lets the autonomic system catch up. These are interventions, not preparations for interventions. The empirical literature on physiological synchrony (Tschacher et al., 2025; Hatfield et al., 1994; Gordon & Bartsch, 2026) supports the claim that such co-regulation moves produce measurable effects on the autonomic states of others present.

The discipline at Stage 1 is restraint. The reactive impulse (to address what the mediator has just noticed by naming it, asking about it, or moving to fix it) is almost always premature. The system is not yet ready to engage at a verbal or cognitive level, and verbal engagement before physiological co-regulation has done its work typically increases rather than decreases dysregulation. The mediator at Stage 1 acts primarily through her body and through pacing, not through her words.

5.4 Stage 2: Identifying What is Driving the Emotion, Psychoeducational Framing, and Structured Communication

Once Stage 1 has produced sufficient physiological regulation for verbal engagement to become available, the mediator moves to identifying what is producing the emotion. The DBT-derived distinction between *prompting event* and *interpretation* (Linehan, 2015) is the analytical

core of this stage. Two intervention strategies operate primarily here: psychoeducational framing and structured communication processes.

Psychoeducational framing is the intervention by which the mediator makes explicit to the parties what is otherwise tacit. At the outset of the session, this may include brief framing that conflict involves emotional processes that are normal and predictable, that escalation has a recognizable shape, and that pauses are not failures of the process but features of it. During the session, psychoeducational framing operates more specifically: the mediator names, in accessible terms, that emotions arise not only from what is said but also from how it is interpreted, and that examining the interpretation is often more productive than relitigating the event. Halperin and colleagues' field experiments on reappraisal interventions in intractable conflict (Halperin, 2014; Halperin et al., 2013) provide empirical support for the broader claim that brief, explicit cognitive framing produces measurable shifts in emotional and attitudinal positions. Psychoeducational framing is not therapy and does not depend on the parties' agreement that they need such framing; it operates by introducing distinctions that the parties can then use.

Structured communication processes function as a parallel intervention. The mediator at Stage 2 is doing diagnostic work, distinguishing what happened from what each party makes of it, and that work cannot occur amid the rapid, overlapping speech patterns that often characterize escalating mediation. Slowing the conversational rhythm through explicit turn-taking, asking parties to articulate not only what they observed but how they understood it, paraphrasing back the distinction between observation and interpretation, and inviting parties to consider whether their interpretation is the only one consistent with the available facts: these are the technical moves of structured communication at Stage 2. The conversation does not become inquisitorial; it becomes precise. The DBT mindfulness module's emphasis on observing and describing

without immediately reacting (Linehan, 2015) provides one operational vocabulary for what the mediator is asking the parties to do. However, the underlying logic, that interpretable interpretations drive emotional reactions, is broadly grounded in appraisal theories of emotion across the affective science literature (Frijda, 1986; Lazarus, 1991; Scherer, 2009).

A practical caution shapes Stage 2 work. The mediator's task is to surface the interpretation, not to contest it. The parties' interpretations are theirs, and direct challenge typically produces defensive entrenchment rather than reconsideration. The skilled mediator surfaces interpretations through curiosity ("When she said that, what did you take her to mean?"), through invitation to alternatives ("if you set aside that reading for a moment, is there another way her statement could be heard?"), Moreover, through validation that interpretations are reasonable given the parties' histories, even when they are not the only possible readings. The work is invitational, not corrective.

5.5 Stage 3: Naming the Emotion Precisely, Containment, and the Vocabulary of Emotional Experience

Stage 3 is the framework's distinctive operational contribution and warrants extended treatment. Once Stages 1 and 2 have stabilized the room and surfaced the drivers of emotion, the mediator's work is to name what is being felt with precision, not "upset" or "frustrated" as catch-all categories, but the specific emotion, distinguished from related emotions and situated within an empirically grounded taxonomy. Two intervention strategies operate at this stage: emotional containment and the precise emotion-vocabulary work this subsection develops.

Why Precision Matters

The empirical case for precision in emotional naming rests on a research program known as *emotion granularity* or *emotion differentiation* (Barrett, 2017; Kashdan, Barrett, & McKnight,

2015). The central finding is that individuals who distinguish emotions precisely (who can articulate the differences between disappointment and grief, irritation and contempt, and anxiety and dread) show better outcomes across multiple domains: emotion-regulation capacity, psychological well-being, decision quality under stress, and relational functioning. The mechanism is plausible. Coarse emotional labels (e.g., "upset" for everything difficult) provide little information about action urges, intervention requirements, or what the situation actually calls for; precise labels carry diagnostic and prescriptive information. To know that what one is feeling is contempt rather than anger is to know something different about what is at stake, what the action urge is, and what response is likely to be helpful.

For the mediator, this finding has direct implications. The mediator who names the room's emotional state precisely, and who supports the parties in doing the same, is not engaged in linguistic precision for its own sake. She is changing what the parties can do with the emotion. Susan David's (2016) framing in *Emotional Agility* captures the operational claim succinctly: precision in naming is itself regulatory. The act of correctly identifying what is being felt reduces the diffuse intensity of undifferentiated emotion and opens cognitive space for a considered response.

Multiple Frameworks for Emotion Vocabulary

The mediator's working vocabulary for this stage draws on several complementary empirical and theoretical sources, each of which contributes a distinct dimension to the work.

The foundational empirical anchor is Shaver, Schwartz, Kirson, and O'Connor's (1987) prototype analysis of emotion knowledge, published in the *Journal of Personality and Social Psychology*. Shaver and colleagues established an empirically derived hierarchical taxonomy of emotion words. At the superordinate level, the taxonomy identifies five or six basic emotion

categories (love, joy, surprise, anger, sadness, fear), with disgust sometimes treated as a basic emotion. At the basic level, each superordinate category subsumes a cluster of more specific emotions: anger contains rage, indignation, frustration, resentment, contempt, and others; fear contains anxiety, dread, terror, panic, and apprehension. At the subordinate level, the taxonomy specifies still finer distinctions. Crucially, this hierarchical structure is not a theoretical proposal but an empirically derived organization that emerged from a systematic study of how people actually use emotion words. The Shaver et al. taxonomy is the empirical foundation that DBT's emotion vocabulary handouts (Linehan, 2025, Handout 6) explicitly cite as their source, and it can be drawn on directly without dependence on DBT as the citation pathway.

