From Conflict to Peace Through Emotional Regulation and Cooperation

15

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Introduction

When approaching the subject of conflict resolution within the context of international negotiations, what strikes one immediately is how much more has been written about the reasons for making wars rather than ending them, let alone preventing them. Conflicts are all around us in the news reports from Syria, Iraq, Afghanistan and Africa, many of which follow recent wars that were waged in order to ensure 'democracy' and 'security in the face of terrorism'. However, in 2005, the Oxford Research Group, experts in the field conflict resolution and violence prevention, predicted that the 'war on terror' and the conflict in Iraq would achieve the opposite of its stated aim and increase the power base of the Wahhabi Jihad movement, which it unfortunately has (Rogers 2011). But then war is big business for some states: in 2010, according to the Stockholm International Peace Research Institute (SIPRI 2011), the world military expenditure was estimated to have reached $1.63 trillion which represents an increase of 50 % since 2001. This corresponded to $236 for each person in the world. In 2011 the USA's military spending accounted for just under half of the world's total.

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There is therefore a vested interest in trying to convince people and their leaders that fighting wars and killing or oppressing others is part of 'human nature', a belief which is however not based on current scientific evidence but more on the religious beliefs and values of those who feel they make sense of the way they experience and perceive the world (de Zulueta 2006a). Indeed, even though Darwin's concept of 'survival of the fittest' is repeatedly used to scientifically justify man's violence, unregulated capitalism and inequality, there has been little interest in his findings relating to the value of our social instincts. Not only did he rank them as highly beneficial to animals, including man, but he emphasised that the most important of these are 'love and the distinct emotion of *sympathy*', which we now refer to as *empathy*. He concluded his study of the social instincts by stating that 'they have in all probability been acquired through natural selection'. Darwin had a particular interest in 'sympathy' which 'impels man to aid his fellows' and which he recognised as being influenced by 'the praise or blame of his fellows' (Darwin 1871, pp. 610–611). Few refer to this aspect of Darwin's work, although it was in fact setting the scene for the current scientific interest in attachment and human development, having recognised that the social instincts contribute to our survival through natural selection.

Referring to the two opposing views regarding human nature, Montagu wrote, 'they represent not only two ways of looking at human beings—important enough in itself—but also two ways of

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being human. And that has implications for us as individuals, as societies and as survivors' (1976, p. 11). It also has important implications for negotiators who, in their strivings to resolve conflicts and find equitable solutions, are promoting an aspect of humanity that has been much neglected as we face increasing violence and destruction in so many parts of the world as well as the all too likely devastation caused by man-made climate change.

In 1999 Fisk stated, 'Negotiation and mediation permeate virtually every dimension of contemporary international conflict resolution. It is especially important then, to consider ways that new approaches to negotiation and media can inform practice'. And, what we are now witnessing is an increasing interest in what the field of neuropsychology and biological sciences is beginning to reveal in terms of how the human mind responds to its surroundings and how these responses influence not only the way we act and think but even the way we perceive the world. Whilst the contribution of our genetic inheritance remains important, what happens to us during our early development is turning out to have an important implications in terms of how we think and behave. Anais Nin summed it up when she said 'we see things as we are'. This raises the most important and relevant question of our times which is now preoccupying many researchers in the field of neuroscience and biology: what are we then? The last 20 years have seen a huge amount of research into brain imaging showing us how the human brain 'appears' to work in different contexts and these findings are being taught and applied in many fields such as in business management and law schools in the USA (Birke 2011; Schore and McIntosh 2011). Despite the fact that some of this science involving brain scans is still rife with errors (Button et al. 2013), many of its findings, usually backed up by other research evidence from the field of neuropsychology and neurobiology, are beginning to be seen to be applicable to the field of conflict resolution (Lack and Bogacz 2012).

The briefest foray into the literature on conflict resolution and international negotiations soon makes us aware of the complexity of the issues negotiators have to work with in order to facilitate a constructive dialogue that can lead to a satisfactory solution for the different parties involved. A new approach based on recent neuropsychological research on the human brain has appeared on the scene which claims to be able to provide a way of facilitating the process of negotiations leading to more positive resolutions. It may also be less costly both financially and emotionally. If these claims are validated, this approach might also enable international organisations, such as the United Nations, for example, ensure that their negotiations are run in a manner that is more in keeping with the spirit of its founders whose aim was to achieve peace and security.

In this paper, I will attempt to outline the bare bones of the process of conflict resolution and some of the emotional and cognitive problems that international negotiators tend to encounter which can often result in an unsatisfactory outcome. In order to understand some of the potential obstacles to a successful negotiation, I will summarise interesting research in the field of multilingualism, before outlining relevant findings in the study of the neuro-development of the human brain and the formation of the *self* and its contribution to 'what we are', both in 'normal' conditions and following psychological traumatisation. This evidence will lead us to consider different ways in which these new findings could be used to inform the way international negotiations are run in the future so as to achieve a more constructive outcome for all concerned. I will end by considering the possible benefit some preparatory training might give negotiators and also 'neutrals' or facilitators involved in these processes.

Current Recommended New Approaches to Conflict Resolution

Conflicts occur when people or other parties perceive, that as consequence of a disagreement, there is a threat to their needs, interests or concerns. As participants in conflicts tend to respond on the basis of how they perceive a situation, some experts in the field of conflict

resolution suggest that any negotiation aimed at resolving a conflict, could do well by first clarifying the nature of the disagreement: the true disagreement and the 'perceived' disagreement may be quite different from one another and thereby influence the level of perceived threat. In so doing, the participants can begin to acknowledge the possibility that perceptions may vary between individuals: this can be of major importance in informing how the next stage of the process is conducted.

Most of us are aware, at least in theory, that people perceive a situation on the basis of their values, their cultural beliefs, the information they have, their past experience, their gender and other variables. However, many of these attributes have important psychological dimensions which, until recently, have been generally ignored. For example, currently tensions are building up between China and Japan: in the eyes of the Westerners, the bigger threat comes from China but, from the Chinese perspective, Japan can still be perceived as very threatening in the light of its past military occupation during the Second World War. Any attempt to defuse this situation may need to take this into account.

The field of conflict resolution has come up recently with a wide range of 'appropriate dispute resolution' or 'ADR' processes which have essentially been seen as either 'competitive and adversarial' or 'interest based and cooperative'.

The first can be described as a 'tug of war' of position, each side trying to influence the other party to reach a compromise closer to its starting position. Parties will often use power and frequently escalate into one side perceiving the other side as being 'stubborn or in bad faith' which then often escalates into seeing the other as being a 'threat' that needs to be controlled. This adversarial approach is in fact the default position for most American and British lawyers and negotiators.

However, an alternative 'cooperative' approach is gaining ground in the USA despite the fact that it is much more counter-intuitive. One of its approaches is called the 'win-win' approach, and it is about changing the negotiation process from an adversarial attack and a defensive process to one based on cooperation, moving from a power struggle to one that says, 'I want to win and I want you to win too' (Goldfien and Robbennolt 2007).

One of the prescribed ways to achieve this is to begin by eliciting the underlying needs of each negotiating representative rather than searching for solutions: in some cases the different needs may end up being complementary but, even if they are not, the act of simply acknowledging the needs of each party means acknowledging and valuing those needs rather than denying them: such an approach provides the appropriate background for potential future cooperation. But perhaps, one of its main benefits is that it also means *attacking the problems rather than the people* involved, a far less threatening approach and therefore less likely to antagonise the negotiators.

This cooperative approach also allows for a more creative response as it involves turning problems into *possibilities* or looking at them as *challenges*. The usual adversarial approach would be to try and find the most 'perfect solution' for each party concerned: this brings with it judgmental values, rigid beliefs, having to be seen to be right, blame and, as a result, a sense of low self-esteem in the participants. Instead, looking for *possibilities* leads to a 'process of discovery' which allows for exploration, enthusiasm, taking a risk, playing with ideas and experimentation and results in a higher level of self-esteem in the negotiators.

It is clear from the descriptions given above, that for the 'cooperative' approach to be successfully implemented people must be able to both understand and make the other feel that he or she *is understood at a cognitive and emotional level*, a process that is referred to as *empathy* and which, as we will see, involves two different approaches. Thus, if we go back to the negotiator, he or she is trying to get as clear a picture as possible of the other side's views and feelings by being an *active listener*, i.e. asking questions and checking back that he or she has heard and understood the relevant details so as to finally be able to summarise and feedback correctly what the speaker has said. This involves a *cognitive level of empathy*, the capacity to put oneself in

the mind of the other. However, *empathy* also involves making the 'other' *feel* that his or her feelings are being acknowledged and shared (even if they are not openly spoken about because it might be culturally inappropriate to do so). These two aspects of empathy, the emotional and the cognitive, involve, as we will see, the *limbic system*, a collection of structures in the brain that deal with emotions, memory, behaviour, motivation and olfaction as well as the *supraorbital frontal hemisphere* of the brain.

For the cooperative process to be sustained, this empathic attitude needs to be maintained by the negotiator, without resorting to retaliation, even when under verbal attack, so as to allow the speaker feel that he or she is being sympathetically acknowledged. It is not easy for a negotiator, having to represent the needs of his or her side, to both understand and empathise whilst at the same time not agreeing with the other side if their needs are different.

Finally, once the heat has been taken out of the situation, the negotiator who has been listening becomes the one who speaks and conveys his/her side's needs and difficulties by showing the appropriate assertiveness. This give and take process between negotiators is gradually directed towards looking at these difficulties and differences as positive possibilities and creative challenges. In this way the power of cooperation continues to be sustained with the aim of achieving a 'win-win' outcome.

Just from this simplified description of a possible negotiating scenario, we can see how difficult and yet important it is for the participants to be able to stay calm and not to be carried away by feelings of fear, anger or humiliation.

For most of us, feelings and emotions are more or less the same thing, but for a neuroscientist, a *feeling* is defined as the conscious awareness of an *emotion*, and the *emotion* is the physical awareness of what's happening in the cells and tissues of the body. For example, the emotions underlying 'fear' trigger a reaction in our body that makes our heart thump and our palms sweat, sensations we quickly recognise as those of feeling frightened. These same emotions relating to fear also cause our brains to focus on self-protection and survival by turning off our capacity to empathise with the other. Unfortunately, this also leads to a reduced capacity to think clearly and creatively. It is for this reason that it is so important for negotiators to be able to *regulate their emotions* as will become clearer when we look at the neuropsychology of the brain under stress (Thayer et al. 2009).

Last, but not least, the demands faced by negotiators in international negotiations can become even more challenging and complex when they involve participants who speak different languages and who come from different cultures. In many parts of Africa, the Middle East and Asia, for example, the need to preserve one's honour and that of one's community is terribly important and, if this is neglected or threatened, it can lead to further conflict. For example, in some Asian cultures—such as China—it is of paramount importance not to be seen to 'lose face'. This term is a complex one which can be simplistically summarised as being made to suffer public disgrace or humiliation with profound implications at the level of the *self*, i.e. of how an individual sees himself or herself in the eyes of the others.

Potential Linguistic and Cultural Issues in International Negotiations

As someone who was brought up in five languages during my childhood, I am very aware of how a language can embody both a culture and one's personal identity. Borges (1970) acknowledged the power of language a tradition, as a way of grasping reality. Balint (1968) believed that for those who can speak a second language, emotionally charged communications cannot be expressed equally in different languages. He described each word as surrounded by a cluster of associations which is different in every language and different in varying human relations using the same language.

My professional interest in languages began when I was working on a locked ward of a psychiatric hospital where I met a 19-year-old Englishman who was diagnosed as suffering from a recurring history bipolar disorder. He was studying languages and had learnt Spanish after puberty.

One day, whilst still severely disturbed and suffering from hallucinations and thought disorder, we were talking in my office when he playfully picked up my phone and began to talk to me in Spanish, knowing that I spoke the language. When he spoke to me in this language he appeared quite coherent and showed no evidence of the thought disorder I had witnessed a few minutes before. He looked puzzled and repeated the call twice and then remarked, still in Spanish: "Isn't it strange but when I speak to you in Spanish my mind is quite clear and when I talk to you in English I become all confused" (de Zulueta 1984). I could not but agree!

On reviewing the literature, I discovered that the same phenomenon had been observed with other psychotic bilinguals who learnt their second language after puberty, a remarkable finding which highlights the importance of language in influencing the way our brain functions (de Zulueta 1984; de Zulueta et al. 2001).