Plutchik's (2001) wheel of emotions supplies a complementary structure. Plutchik identifies eight primary emotions arranged in four bipolar pairs (joy/sadness, anger/fear, trust/disgust, anticipation/surprise), each of which exists at multiple intensities (e.g., the anger spectrum runs from annoyance through anger to rage). The wheel also specifies emotional combinations, or *dyads*, that arise from blending adjacent primary emotions (joy plus trust produces love; anger plus disgust produces contempt). For the mediator, Plutchik's contribution is twofold: a visual map of intensity gradients within emotional families and an account of complex emotions as combinations that often prove more accurate diagnostically than single-emotion labels. Contempt, on Plutchik's account, is not a milder or stronger version of anger but a distinct emotion produced by the combination of anger and disgust, which is exactly why contempt is more corrosive to a relationship than anger alone, and why the distinction matters in mediation.

Russell's (1980) circumplex model adds a dimensional view. Where Plutchik and Shaver organize emotions categorically, Russell maps emotions in a two-dimensional space defined by

valence (pleasant to unpleasant) and *arousal* (low to high activation). This dimensional framing offers practical utility for the mediator: a quick read of where the room sits on these two dimensions yields immediate information about what intervention level is required. High-arousal negative states (rage, panic, terror) require physiological intervention before any other work can proceed; low-arousal negative states (despair, shame, depression) require different mediator moves entirely. Brackett's (2019) Mood Meter, developed at the Yale Center for Emotional Intelligence, operationalizes Russell's circumplex into a practitioner-accessible four-quadrant grid that can be taught to parties for their own emotional self-tracking when appropriate.

For contemporary practitioner-accessible vocabulary, Brené Brown's (2021) *Atlas of the Heart* maps eighty-seven emotions and emotional experiences, drawing on multiple research traditions. Brown's contribution is not a theoretical novelty but lexical breadth, particularly for emotions that major academic taxonomies underdevelop, including disappointment, regret, comparative emotions (envy, jealousy, schadenfreude), and the wider family of self-conscious emotions. While the *Atlas* sits closer to popular literature than to academic literature, its synthesis of research findings into a working practitioner vocabulary makes it a useful reference for the mediator developing her own emotional precision.

The connection between emotion and action, central to Stage 3's diagnostic work, draws on Frijda's (1986) account of *action tendencies*: each emotion carries a specific readiness to act, and accurately identifying the emotion makes its action tendency predictable. Fear carries flight tendency; anger carries attack tendency; shame carries hiding tendency; contempt carries dismissive tendency. Damasio's (1994) somatic marker framework supplements this with the recognition that emotions function as biological-cognitive signals that organize decision-making, and that the action urges diagnostic information about what the system reads as at stake.

Navigating Common Distinctions

The mediator's practical work at Stage 3 involves several distinctions that matter operationally because they imply different action urges and require different interventions. Anger and contempt are distinct emotions, not points on a single continuum: anger carries an attack tendency directed at restoring a violated boundary or goal, while contempt carries a dismissive tendency directed at lowering the other person's status (Ekman, 2003; Plutchik, 2001). The mediator who treats contempt as a strong form of anger will miss the relational damage it causes. Shame and guilt are distinct: guilt is the painful recognition that one has done something wrong (action-focused), while shame is the painful recognition that one *is* doing something wrong (identity-focused). The action urges differentiation: guilt urges repair, shame urges hiding, and the interventions differ accordingly. Fear and anxiety, similarly, are distinguishable: fear is keyed to specific, identifiable threats and supports focused response, while anxiety is diffuse and often produces cognitive paralysis. The empirical literature on these distinctions is extensive (Lazarus, 1991; Tangney & Dearing, 2002; Tomkins, 1962), and the mediator's working repertoire requires fluency in them.

The Containment Function

Emotional containment, as an intervention strategy, operates throughout Stage 3 and is integrated with the naming work. The act of naming an emotion accurately, by the mediator or by a party with the mediator's facilitation, is itself a containment move: it gives shape and boundary to what is otherwise diffuse and overwhelming. The Bionian construct of containment, developed in Section 3.2, frames this work theoretically; the mediator holds and metabolizes what the parties cannot yet hold themselves, but its operationalization is largely linguistic. "What I am hearing in your voice sounds more like grief than anger" is both a naming and a

containment intervention. The emotion is given a name; the name implies an action urge different from the one being acted on; the room receives information about what kind of regulatory work is now required.

5.6 Stage 4: Course Correct and Reframe, The Intervention Repertoire

With the emotion precisely named and the driver identified, Stage 4 is the appropriate intervention stage. The mediator now selects from a repertoire of moves matched to what Stages 1 through 3 have revealed. The DBT response trio (Check the Facts, Opposite Action, Problem Solving) provides the analytical structure for this selection (Linehan, 2015), with the choice among them determined by the diagnostic work already completed: Check the Facts when the emotion does not fit the facts; Opposite Action when the emotion fits the facts but acting on it would be ineffective; Problem Solving when the facts themselves are the source of the difficulty. Five of the ten intervention strategies operate primarily at Stage 4: establishing shared goals, setting group norms and behavioral expectations, de-escalation interventions, group counseling techniques, and (continuing from earlier stages) the structured communication processes that bridge cognitive intervention into substantive engagement.

Establishing shared goals functions, in Gross's (1998, 2014) terms, as a *situation modification* strategy: the mediator alters the structural features of the encounter so that the emotional landscape itself shifts. When parties are oriented toward a goal both regard as their own (protecting children's stability, preserving an organization, exiting a dispute with dignity), the affective field reorganizes around that shared orientation. Goals that the parties do not own do not produce this effect; manufactured "common ground" typically fails. The mediator's work at this stage is helping the parties identify genuinely shared goals, rather than constructing them on the parties' behalf.