When looking at studies on bilinguals who were not psychotic, I found that for some, to speak or write in a second language was a way of distancing themselves from painful emotions. This was the case for the author Samuel Beckett who took to writing in French and living in France in order to escape the apparently suffocating influence of his mother (Casement 1982). It also applies to many traumatised patients who choose to use their second language in therapy so as to avoid disturbing memories and feelings related to their childhood, for example (de Zulueta 1984, 1995).

Krapf (1955) described a young German patient who, when she spoke in her mother tongue, was frightened of being poisoned or destroyed. She lived with her husband in the same building as her parents. Since her marriage, she had not been interested in sexual intercourse, had given up domestic work and was eating less and less. Her German-speaking mother brought her to treatment and her father paid for it.

The analysis began in German and was a nightmare: the patient was late, silent and critical. Once, however, she complained that her husband did not talk in Spanish, the language she had spoken to the servants and her playmates. At this point…the analyst switched to Spanish. From then on progress was evident. The patient left her analysis weighing 10 kg more and at the beginning of a joyously welcomed pregnancy.

Ervin (1964) carried out a study on proficient English-French bilinguals in Canada using the Thematic Apperception Test and found that there was a shift in content depending on the language used. For example, the need for achievement was greater in women when they spoke in English rather than French. There was also more verbal aggression in French stories and more physical aggression in English stories. Ervin suggested that these differences resulted from differences in perception and recall of experiences depending on the language used. She concludes that they behaved as if 'they had two different personalities, at least, as far as their personality involved verbal behaviour'.

A study on 'dominant' bilinguals (who do not speak their second language fluently) showed that they felt ill at ease when speaking in their second language and that they were also more likely to perceive their listeners less favourably and to see themselves as less intelligent, less confident and less friendly in that language. These dominant bilinguals felt more relaxed in their mother tongue (Segalowitz 1976). The use of interpreters with these 'dominant' bilinguals in therapy showed that they felt better understood when they used their interpreter (Kline et al. 1980).

The reasons for these differences in perception in bilinguals and the different mental states relative to the language used seen in psychotic patients have been found to be linked to differences in brain organisation and function depending on which language is used, at what age it was learnt and in what cultural context it was learnt (de Zulueta 1984, 1995; de Zulueta et al. 2001).

Writing about Western culture, Foulkes, a group analyst wrote:

> In a community which stresses individual property and competition, a configuration has arisen which created the individual person as if existing in isolation… Yet one of the surest observations one can make is that what the individual is preconditioned to the core by the community even before he is born and imprinted vitally by the group that brings him up. This concerns even the

> genetic inheritance and still more his psychology, insofar as this developed in the interaction between him, objects and persons. (Foulkes and Anthony 1957, p. 23)

What the examples above show us is that we have to pay more than lip service to the idea that language embodies both a culture and individual identity. Language can be seen as the agent of transmission of cultural attributes and values as it embodies, through its form and content, the communication patterns and relationship models that are intrinsic to the community from which it is derived. Metaphorically it could be said that language is to culture what DNA is to genetics. Deutscher gives a wealth of examples as to how language influences not only our perception of things and people but also our thinking. He shows that 'the way language carves up the world into concepts has not just been determined for us by nature, and that what we find "natural" depends largely on the conventions we have been brought up on'. He also shows 'that the linguistic conventions of our society can affect aspects of our thought that go beyond language' such as 'spatial coordinates and their consequences for memory patterns and orientation, grammatical gender and its impact on associations, the concept of colour which can increase our sensitivity to colour distinctions' (2010, p. 234).

We need to be aware of these findings in our understanding of people who speak different languages: the need for some people to maintain their own sense of identity by speaking their primary language or mother tongue may be particularly relevant in the context of international negotiations, particularly if they don't speak it well or if the language used in the negotiations is that of a historical oppressor. Some individuals, on the other hand, may choose to speak a second language for the reasons I mentioned earlier. Skilled cross-cultural simultaneous interpreters should therefore be made available so that negotiators can choose to speak the language they feel most comfortable with in that particular setting and even allow them to 'switch' language if it helps them to keep their emotions under control as some bilingual patients do when in treatment (Krapf 1955). This may prevent a lot of avoidable difficulties for, as can be seen by the following example, even within our own multi-ethnic communities linguistic misunderstandings can lead to serious and potentially harmful results:

> Dr Byng Hall, a colleague of mine, (personal communication), was asked to see a Nigerian woman whose children were no longer attending school. On this home visit, he took with him a Nigerian woman who would act as an interpreter. The family included a mother who lived in a council flat and appeared to be socially isolated. She was an illegal immigrant of many years standing who could not risk returning to her family lest she were unable to return to the UK. Her husband and his second wife lived nearby. The mother appeared to be psychotic because she had paranoid delusions and had recently taken her children out of school and refused to let them return despite having had to appear in court. She had also broken all relations with her doctors thus endangering the life of one of her daughter's who suffered from a blood dyscrasia.
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> Though this mother spoke good English, my colleague decided to use another acculturated Nigerian as both a 'foster parent' and an interpreter to act as a bridge between the mother's culture and the British one. He briefed her carefully telling her what he wanted her to do, and together, they made their first domiciliary visit. At first the mother reacted angrily. She said that she felt frightened of losing her children to social services. But then, Dr Byng Hall described how his interpreter "took off" both non-verbally and verbally, speaking in the Nigerian dialect of the family. She touched and caressed the mother and spoke freely of her own difficulties in adapting to this country. He noticed the mother relax before him and, by the end of the first session, she was smiling warmly. A second meeting with the 'foster mother' sufficed to get the children back to school and for the family to re-establish normal social contacts. Dr Byng Hall also learnt why the mother had broken off all contact with society when her English doctor diagnosed one of her children as suffering from 'chicken pox': she saw this as a final attack and part of an English conspiracy against her since her son had not been anywhere near a chicken! (de Zulueta 1995).

The Key to Emotional Regulation and the Cooperative Approach

So far we have learnt that to maximise our intellectual capacity, we need to be able to regulate our emotions. Unfortunately, as Darwin hypothesised, this is a not a given but an acquired

ability determined by the way our brains have been moulded in our first 2–3 years of life.

We owe it to Bowlby (1988) to have made us aware of the importance of our early attachment relations in determining how we feel and think. He had noticed the effects that separation and loss had on children in the context of a post-war Britain. But, it was Harlow's work (1974) on the effects of maternal deprivation in primates that finally led Bowlby to 'discover' the hitherto unrecognised and yet fundamental motivational system that drives human development which he called the *attachment system*. He concluded that human infants are genetically predisposed to want access to their attachment figure—particularly when they are in need or frightened—and that this behaviour is normally reciprocated by their parents (Bowlby 1988). His work has led to an enormous amount of research, particularly in the field of emotions.

We now know that the psychobiological substrate of human attachment behaviour involves a large part of the right cerebral hemisphere and, in particular, the orbitofrontal cortex which is involved in regulating our emotional responses and our capacity to *empathise* with others. It also regulates our levels of arousal and, via the autonomic nervous system (ANS), our visceral functions and our response to danger (Schore 1996).

Empathy and the Mirror Neurones

Having outlined earlier the importance of empathy and emotional regulation when attempting to resolve conflicts by using a 'cooperative win-win' approach, the orbitofrontal cortex is therefore of obvious importance to the conduct of international negotiations. However, for it to be able to function effectively, it needs to have had the right kind of early stimulation.

When human infants are born, unlike other mammals, they do not have the ability to regulate their arousal and emotional reactions nor can they gratify their needs or maintain psychological or physiological homeostasis. It is through the development of their attachment to their caregiver(s) that a complex process of psychobiological attunement or *empathy* takes place between them: the sensitive caregiver responds to the infant's signals through holding, caressing, feeding, smiling and by giving meaning to the infant's different experiences. This normally results in the infant's early physiological and *emotional systems* being regulated by his or her primary caregiver, functions she/he gradually acquires throughout early development whilst countless other brain activities are moulded and stimulated into action. During this extraordinary process, the baby's brain, which at birth has 50 trillion synapses or connections between its neurones, has by the age of three 1,000 trillion such synapses. As a result, with a sensitive caregiver, the infant gradually acquires the capacity to *regulate his or her emotions* and *empathise* with others.

This process begins a few hours after birth as newborn infants are seen to mimic facial expressions and later they can remember and imitate a gesture performed by an adult the previous day. They will also cry in response to the cry of another and, at 18 months, they will offer to help another child or adult in distress if they can (Schore 2001, 2003).

These behaviours arise as a result of specialised neurones called 'mirror neurones' which were discovered in the primate infant's brain by Rizzolatti, Gallese and others *(*Gallese 2006; Rizzolatti and Craighero 2004; Rizzolatti 2005). These neurones respond to the parent's facial expressions and movements resulting in the infant imitating his or her parents and other people's facial and body movements. So, if the mother smiles, the infant smiles and, in so doing, he or she feels what the parent is feeling: this *embodied simulation* leads to the sharing of emotions or *emotional empathy.*

'Internal representations of the body states associated with the actions, emotions, and sensations are evoked in the observer as if he/she would be doing a similar action or experiencing a similar emotion or sensation' (Gallese 2006, p. 18). To illustrate embodied simulation, we can imagine seeing someone about to have their hand smashed by a falling rock: without any conscious thought, we find ourselves removing our hand, and, if the stranger's hand is hit, we also feel their pain.

Gallese hypothesises that this capacity for *embodied simulation* also enables infants to intuitively sense the intention of others as early as

about 15–24 months. But the capacity to attribute thoughts, desires and intentions to others, to predict or explain their actions and to posit their intentions which is called *theory of mind* does not develop until around the age of four and requires, in Gallese's view, the activation of much larger areas of the brain.

It is important to note at this point that the area of the brain involved in the perception of emotional pain, such as experiencing social exclusion, is the same area involved in the perception of physical pain (Eisenberger et al. 2003; Panksepp 2003).

From the beginning of their life, human infants become alert to the physical and emotional availability of their caregivers: the latter may be either sensitive and responsive to the child's attachment needs or rejecting, frightening and unpredictable. These repeated experiences are synthesised by the *mirror neurones* in the infant's brain to become what Bowlby (1988) called 'internal working models' or internal representations of how the attachment figure is likely to respond to the child's attachment behaviour. These findings have become the focus of research in the field of attachment using the Strange Situation in infants (Ainsworth et al. 1978; Main and Hesse 1992). These researchers found that one year old infants responded in different ways to separation from their caregivers depending on how secure their attachment was to that caregiver and this in turn determined how, both in childhood and adulthood, these individuals expect to be responded to when in need of support and help.

The development of the individual's sense of identity or *self* is closely intertwined with the way his or her parents responded to him or her so, for example, a *securely attached* person will expect to be responded to when in need. As a result, these securely attached children feel confident and are capable of empathy and forming good attachments which protect them from traumatisation in potentially traumatic situations (Schore 2001).

So what happens to those infants whose parents are unable to give them the sensitive and containing early infant care described above? These infants develop insecure attachments based on the different strategies they have developed to maintain proximity to their caregiver in order to survive. Three types of insecure attachment behaviours have been recognised using the Strange Situation (Ainsworth et al. 1978; Main and Hesse 1992). The percentages given here relate to a middle-class sample.

1. The least damaged are the 12 % of children of inconsistent caregivers who learn early in infancy to make more of a fuss to get the attention they need: they develop a clingy angry or 'anxious ambivalent' attachment.
2. Unfortunately, about 25 % of infants are born to rejecting caregivers who will not respond to them when they are in need. These infants learn to appear indifferent to their caregiver and thereby avoid being rejected by them but their elevated heart rate betrays their separation anxiety (Sroufe and Waters 1977). These infants subsequently develop conduct disorders and tend to deny the importance of attachments (Sroufe 2005). They learn to avoid intimate emotional interactions, hence the term 'avoidant attachment', and they develop a 'stiff upper lip' attitude to life which can be very helpful in certain situations such as in the army. However, despite appearing strong and in control, their sense of *self* is a vulnerable one, easily punctured when humiliated which results in these men or women becoming aggressive or violent (Blanchard and Main 1979).
3. Main and Hesse recognised that a third category made up of 15 % infants had no particular strategy to maintain their attachment to their caregiver. They have had an early life marked by terror due either to the emotional unavailability of their caregivers or to having experienced physical or sexual abuse (Main and Hesse 1992). These 1-year-old infants displayed unpredictable response in relation to their caregiver sometimes freezing in trancelike states. The emotionally neglectful parents are often women who suffer from post-traumatic stress disorder (PTSD) and who find themselves reliving terrifying experiences relating to their traumatisation which may have been induced by the infant.