Setting group norms and behavioral expectations operates as both a situation modification and a containment move. Explicit norms about how parties will speak to one another, what is in and out of bounds, how requests for breaks will be honored, and what the structure of the session will be provide the predictable framework that, as developed in Section 4.2, allows the autonomic system to read the room as safe (Saini et al., 2025). Norms set at the outset of the session and referenced during the session serve as anchor points to which the mediator and parties can return when dysregulation rises.

De-escalation interventions deploy the framework's repertoire when physiological course correction is required. Short, directed breaks, change of physical setting, caucusing, paced breathing modeled by the mediator, deliberate slowing of conversational tempo, and the brief introduction of distance between escalated parties all function at this strategy. The DBT category of *change-your-body-chemistry* interventions (paced breathing, posture change, physical movement) is the operational vocabulary, and the framework claims that these are not retreats from the substantive work but specific interventions in the affective system. De-escalation is not failure; it is the appropriate mechanism-level move when the system requires it.

Group counseling techniques, selectively imported from the group therapy literature, contribute a fourth set of moves. Yalom and Leszcz's (2020) account of universality (the recognition that one's experience is shared rather than uniquely shameful), instillation of hope, and group cohesiveness can be selectively translated to mediation: the mediator who reflects that "the difficulty you are describing is one I see often in disputes like this one" performs a universality move that reduces shame-based defensiveness and creates space for engagement. These techniques must be deployed within the mediator's ethical and professional scope; the

mediator is not running a therapy group, but selective borrowing from the group therapy repertoire enriches the framework's intervention options.

The DBT trio supplies the analytical core of Stage 4. Check the Facts moves are deployed when reappraisal of an interpretation is required; the mediator surfaces the appraisal, invites consideration of alternative readings consistent with the facts, and supports the party in broadening cognitive engagement (Halperin et al., 2013). Opposite Action moves are deployed when an emotion fits the facts, but acting on its action urge would be counterproductive; the mediator validates the emotion, models the opposite action (engagement rather than withdrawal, kindness rather than attack), and supports the party in choosing a response inconsistent with the immediate urge (Linehan, 2015). Problem-solving moves are deployed when the facts themselves are the source of the difficulty; the mediator returns the parties from emotional reactivity to collaborative engagement with the underlying issue. Across all three, the mediator works in a neutralizing rather than suppressive register, treating the emotion as legitimate information about what is at stake while supporting movement toward responses that serve the parties' substantive interests.

5.7 The Recursive Cycle and the Working Logic

The four-stage process, with its substrate stage and its ten interventions, operates recursively rather than linearly. After any Stage 4 intervention, the mediator returns to Stage 1 to read the room's response, to determine whether the intervention produced the intended regulation, produced new dysregulation requiring different work, or revealed that the diagnostic work of Stages 2 and 3 had identified the wrong emotion or the wrong driver. A single complete cycle through the four stages may take thirty seconds when the room is mostly stable; a single cycle may span an hour when the system is deeply dysregulated, and intervention is producing

slow shifts. The mediator's working logic is not a checklist but a continuous, adaptive process organized into stages and informed by mechanisms.

This logic produces a different working priority than the dominant mediation traditions. While settlement-focused mediation prioritizes movement toward agreement, transformative mediation prioritizes empowerment and recognition shifts, and narrative mediation prioritizes the reconstruction of meaning, affective systems stabilization prioritizes the regulation of the affective field as the prior condition under which any of these other movements becomes possible. The framework's ten interventions, aligned to the four-stage process and grounded in the four mechanisms specified in Section 4, supply the operational repertoire through which this priority is enacted. Section 6 turns to the framework's limitations and boundary conditions, anticipating the most consequential objections it will face.

6. Limitations and Boundary Conditions

6.1 The Discipline of Specifying Limits

A theoretical framework earns its place not by claiming universal applicability but by specifying the conditions within which it operates and the objections it must engage. The framework developed in this paper makes substantial claims (that conflict produces an emergent affective system at the group level, that mediators function as systemic emotional regulators, and that existing mediation paradigms have left the regulatory conditions on which they depend underdeveloped), and each of these claims is open to legitimate critique. This section engages the most consequential of those critiques directly. The architecture is threefold: theoretical objections that challenge the framework's conceptual structure, empirical objections that question its evidentiary foundations, and professional objections that contest its implications for mediator practice. The section closes by specifying the scope conditions within which the

framework, as developed, applies, and the contexts in which its applicability is uncertain or requires substantial modification.

6.2 Theoretical Objections

Three theoretical objections deserve direct engagement, because each cuts at a different load-bearing element of the framework.

The first is the reification critique: the charge that treating an emergent emotional system as a "co-equal force" within a conflict risks reifying what is, in fact, nothing more than the aggregate of individual emotional states. Methodological individualists in the Fisher-Ury tradition, and cognitive-behavioral researchers who treat emotion as a feature of individuals, will argue that "the room had developed a coordinated emotional dynamic of its own" is a metaphor rather than ontology, and that the framework's central claim collapses under careful analysis into nothing more than "the parties' emotional states correlated." The response rests on a precise specification of what emergent means in this framework. Emergence, in the technical sense the framework deploys, means that the group-level emotional state has properties that cannot be predicted from individual states alone (synchronization patterns, polarization dynamics, cascade effects, convergence properties) and that these group-level properties produce causal effects on the parties' subsequent functioning. This is not metaphysical overclaiming; it is consistent with a substantial body of contemporary empirical work. Chung, Grèzes, and Pacherie's (2024) framework distinguishes five empirically demonstrated patterns of group emotion emergence, none of which is reducible to aggregations of individual states. Barsade's (2002, 2018) experimental work demonstrates that group-level affective contagion affects cooperation, conflict, and performance net of individual mood states. The reification critique, taken seriously,

requires a sharper specification of the emergence claim, and the framework can supply that specification, rather than retreat from it.