This behaviour leaves the child in a state of total terror as the parent cannot empathise or regulate her emotions.

For example, in the Traumatic Stress Service at the Maudsley Hospital, several African refugee women who had been raped in their home countries tried to care for their babies who were the product of this rape. Unfortunately, they found themselves reacting to their infant's eyes: 'He has the eyes of the abuser!' they cried. In the arms of a terrified mother reliving the nightmares of her traumatic past, their infant experiences terror as well as the desperate yearning to be comforted by a mother who is too distressed to respond.

The brain of these traumatised infants is damaged to such an extent that they cannot regulate their emotions or empathise and put themselves in the minds of others. They suffer from what is now referred to as 'developmental trauma' (van der Kolk 2005) and have long-standing problems with intimate relationships and with authority figures. They will often resort to violence towards others or to themselves when they feel insecure or threatened in order to protect their very vulnerable sense of *self*. Many of these individuals survive by 'forgetting' the horrific experiences that led them to *freeze* and thereby escape mentally from their terrifying parent. These frozen memories and accompanying *internal working models* of themselves in relation to a terrifying or unavailable parent can remain well hidden to themselves and to others through the process of splitting of the self or dissociation (van der Kolk 2005; de Zulueta 2006a). Whilst some of the women end up in hospital because they feel suicidal, many of the men end up in prison because of their violent behaviour. However, many of these individuals can also be successful in certain settings where they achieve positions of power: dominating others can become their way of surviving at the expense of the 'other' or they can resort to drugs or other addictive habits to replace their underlying need for comfort. This vulnerability and accompanying violence is clearly illustrated on the domestic front by men who control their wives by any means, including murder, if they feel threatened by the loss of their partner.

It is important to note that infants and children do develop different types of attachments depending on their father's or mother's attachment security and they can be more or less resilient depending on their genetic make-up or the level of empathic support they have had from other relatives or members of the community.

The Effects of Traumatisation on Individuals or Communities

International negotiations may sometimes involve individuals who, if not traumatised themselves, may represent heavily traumatised populations or leaders. The diagnosis of PTSD only came about after the Vietnam War when thousands of veterans wandered about the US shunned by the general population for representing a war they had lost. They accumulated in psychiatric services and the doctors treating them realised that they all shared certain common symptoms. According to the American Psychiatric Association's new diagnostic criteria (DSM.5 2013) to qualify for the diagnosis of PTSD, an individual must suffer from a certain number of symptoms and must have been exposed to actual or threatened death, to serious injury, or to sexual violence including sexual abuse or trafficking, exposure to war as combatant or civilian, threatened or physical assault, being taken hostage or kidnapped, a terrorist attack, torture, incarceration as a prisoner of war or a natural disaster. Looking at the risk factors, the most important, according to the NICE guidelines (2005, p. 94), is the lack of social support: this finding is congruent with the latest research regarding the pathophysiology of PTSD that defines it very much as an attachment disorder (Schore 2001, 2003; Henry 1997). In 1997, Yehuda (1997) found that only victims of an RTA whose response led to a lower than normal release of cortisol developed PTSD. She suggested that PTSD may reflect a 'biologic sensitisation disorder' rather than a post-traumatic stress disorder. Wang (1997) attributes this sensitisation to changes in the attachment system, i.e. suppression of cortisol levels observed by many in insecurely attached children.

An understanding of attachment disorders can therefore help to diagnose, understand and treat patients suffering from simple and complex PTSD (de Zulueta 2006a, b). From such a perspective, PTSD is not an arbitrary constellation of symptoms but the manifestation of a disrupted attachment system, the effects of which can be transmitted down the generations as will be outlined later on in this paper. For this reason such a diagnosis can have very serious implications in terms of the individual, the family and the affected community (Henry 1997; Wang 1997; de Zulueta 2006a, 2007).

The symptoms that traumatised people suffer from reflect similar damage to their *attachment system* as that seen in children with a *disorganised* attachment or developmental trauma which is usually referred to as complex post-traumatic stress disorder or PTSD in adults (Herman 1992a, b). These adults and adolescents are also unable to regulate their emotions and to empathise with the others. Their inability to attune to the emotions of others or to put themselves in the mind of others will often result in difficulties in forming stable relationships and in trusting others. When under severe stress, this distrust can develop into paranoid ideas or even delusions.

These individuals when suffering from PTSD will often find themselves experiencing sensory flashbacks of their traumatic experiences, often triggered by feelings of helplessness or by memories, verbal or physical reminders. They usually suffer from nightmares which interfere with their sleep and they can find themselves re-enacting their traumatic experiences in broad daylight. Van der Kolk gives a vivid illustration of this phenomenon:

> One night in 1968, a Vietnam Vet lit a cigarette which led to his 'buddy' next to him being killed by a Vietcong bullet. From 1969 to 1986 when he ended up in this psychiatrist's clinic, on the anniversary of his friend's death, this man would commit 'armed robbery' by putting his finger in his pocket and carry out 'an armed hold-up' in order to provoke gunfire from the police. His compulsive and unconscious re-enactment came to an end when he understood its meaning through the process of psychotherapy (1989, p. 391).

All these flashbacks and reliving experiences are felt to be as terrifying and arousing as they were at the time of the trauma, so much so that the individual feels he or she is stuck in the past with little or no sense of a future. Being in a state of quasi-permanent fear and arousal due to their overactive *sympathetic system* also makes these people feel very irritable, angry and even violent. They are on permanent alert for danger and have an exaggerated startle response which can be a give-away sign in the presence of loud noises. Their difficulties in concentrating and sleeping add to their memory problems. In many cases, these men and women have often lost relatives and friends and have not been able to grieve them in a culturally appropriate way which may result in them suffering from depression.

In order to control their emotions and arousal and to also improve their sleep, trauma survivors will tend to use alcohol or drugs. Some survivors also discover that by resorting to violence they get a 'high' which gives them momentary relief from their pain: this is due to the release of endogenous opiates and is quite common in veterans and mercenaries (Pitman et al. 1990).

But perhaps, what is most unbearable for those have been made to feel helpless and incapacitated by trauma is their profound sense of shame: shame at what happened to them, shame at what they have now become and shame at what they feel and cannot control. Any criticism, any threat and any humiliation can be experienced as an attack on their sense of *self* to which there is often only one possible solution: an act of violence to the self or to the other or both in some circumstances, such as through a suicide bombing.