The second theoretical objection is the *falsifiability critique*: the charge that a model that reframes conflict as "a dysregulated emotional system" risks being unfalsifiable, because any unresolved conflict can be attributed to inadequate regulation and any resolved conflict to successful stabilization. The objection has Popperian force and must be answered with specifics. The framework generates testable propositions, several of which Section 7 develops in detail. Among the most direct: mediator differentiation scores, measured using the Differentiation of Self Inventory-Revised (Skowron & Schmitt, 2003), should predict mediation effectiveness independent of technical skill measures; periods of higher physiological synchrony between mediator and parties, measured through cardiac or electrodermal indices, should predict subsequent reductions in verbal escalation; explicit psychoeducational framing of emotion at session outset should produce higher party satisfaction independent of settlement outcome; and brief mediator-led reappraisal interventions, modeled on Halperin and colleagues' (2013) protocols, should produce measurable shifts in conflict-related appraisals in mediation contexts. None of these propositions is guaranteed to hold. Each is a falsifiable empirical claim derived from the framework, and the framework's standing depends on whether such claims, when tested, are supported. Falsifiability is recoverable when a framework is operationalized into specific predictions, and the framework's operational specifications in Sections 4 and 5 are designed precisely for this purpose.

The third theoretical objection is the *differentiation-construct critique: the charge that Bowen's construct of differentiation of self, developed within and primarily validated for nuclear-family contexts, has unargued applicability to the transient professional system of*

mediation. The objection has force. Bowen Family Systems Theory was developed clinically with intact families, and the empirical literature operationalizing differentiation (substantial as it now is, with 295 primary studies cataloged in Calatrava and colleagues' (2022) scoping review) has been concentrated in marriage and family contexts rather than in professional or organizational ones. Friedman's (2007) extension to leadership and Gilbert's (1992) extension to organizations represent conceptual rather than empirical bridges to the contexts in which mediation occurs. The framework's response is to acknowledge this gap honestly while arguing that the construct's underlying psychological structure, the capacity to maintain principle and clarity under emotional pressure, has face validity across contexts in which sustained emotional contact under stress is required, including the mediation room. The framework treats the application as theoretically defensible and empirically open. It identifies the testing of differentiation effects in mediation contexts as a research agenda priority rather than treating the construct's applicability as settled.

6.3 Empirical Objections

Two empirical objections require direct engagement.

The first is the *polyvagal critique*. Stephen Porges's polyvagal theory has been widely adopted in trauma-informed clinical practice and is one of the empirical anchors that the framework's affective neuroscience pillar draws on. The theory has also been the subject of sustained scientific challenge, most prominently in Grossman's (2023) systematic critique in *Biological Psychology*, which challenges several of polyvagal theory's foundational anatomical and evolutionary premises, particularly the claimed functional differentiation of ventral and dorsal vagal mediation of heart rate and the use of respiratory sinus arrhythmia as a clean index of vagal tone. Porges has responded in multiple peer-reviewed venues (Porges, 2022, 2023), and

the scientific debate continues. A reviewer who follows it will not accept polyvagal theory's specific anatomical claims as settled science.

The framework's response is to distinguish polyvagal theory's clinical-conceptual contributions from its disputed mechanistic propositions. Three of polyvagal theory's contributions (the construct of neuroception (autonomic reading of safety and threat below conscious awareness), the social engagement system as an organizing frame for understanding why some interventions land and others do not, and the felt sense of safety as a precondition for productive engagement) remain useful as practitioner-facing heuristics independent of the specific anatomical claims under dispute. The harder mechanistic claims the framework depends on are drawn not from polyvagal theory but from broader and well-established literature on autonomic regulation, interpersonal physiological synchrony, and emotional contagion. Gordon and Bartsch's (2026) *Nature Reviews Psychology* synthesis of synchrony research, Hatfield, Cacioppo, and Rapson's (1994) foundational contagion work, and the broader literature on co-regulation in adult relationships (Schore, 2003) supply the load-bearing empirical foundation; polyvagal theory contributes clinically useful conceptual vocabulary that survives the critique even if specific anatomical specifications do not. A peer-reviewed manuscript treats this distinction explicitly rather than passing over it.

The second empirical objection concerns the *framework's broader empirical frontier*. Several of the framework's central claims rest on theoretical extension from established literature in adjacent fields rather than on direct empirical validation in mediation contexts. The proposition that mediation rooms develop emergent emotional systems with predictable properties is consistent with, and arguably licensed by, the empirical work on group affect (Barsade, 2002, 2018), collective emotion (Chung et al., 2024; Pizarro et al., 2022), and group-

based emotion regulation (Porat et al., 2020). It has not been directly tested in mediation contexts. The proposition that mediator differentiation predicts mediation effectiveness has substantial face validity, given the Bowen literature and the broader psychotherapy literature on therapist alliance (Wampold, 2015), but has not been empirically tested with mediator samples. The framework's response is straightforward: theoretical frameworks earn their place by generating testable propositions, and the framework's value will be confirmed or disconfirmed through empirical work that has not yet been done. Section 7 specifies what that work should look like and what propositions matter most. Acknowledging the empirical frontier honestly is not a weakness but a feature of how theoretical contributions function within a field. The framework's status as theory rather than as a validated empirical model is appropriately marked.

6.4 Professional Objections

Two professional objections engage the framework's implications for mediator practice and identity.

The first is the *role-boundary critique*: the charge that importing concepts from family therapy (Bowen), group psychotherapy (Bion, Yalom), and clinical emotion regulation (Linehan) blurs role boundaries that have been carefully constructed within the mediation profession, and that the framework risks authorizing mediators to perform functions for which they are neither trained nor licensed. The objection deserves serious treatment because it speaks to professional ethics and to the integrity of mediation as a distinct practice. The framework's response, developed in Section 1.2 and reinforced here, distinguishes the use of clinical-theoretical frameworks (legitimate scholarly borrowing that informs how mediators understand their work) from the practice of clinical interventions (which mediators should not undertake). The mediator-as-systemic-regulator does not diagnose conditions, treat trauma, perform therapy, or occupy a

clinical role. The mediator uses clinical theory, as interest-based negotiation uses cognitive psychology, to understand what is happening and to inform what to do, without crossing into clinical practice itself. The framework's intervention strategies, as developed in Section 5, all operate within the ethical and professional scope of mediation as currently practiced; they are extensions and specifications of mediator work, not crossings into therapy.