The victim thus becomes the perpetrator and, in this way, the traumatic experience is re-created but the roles are changed. The victim does unto the 'other' what was done unto him/her thereby setting up the cycle of violence. Gilligan, who worked on the origins and prevention of violence, wrote:

> The basic cause of violent behaviour is the wish to ward off or eliminate the feeling of shame or humiliation—a feeling that is painful, and can be intolerable and overwhelming—and replace it with its opposite, the feeling of pride (2001, p. 29).

In the re-enactment of a past violent experience, the 'other' (who might be the partner or the 'enemy') is not seen as a human being with feelings and a personality. He or she can become the re-reincarnation of a past tormentor or, to those who have been made to feel they don't exist in the mind of the other, attacking and killing may become a way of existing: as one of the prisoner's Gilligan worked with in therapy said 'better be bad than not be at all' (1996). When most of these young men were asked why they had assaulted or killed someone, they replied 'Because he disrespected me' (Gilligan 2001).

In Middle Eastern and Eastern societies as well as most African societies shame plays a hugely important role in the formation of the individual's sense of identity: you are what others make you feel you are. To suffer a personal humiliation can be experienced as an attack on the self or even as psychic death. Their concern with 'honour' or 'saving face' is a concept many Westerners find difficult to understand because in their more individualistic culture, their sense of self is not built up through shaming by rejection, a powerful method of making people toe the line which is used both at home and in the community. A popular Zulu proverb *Umuntu ngumuntu ngabantu,* which means 'a person is a person because of other people', sums this up very well (de Zulueta 2006a, pp. 366–367).

It was originally believed that anyone could develop PTSD but we now know that some individuals are more vulnerable than others, those whose attachment systems have already been damaged by earlier attachment failures or whose mothers suffered from the symptoms of psychological trauma.

One example of this is provided by a study on Israeli soldiers who developed PTSD. The individuals most likely to develop this condition were those whose parents had been through the Holocaust (Yehuda 1997). We now know that mothers suffering from PTSD transmit to their offspring the vulnerability to PTSD through *epigenetic transmission*. This was shown in a study on 1-year-old infants whose mothers suffered from PTSD following the September 11, 2001, terrorist attack in New York. These babies were found to have a low level of cortisol, like their traumatised mothers, which makes them vulnerable to developing PTSD in later life (Yehuda et al. 2005). This epigenetic finding makes it all the more important to focus on the prevention and resolution of conflicts as it shows how traumas of the past can affect successive generations (Yehuda and Bierer 2009).

The damage inflicted to the attachment system is expressed emotionally and behaviourally as we have described above. However, as I pointed out earlier, at the root of many of the symptoms suffered by traumatised people is the loss of the capacity to attune or empathise with the other and to put oneself in the mind of the other. As a result, those who suffer from PTSD or 'wounds of the mind' live in a very isolated world where trust in humanity has been broken: the attachment system that binds us to one another through subtle multiple interactions bound by faith in the other has been torn apart leaving the individual exposed and vulnerable. To such a person survival is easily dictated by the principle 'if you are not on my side, you are against me', an understandable attitude but also a likely recipe for conflict, particularly if your opponents shares the same kind of conflict engendered psychopathology (Henry 1997).

This takes us to looking at whole communities affected by violent conflicts. What happens when men, women and children have been exposed to killing in all its forms and to terror and humiliation at the hands of the 'other' or the enemy? These devastating experiences can become incorporated into the history and culture of this community, forming a sociocultural matrix in which traumatised people can find solace in the validation of their suffering, an emotional refuge and even, in some cases, a new meaning in their lives by making their survival and/or the elimination of the 'other' their 'raison d'etre'. This can empower them and thereby reduce the impact of their mental and emotional wounds. However, these trauma-induced solutions to the experience of communal violence are usually achieved at some cost. The past traumatic experiences can become so much a part of the community's identity that their memory has to be

preserved at all costs: for example, in Northern Ireland, though the conflict between the Protestants and Catholics has officially ended, even so as Miall states, 'conflict remains and continues, as each marching season re-invokes the old atmosphere of division and fear' (Miall 2004). For example, one of these is the march by the Protestant Orange Institution celebrating the battle of the Boyne (1690) when the Protestant king William of Orange beat his Catholic rival King James, a victory which ultimately helped ensure the continuation of Protestant ascendancy in Northern Ireland. This march goes through areas where Catholics now live reminding them yearly of the battle that their side lost and all the suffering that followed.

Traumatised communities can behave like emotionally wounded individuals: their sense of shame and helplessness can be re-enacted either through repeated victimisation experiences in the face of an unjust world or, if empowered by socio-historical events, they can turn the tables and become the tormentors of their past oppressors, finding empowerment in the act of humiliating and hurting those who now represent their victimhood. They can finally feel vindicated in the full expression of their rage, born from helplessness and shame. The 'other' is not a human being but the embodiment of what they once were, victims dehumanised for their colour or creed. The template of violence is set for re-enactment but it is a play without an external script: the script is an internal one transmitted from one victim-perpetrator to another victim-perpetrator down the generations and through their culture.

This is what seems to have happened in what was Yugoslavia when the Serbians re-created the concentration camps they had been tortured in by the Croatians, under the auspices of the Nazis, with the difference in this case that they were the ones who had the power to hurt their unfortunate Muslim victims. As the writer Glenny shows us:

> These Serbians were settled in Croatian territory for historical reasons having originally been the vanguard forces in Kosovo defending the Christian Habsburg territory from the Ottomans. In the wake of a failed attack against the Ottomans, they had to flee and were allowed to settle in Croatian territory and populate the Krajina area which became the boundary between the powers of Islam and the Church as well as that between the Roman Catholic faith and the Orthodox Christian faith. It was in this "most active and disruptive historical fault line in Europe" that the war erupted between Tito's partisans and the Croatian fascists, the Ustashas and here again where the more recent war took place (Glenny 1992).
>
> The children here "are schooled in weaponry at an early age, learning how to handle and control first shotguns and later handguns before they reach their teens… A person's standing will be enhanced and confirmed by his or her ability to wield a gun…" (Glenny 1992, pp. 6–7).

In such traumatised communities, the 'other' can be seen as a threat and not as another human being with the similar feelings and needs as oneself. Having been on the receiving end of a dehumanisation process which deprived them of a sense of being human in the eyes of their oppressors, they may replicate this in their violence over the 'other' if and when conditions require it or allow it. Any threat to such a community's existence will easily trigger off feelings of fear and the threat of annihilation. All 'others' will be judged by who they stand for: 'If you are not with us, you are against us'. The stage is set potentially for another round of violence.

Traumatised Israeli communities, when fearful of being attacked or of losing land they consider belongs to them, on religious grounds, may re-enact similar scenarios with the Palestinians: the latter can easily become the Nazis of their parents' nightmares, a nightmare that led to the creation of Israel for and by the survivors of the Holocaust.

These are some of the possible trauma-related scenarios that may be brought to international negotiators; in such cases, an understanding of the potential vulnerability of those who may be attending or being represented needs to be kept in mind. In such cases it may help to use a cooperative approach if at all possible and to remember that what a traumatised individual cannot bear is to feel helpless or humiliated.

Facilitating Emotional Regulation in International Negotiations

We are left with how to integrate these psychological findings into the negotiation process?

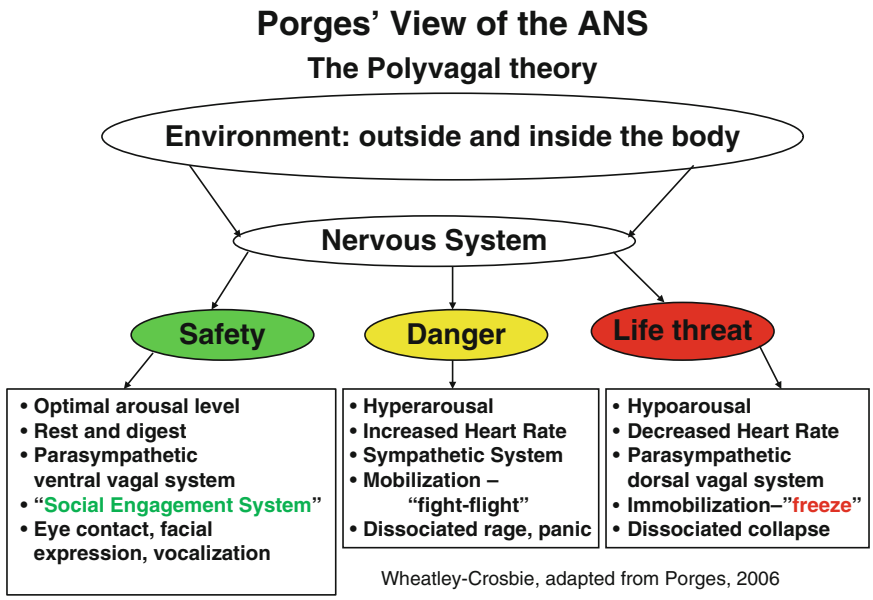

Diagram 15.1 *Green zone*, safety; *yellow zone*, danger; *red zone*, life threat. Adapted from Wheatley-Crosbie (2006) with permission

The Diagram 15.1 sums up in a simplified the way humans are driven to feel and act by their autonomic nervous system which operates mainly via the limbic system: the latter consists of the sympathetic system (SS) and the parasympathetic system (PS). The PS relies on two different pathways: the new *vagus nerve* referred to *as the 'smart' vagus* and the *old reptilian vagus.*

The Social Engagement System (Green Zone—Safety): The 'smart' *vagus* is particularly important to us as it provides humans with the only link between our highly developed hemispheric functioning in the orbitofrontal cortex and our much more primitive autonomic nervous system: it thereby gives humans the possibility of regulating their emotions and is therefore the part of the brain we would like to be able to recruit in the context of any negotiations using a cooperative approach (Schore 1996). It also sets the scene for cooperation because it mobilises the *social engagement system* which enables people to *empathise at an emotional level*, by making eye contact, by modulating their voice and by regulating their emotions whilst, at the same time, producing an optimal level of general cerebral arousal: in such a state we are neither over or *hyperaroused* as a result of feeling frightened and in 'fight-flight' mode or 'frozen' with terror or *hypoaroused*. The level of optimal arousal, brought on by the *social engagement system,* also enables the cerebral hemispheres to be fully functional thereby allowing the negotiators to deploy their intellectual and cognitive skills to their full potential (Thayer et al. 2009). This means that not only can they empathise at an emotional and cognitive level but they can also think more creatively in relation to the challenges and possibilities they are faced with.

For example, during social engagement, interaction and conversation can rapidly shift from strong affect and animation one moment, to calm listening and reflection the next. This "smart" branch of the parasympathetic nervous system regulates the sympathetic and "freeze" (dorsal vagal parasympathetic) responses to trauma and allows human beings to fine-tune their arousal to the needs of the situation. This sophisticated "braking" mechanism of the Social Engagement System facilitates the regulation of overall arousal (Ogden and Minton 2000).

The Diagram 15.2 can be used to illustrate what is happening to traumatised individuals

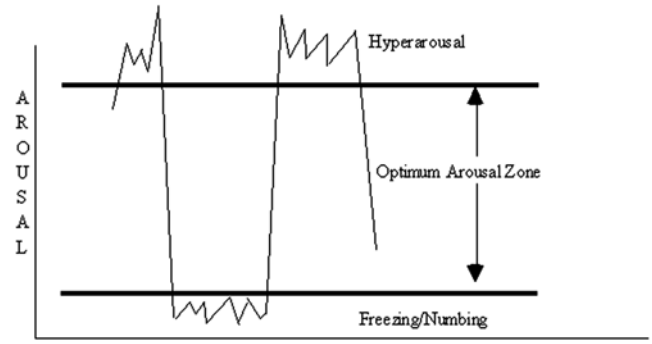

Diagram 15.2 Adapted from Ogden and Minton (2000) with permission the window of tolerance

when exposed to internal or external triggers (Ogden and Minton 2000). It illustrates the importance of regulating emotions during negotiations to the extent that they are contained within the limits of the *window of tolerance*.

In emergencies, when a traumatised individual suddenly finds himself or herself reliving a past traumatic event, certain interventions can be very helpful: one of the simplest for people who may suffer from trauma-induced symptoms is to activate the orbitofrontal cortex by olfactory stimulation using natural oils such as lavender oil or by using small tea bags with strong smelling herbs or spices to put under their nose whenever they feel they are likely to dissociate, i.e. to move into hyperarousal or hypoarousal as illustrated above. I have used this simple intervention when interviewing Peruvian peasant torture survivors with great success and I found that it also made them laugh which is always helpful in potentially tense encounters.