A related issue requires acknowledgment: mediators trained within this framework will sometimes encounter parties whose dysregulation exceeds what mediation can productively engage. Severe trauma activation, decompensation, suicidality, and acute mental health crisis are not within the framework's scope, and a mediator who attempts to manage them through the framework's interventions is making a professional error. The framework's discipline includes knowing when to pause, refer, or terminate, and mediator training organized around the framework must explicitly develop these recognition capacities. The risk of role-boundary confusion is real, and the framework's response is not to dismiss it but to specify the limits within which it operates and the recognition skills mediators must develop.

The second professional objection is the *"**is this anything new?**" critique*: the charge that what the framework calls affective systems stabilization is simply what skilled mediators have always done, and that naming the practice does not produce theoretical or practical advance. The objection is one that any framework articulates implicit professional craft faces, and it deserves direct engagement. The framework's claim to contribution rests on five elements, each of which adds something the field's existing vocabulary does not supply. First, theoretical specification: skilled mediator practice that has operated as an implicit craft now has a structured rationale grounded in family systems theory, group dynamics, affective neuroscience, and validated emotion regulation taxonomies, which makes the practice teachable, examinable, and refineable

in ways implicit craft is not. Second, operational sequence: the four-stage process developed in Section 5 organizes mediator action in a way that supports both the experienced practitioner refining her craft and the developing practitioner acquiring it. Third, integration across pillars: the framework brings four traditions into a coherent theoretical structure that no existing mediation framework has yet assembled. Fourth, mechanism specification: the four mechanisms developed in Section 4 explain *why* particular interventions work, thereby supporting targeted training and empirical research that mechanism-unspecified frameworks cannot. Fifth, the named paradigm: distinguishing affective systems stabilization as a paradigm from settlement-focused, transformative, narrative, and trauma-informed paradigms gives the field a vocabulary for what experienced mediators have observed but have been unable to name. The framework's contribution, in short, is to make the implicit explicit and the explicit teachable, examinable, and testable. Whether this constitutes a genuine advance is a judgment readers must make, but the framework should not be assessed against the standard of inventing new mediator behaviors. Theoretical frameworks earn their place by organizing, specifying, and grounding practice, not by inventing it.

6.5 Scope and Boundary Conditions

The framework, as developed, has scope conditions that should be named explicitly. Four conditions matter most.

Cultural specificity. Emotion regulation as a construct, differentiation of self as a developmental capacity, and the model of the bounded individual carrying internal emotional states are products of particular cultural and intellectual traditions, broadly Western, broadly individualist, and shaped by the clinical and academic contexts in which the framework's source traditions were developed. Markus and Kitayama's (1991) foundational work on independent

and interdependent self-construals demonstrates that the relationship among self, emotion, and social context varies systematically across cultural contexts, and that frameworks developed within Western individualist traditions cannot be assumed to translate unmodified to collectivist or interdependent cultural contexts. Almarri's (2026) empirical work on mediator psychology in Saudi mediation contexts provides one example of how cultural specificity shapes what mediator neutrality, emotional engagement, and regulatory work look like in different professional and cultural environments. The framework as developed should be treated as articulated primarily within Western mediation contexts, with cross-cultural extension as future research and theoretical work rather than as the assumed scope. Mediators applying the framework in collectivist, interdependent, or non-Western cultural contexts should expect significant cultural adaptation to be required, and that some of the framework's core constructs, particularly the individualist framing of differentiation and the cognitive-appraisal emphasis on emotion regulation, may need substantial modification or replacement.

Power asymmetry contexts. The framework, as developed, assumes some baseline of mutual capacity for engagement among the parties. In contexts of severe power asymmetry (particularly mediation in cases involving domestic violence, coercive control, or other patterns of sustained interpersonal abuse), that baseline cannot be assumed, and the framework's interventions may produce harmful effects if applied unmodified. A mediator working with a survivor of intimate partner violence cannot rely on co-regulation between the parties because the parties' affective coordination is itself part of the abuse pattern; a mediator working in a workplace mediation between a junior employee and a senior executive cannot assume that emotion regulation work will be received the same way by both parties when one party's professional standing depends on the other's evaluation. The mediation literature has developed

substantial sub-frameworks for power-asymmetry contexts (Frenkel & Stark, 2008; Greatbatch & Dingwall, 1999), and any extension of the framework into such contexts requires integrating those sub-frameworks rather than directly applying the framework as developed here. Domestic violence mediation, in particular, requires significant modification or, in some cases, a determination that mediation is not the appropriate process at all.

Mediation modality. The framework, as developed, assumes in-person mediation in which the parties and mediator share a single physical space. Mediation conducted online, increasingly common since 2020 and now a substantial portion of mediation practice, introduces meaningful constraints on the framework's mechanisms. Collins's (2004) micro-sociology of interaction ritual makes explicit why the constraint matters: emotional entrainment depends on the rhythmic coordination of bodies and the mutual reading of micro-expression that physical co-presence supplies, and the attenuation of these channels in computer-mediated interaction directly affects what kind of affective coordination the room can produce. Physiological co-regulation operates through channels (bodily presence, autonomic information, full visual field, shared physical environment) that videoconference partially attenuates and that asynchronous text-based mediation largely eliminates. The mediator's reading of the parties' biological signs is limited by what the camera frames and what the connection quality conveys. Attentional containment is more difficult when parties can mute themselves, leave the frame, or be interrupted by their physical environments. The framework's claims about co-regulation and synchrony rest on a substantial empirical base in physical-presence contexts; the empirical literature on synchrony and emotion regulation in computer-mediated contexts is younger and more equivocal. Mediators working in online modalities should expect that the framework's

physiological mechanisms operate with reduced power, and that compensatory emphasis on the framework's attentional and cognitive mechanisms is required.

Group size and time. The framework, as developed, assumes the small-group context characteristic of most contemporary mediation: two to four parties, a single mediator or co-mediator team, sessions of one to four hours, and an arc that may span several sessions across weeks or months. The framework's scaling to larger-group contexts (multi-party, complex disputes, community-wide conflicts, organizational interventions involving dozens of stakeholders) is conceptually plausible but operationally underdeveloped. The mechanisms of physiological co-regulation operate differently at scale, and the diagnostic work of Stages 1 through 3 becomes substantially more difficult as group size grows. Likewise, the framework's scaling to very brief interventions (single-session settlement conferences of 30 minutes or less) is constrained by the time required for Stages 0 through 3. The framework's primary applicability is in mediation contexts that allow sustained engagement with the affective field (typically family, employment, organizational, community, and certain civil contexts), and its applicability to high-volume, time-constrained, or extremely large-scale contexts requires further development.

6.6 Toward the Research Agenda

The limitations and boundary conditions specified above mark the framework as a theoretical contribution at a particular stage of development. The framework integrates established literature into a coherent model, generates testable propositions, specifies operational sequences, and identifies the conditions within which it operates and the contexts in which its applicability requires modification. What it does not do is provide empirical validation for its central claims in mediation contexts. That work has not yet been done. Section 7 develops the

research agenda that follows from the framework: specifying the empirical questions whose answers will determine whether the framework holds up under testing and identifying the methods and measures appropriate for each. The boundary between what is theoretically established and what is empirically open is not a weakness of the framework but a feature of how theoretical contributions advance fields, and clearly naming that boundary is itself part of the discipline of scholarly work.

7. A Research Agenda for Affective Systems Stabilization

7.1 The Framework's Empirical Maturation

The framework developed across the preceding sections is theoretical. Its central claims rest on integrating established literature from adjacent fields rather than on direct empirical validation in mediation contexts, and Section 6 acknowledged this status honestly. The work that follows from the framework, then, is a structured program of empirical research designed to test the framework's propositions, identify which hold up under examination, and revise or abandon those that do not. This section outlines the research program in phases. The phases proceed from descriptive questions about whether the phenomena the framework describes occur, through mechanism questions about how the framework operates, to intervention and training questions about whether the framework's prescriptions produce measurable effects when implemented. Cross-cultural and generalization questions sit alongside these phases as parallel rather than subsequent work. Methodological considerations specific to mediation research close the section. Throughout, the goal is not to enumerate every conceivable study but to specify the propositions most consequential for the framework's standing and the measurement approaches most appropriate to them.

7.2 Phase One: Foundational Descriptive Propositions

The framework's most distinctive ontological claim, that small-group mediation systems develop emergent emotional properties that cannot be fully reduced to individual states, is empirically open and requires direct testing before mechanism and intervention work can proceed productively. Three foundational propositions follow.

Proposition 1.1: Mediation sessions exhibit measurable patterns of physiological synchrony between the mediator and the parties, and among the parties, with these patterns varying across session phases and mediator interventions. Testing requires multimodal physiological measurements during mediation sessions (heart rate variability, electrodermal activity, and respiratory patterns) collected simultaneously from the mediator and the parties. The empirical literature on physiological synchrony in dyadic therapeutic contexts (Tschacher et al., 2025; Palumbo et al., 2017) provides established measurement protocols that can be adapted to small-group mediation contexts, though the methodological complications of three- and four-person measurement are nontrivial.

Proposition 1.2: Group emotional states emerge in mediation sessions that show one or more of the five patterns Chung, Grèzes, and Pacherie (2024) identify in the broader collective emotion literature (amplification, convergence, polarization, synchronization, or cascade), and these patterns predict subsequent verbal and behavioral developments in the session. Testing requires combined behavioral coding (using systems adapted from group process research, such as Karterud's Group Emotionality Rating System) and physiological measurement, with statistical modeling capable of distinguishing aggregate-level patterns from individual contributions.

Proposition 1.3: Specific affective system states are observable and reliably identifiable by trained coders, including Bionian basic assumption states (dependency, fight-flight, pairing)

adapted to mediation contexts. Testing requires the development of a coding manual specific to mediation, training of coders to acceptable reliability, and application to recorded sessions across a sufficiently diverse sample of mediation types and contexts. The clinical group literature provides foundational coding work (Karterud, 1989; de Felice et al., 2018) that can be adapted but cannot be applied directly to the mediation context without modification.

These foundational propositions matter because every subsequent claim of the framework depends on them. If mediation sessions do not exhibit the emergent emotional properties the framework posits, the propositions regarding mechanism, intervention, and training become moot. Phase One work is the empirical foundation on which the rest of the research agenda depends.

7.3 Phase Two: Mechanism Propositions

Once the foundational propositions have received empirical support, and only then, research can productively address the framework's mechanism specifications. Four propositions structure this phase.

Proposition 2.1: Mediator differentiation of self, measured using the Differentiation of Self Inventory-Revised (Skowron & Schmitt, 2003), predicts mediation effectiveness across multiple outcome measures (party satisfaction, agreement durability, perceived process quality) independent of mediator experience, training credentials, and technical skill measures. Testing requires moderately large mediator samples, multi-source outcome data (parties, mediators, and, where possible, external observers), and statistical analysis capable of distinguishing differentiation effects from confounding variables. The proposition's importance derives from the framework's central claim that the mediator's substrate functioning is the central organizing

variable in the work; if Proposition 2.1 fails, the framework's prioritization of differentiation requires revision.

Proposition 2.2: Periods of higher physiological synchrony between mediator and parties (operationalized as cross-participant correlation of cardiac, electrodermal, or respiratory signals over rolling time windows) predict subsequent reductions in verbal escalation, increased reciprocal information-sharing, and improved party-rated working alliance. Testing requires the measurement infrastructure of Proposition 1.1 combined with fine-grained behavioral coding of escalation indicators and post-session alliance ratings. This proposition directly tests the framework's physiological co-regulation mechanism (Section 4.1).

Proposition 2.3: Mediator-led attentional containment interventions (structured turn-taking, deliberate pacing, naming, and bounding affect) produce measurable reductions in subsequent autonomic arousal and improvements in subsequent cognitive engagement (operationalized as task-relevant talk, perspective-taking, and complexity of reasoning). Testing requires interaction coding combined with physiological measurement, with adequate session counts to support multilevel modeling of within-session effects. This proposition tests the framework's attentional containment mechanism (Section 4.2).

Proposition 2.4: Mediator-led cognitive reappraisal interventions, adapted from Halperin and colleagues' (2013) field protocols for intergroup conflict, produce measurable shifts in party appraisals of the dispute, in conflict-related emotions, and in willingness to engage constructively, with effects detectable both within session and at follow-up. Testing requires either field-experimental designs (random assignment of mediators to reappraisal-enhanced versus standard protocols) or rigorous quasi-experimental designs with matched comparison groups. The empirical basis for cognitive reappraisal effects in intergroup conflict is well

established; what remains to be tested is whether these effects transfer to the small-group mediation context when delivered by mediators.

7.4 Phase Three: Intervention Propositions

Phase Three tests the framework's specific intervention strategies as practiced rather than as abstract mechanisms. Three propositions structure this work.

Proposition 3.1: Explicit psychoeducational framing of emotion at session outset (brief, non-clinical normalization of emotional processes in conflict, the event-interpretation distinction, and predictable patterns of escalation) produces higher party-rated process quality, higher session-completion rates, and increased willingness to engage emotionally laden content, independent of settlement outcome. Testing requires randomized or quasi-experimental designs in which the intervention and comparison conditions are held constant while other variables are controlled for. This proposition is especially important because psychoeducational framing is among the framework's most readily implementable interventions and the easiest to assess for cost-effectiveness in practitioner-relevant terms.

Proposition 3.2: Mediator emotion-naming precision (measured by independent coding of mediator language for emotion granularity, drawing on Shaver and colleagues' (1987) hierarchical taxonomy or comparable systems) predicts party-rated feeling-understood, post-session emotion regulation in parties, and mediation outcomes. Testing requires the development of a coding scheme appropriate to mediator speech, application across a sample of recorded mediations, and statistical analysis relating granularity to multiple outcome measures. This proposition tests the framework's Stage 3 (Identify the Emotion) work directly and connects to the broader empirical literature on emotion granularity (Kashdan, Barrett, & McKnight, 2015).

Proposition 3.3: The full four-stage operational process developed in Section 5, when implemented as the mediator's primary working logic, produces measurably different intervention patterns and outcomes than standard interest-based or transformative mediation, with effects detectable in both mediator behavior coding and party-rated outcomes. Testing requires comparing trained-in-framework mediators with trained-in-alternative-framework mediators, controlling for case complexity and mediator experience. This is the framework's most consequential intervention test: if its operational sequence does not produce different and better outcomes than alternative approaches, the framework's practical claim weakens.

7.5 Phase Four: Training and Dissemination Propositions

Two propositions address whether the framework can be taught and whether trained mediators reliably produce framework-predicted behaviors and outcomes.

Proposition 4.1: Mediators trained in the framework (including Stage 0 substrate work on differentiation cultivation, body-based self-regulation practice, and the four-stage operational process) show measurable differences from comparison mediators on observed in-session behavior (Stage 1 observational accuracy, Stage 2 appraisal surfacing, Stage 3 emotion-naming precision, Stage 4 intervention selection) and on party-rated outcomes. Testing requires a structured training program (which the framework's operationalization in Sections 4 and 5 supports developing), trained and control mediator samples, and longitudinal follow-up. A particularly informative variant tests whether training in body-based self-regulation alone, in the absence of operational sequence training, affects mediator functioning, thereby isolating the substrate contribution.

Proposition 4.2: Mediator differentiation of self is cultivable through targeted professional development (including Bowen-style work on family-of-origin patterns, body-based

regulation practice, and supervised practice) with measurable increases in DSI-R scores following structured intervention, and with corresponding changes in observed in-session functioning. Testing requires a structured differentiation-cultivation curriculum, pre-post DSI-R measurement, and observation of in-session mediator behavior. This proposition matters because the framework's practical claim that differentiation is the most consequential mediator variable depends on its being cultivable; if it is fixed, the framework's practical implications change substantially.

7.6 Cross-Cultural and Generalization Research

Three propositions address the framework's applicability across contexts identified in Section 6.5 as scope-limiting.

Proposition 5.1: The framework's core constructs (emergent group affective states, mediator co-regulatory function, the four-stage operational process) display recognizable but culturally adapted forms in non-Western mediation contexts, with cultural variation in the specific affective patterns, the appropriate mediator stance, and the operational vocabulary. Testing requires partnerships with researchers and practitioners in collectivist and interdependent cultural contexts (Markus & Kitayama, 1991), including but not limited to East Asian, South Asian, Middle Eastern, and African mediation traditions. Almarri's (2026) work on mediator psychology in Saudi contexts provides one model for this kind of culturally situated extension research.

Proposition 5.2: The framework's physiological co-regulation mechanism operates in an attenuated form during online (videoconference-mediated) sessions, with attentional and cognitive mechanisms partially compensating. Testing requires comparing in-person and online mediation sessions using parallel measurement protocols, with particular attention to whether

and how the framework's interventions function across modalities. The increased prevalence of online mediation since 2020 makes this an immediate practical priority.

Proposition 5.3: The framework's interventions require systematic modification for application in contexts of severe power asymmetry, particularly intimate partner violence and coercive control contexts. Testing in such contexts requires close collaboration with domestic violence advocacy organizations and rigorous attention to safety considerations; the research goal is to identify whether modified versions of the framework can serve survivors in mediation processes that are appropriate for their situations, or whether the framework's central mechanisms are incompatible with such contexts and alternative approaches are required.

7.7 Methodological Considerations Specific to Mediation Research

Empirical work on mediation faces methodological challenges that the broader psychotherapy and group therapy literatures have addressed and that the present research agenda must engage. Five challenges deserve direct mention.

First, confidentiality constraints limit researchers' access to mediation sessions. Most mediation occurs under confidentiality agreements that preclude direct observation, recording, or external coding. Research partnerships require institutional structures (university-affiliated mediation programs, court-connected mediation services with research mandates, and partnerships in which research participation is consented separately from mediation services) that respect confidentiality while enabling empirical work. The development of research-enabling mediation infrastructure is itself a methodological priority for the framework's empirical maturation.

Second, measuring outcomes in mediation is complicated by the multidimensional nature of what constitutes success. Settlement is one outcome, but not the only one; party satisfaction,

agreement durability, perceived process quality, relational repair, and the absence of subsequent re-conflict are all relevant outcome dimensions, and the framework's predictions may operate differently across outcomes. Multi-source, multi-method outcome measurement is required, with explicit specification of which outcomes the framework predicts effects on and the mechanisms through which.

Third, sample heterogeneity is substantial. Mediation cases vary across dispute types (employment, family, civil, community, organizational), parties (number, role, prior relationship), structural conditions (voluntary versus mandatory, single session versus extended), and mediator characteristics (training, experience, modality). Research designs must either control for this heterogeneity through careful sampling and matching or use it productively through moderator analysis, testing whether framework effects vary across context.

Fourth, the timescale of mediation research is variable and often long. Some outcomes manifest within the session; others appear only at follow-up months later. Longitudinal designs are required for many of the propositions specified above, and their resource demands and attrition risks necessitate deliberate planning.

Fifth, physiological measurement in naturalistic mediation contexts is technically demanding. Multi-person synchronous physiological measurement, while increasingly feasible with contemporary wearable sensors, still requires expertise that mediation research programs typically lack. Partnerships between mediation researchers and affective science laboratories will be necessary for the propositions involving physiological measurement to move forward.

7.8 Toward Empirical Maturation

The research agenda specified above is substantial. It will require partnerships across institutions, disciplines, and professional communities; it will require funding pathways that few

existing funding bodies are well organized to support; and it will require time horizons that exceed those of any single research program. The framework's empirical maturation will likely proceed unevenly, with some propositions receiving prompt examination and others remaining open for years. This is the normal pace of empirical work on theoretical frameworks. What the present paper offers is the specification (the propositions, the measurement approaches, the methodological considerations) that allows researchers to engage with the framework rigorously rather than take it or leave it as a theoretical proposal whose status cannot be tested. Section 8 closes the paper by setting the framework within the broader trajectory of mediation theory and practice and identifying what the framework's contribution may finally be.

8. Conclusion

The mediation described at the opening of this paper failed not because the mediator lacked technique but because the framework within which she was working could not see what was actually happening. Forty-five productive minutes had produced a partial regulation of the affective field; one party's flat affect, accurate as observation, registered in that field as contempt; and the room reorganized around an older emotional pattern that the parties had brought with them but had not until that moment activated. The mediator's training prepared her to return the conversation to interests. It did not prepare her to read the room's autonomic state, to name what the room had become, or to stabilize the affective field before resuming substantive work. The framework developed in this paper proposes that mediator training has been underspecified, and that the conceptual resources to specify it (distributed across family systems theory, group-as-a-whole psychodynamic theory, affective neuroscience, and the validated emotion regulation taxonomies of Dialectical Behavior Therapy) are now available for integration.

The framework's central contributions are sevenfold. It reconceptualizes the mediator as a systemic emotional regulator. It treats group emotional identity as an emergent property of small-group systems, with predictable patterns of formation and regression. It integrates Bowen Family Systems Theory into mediation, positioning differentiation of self as the central organizing variable in mediator functioning. It specifies four mechanisms (physiological co-regulation, attentional containment, cognitive reappraisal, and relational differentiation as substrates) through which affective systems stabilization operates. It provides an operational four-stage process that organizes mediator action sequentially and recursively: read the signs, identify the driver, name the emotion precisely, and select an intervention matched to what the diagnostic work has revealed. It aligns ten intervention strategies with this process, drawn from the operational repertoire of DBT, the trauma-informed mediation literature, and the broader group therapy and family systems traditions. Moreover, it names the practice, affective systems stabilization, distinguishing it as a paradigm alongside but distinct from the settlement-focused, transformative, narrative, and trauma-informed traditions that have shaped contemporary mediation.

The framework's relationship to those existing traditions is complementary rather than competitive. Interest-based negotiation proceeds more reliably within a stabilized system; empowerment and recognition shifts emerge more reliably within a stabilized system; narrative reconstruction is more sustainable within a stabilized system; and trauma-informed practice gains theoretical scaffolding, but it has converged on intuitive, not yet formalized, approaches. The framework's claim is not that these traditions are wrong but that they have underspecified the substrate condition on which each depends. By making that condition explicit, by specifying the mechanisms through which it is achieved and maintained, and by supplying the operational

sequence the mediator follows in real time, the framework extends rather than displaces the field's existing theoretical resources.

The practical implications are substantial. If the framework's central claim is correct (that mediator differentiation is the most consequential variable in mediator functioning, and that the substrate condition of the affective field determines what any technical intervention can accomplish), then mediator training programs require reorganization. The cultivation of differentiation, body-based self-regulation practice, and the development of non-anxious presence become primary professional development priorities rather than supplements to the acquisition of technique. The mediator's own state becomes the central instrument of professional practice, and the work of tuning that instrument becomes career-long rather than completed at credentialing. Continuing education in mediation, supervision structures, and even mediator certification standards may need to be reconsidered in light of this priority.

The framework remains a theoretical contribution at a particular stage of development. Its central claims rest on integration of established literature in adjacent fields rather than on direct empirical validation in mediation contexts, and the research agenda specified in Section 7 identifies the empirical work whose results will determine whether the framework holds up under testing. That work has not yet been done, and the framework's status as theory rather than as a validated empirical model is appropriately marked. What the framework offers, in the meantime, is a vocabulary for what experienced mediators have observed without being able to name, an operational sequence that supports both the developing practitioner and the experienced one refining her craft, and a research agenda specific enough that the field can engage the framework rigorously rather than take it or leave it as a proposal. The conflict resolution field has been moving toward a systems account of emotion in mediation for some time. The

framework proposes that the resources to articulate one are now available, and that the work of articulation has begun.

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