What is of particular importance for international negotiators is that the *social engagement* system can be switched on through stimulation of the 'smart' *vagus* using specific techniques that will be discussed in our suggested training programme below. In this way it differs from the fear-driven *sympathetic system* (SS) and the freeze response of the *parasympathetic system*, both of which are controlled by the reptilian vagus, which remains out of our conscious control and can have serious implications when activated.

The sympathetic system (SS) is activated when individuals feel threatened in any way leading to high arousal, irritability, anger and rage with the concurrent loss of the capacity to empathise and to think clearly. Defensive and aggressive positions can be adopted and, in the process, old traumatic situations can be re-enacted by those who have been traumatised and who often have accompanying paranoid ideas to justify their positions. If the *social engagement system* is not reactivated quickly, the frightened individual may then come to perceive the situation as physically or psychologically life-threatening which activates the *reptilian vagus nerve*, and the parasympathetic system (PS) takes over leading to a low state of arousal, emotional numbing, a feeling of not being there due to dissociation, slowing down of the thinking process, postural collapse and, in some individuals, a feeling of being victimised.

These findings emphasise the importance of regulating emotions in order to conduct a successful negotiation based on a cooperative approach. The stimuli of pain or fear are fast acting and likely to increase the adversarial behaviour in proportion to the vulnerability of the individual's sense of self. Social triggers, such as being treated unfairly or being excluded or humiliated, are as powerful as physical ones. On the other hand, being listened to and validated, feeling respected and valued as well as being treated fairly are experiences that stimulate cooperative behaviour and reciprocity which naturally entails trust.

Whilst this approach may appear unrealistic and naive to some hard-headed lawyers and negotiators who believe that our behaviour is driven by rational self interest, recent research using the 'trust game' proves them wrong (McCabe et al. 2003). With large sums or small sums, participants almost always behave with more trustworthiness

than established economic theories predict. This game is a research tool in experimental economics. It goes like this: two players—who only meet through a computer screen and have no other contact—are paid $10 each for attending and are then informed that any amount one player gives to the other will be tripled in value when it reaches the receiver. The latter can then choose to give or not to give some or all of his/her total $40 back to the donor. The interesting finding is that even though neither player is under any obligation to be trustworthy since no one knows what they do and the receiver could just walk off with his/her $40, 95 % of players in the USA send some money back to the donor. The amount they send has been found to depend on how much they trust the other to cooperate with them and thereby making the money increase for both of them (Zak 2012, pp. 8–9).

The levels of trust have been found to vary depending on how much oxytocin is circulating in the body. Oxytocin is a hormone that is essential to the *social engagement system* making our anxiety drop as it releases dopamine and serotonin, two neurotransmitters that bring about the feeling of pleasure. Oxytocin generates the empathy that inspires trust causing the release of more oxytocin. 'However stress, testosterone, trauma, genetic anomalies, even mental conditioning can inhibit these effects. But as long as we keep these influences from taking over, the system is self-reinforcing' (Zak 2012, pp. 63–64).

Looking back at the different approaches to resolving conflicts, the cooperative approach appears to offer more scope for negotiation in that it aims at providing a contained and creative setting by focusing on preserving in the negotiators the capacity to empathise and think constructively. The question then is, how can negotiators switch on their *social engagement systems*? Such control is not really possible to achieve without some prior preparation.

Prenegotiation Training Programmes

It is worth remembering that Mandela spent many years preparing himself before bringing about the process of reversal, restitution and reconciliation between blacks and whites in South Africa: as a boy, whilst living with his grandfather, he witnessed the traditional processes of conflict resolution and, when in prison, he sought to understand what motivated people, both prisoners and warders. He also learnt the language of the white Afrikaners, his oppressors.

It would be useful for international negotiators and their facilitators to learn how to optimise the working of the human mind towards a more cooperative negotiating approach which integrated some of the above neurobiological and neuropsychological findings, but most of them probably would not have the time to carry out a long training course. It therefore might be useful to provide different prenegotiating introductory courses for those who wish to develop their skills in this area. There could also be a module for the bilingual and multilingual negotiators to look at the bilingual research and help them decide what language they would prefer to use, assuming that a choice is provided. Moreover, talking about emotion regulation (see Chap. 16), some authors in the field have pointed out that learning to empathise with others could be used to manipulate the other's autonomic system and that this could very useful to those whose aim is to increase their power and control over the process for their own ends (Gilbert 2011). In my view, this is unlikely because the various interventions we have outlined to facilitate a cooperative process form part of a wider systemic process which—not only brings about both emotional and cognitive empathy—but it is also driven by a cooperative attitude in relation to the task at hand involving all negotiators, a process that is dissonant to the adversarial approach.

Some negotiators and facilitators may wish to develop their skills further and advice may be given in relation to what courses are available in their respective countries or a specific training may be developed as required. In addition to providing more in-depth methods to achieve emotional regulation, a training in 'mindfulness' would be of benefit to all negotiators, mainly because of the stress involved in negotiation work (for an extensive training programme for negotiators, see Chap. 16). It has been described

as the process of bringing one's complete attention to the present experience on a moment-to-moment basis and it involves 'paying attention in a particular way: on purpose, in the present moment, and non judgmentally' (Kabat-Zinn 1993, p. 4). It originated in Eastern meditation practices but despite its roots in Buddhism, mindfulness is often taught independently of religion and in a variety of ways to suit different personalities. A comprehensive 2013 meta-analysis of mindfulness-based therapy concluded that it was 'an effective treatment for a variety of psychological problems, and is especially effective for reducing anxiety, depression, and stress' (Khoury et al. 2013).

The Establishment of the Negotiators Boundaries

During or after these training experiences, it might be very useful to ascertain what language the different negotiators want to use during the negotiations and whether they want a neutral person to attend, acting as a facilitator to the cooperative process. This can be very helpful as the group tends to behave differently in the presence of a third party who can facilitate the cooperative process and intervene when it is threatened. Decisions may need to be taken to the degree of isolation the negotiating team want to maintain in relation to the outside world and to the media, all of which can impact on the process of negotiation. It is also important to ascertain whether the negotiators are independent or whether they are delegated by an authority figure or a government since most negotiators are not free agents but operate under instructions from their leaders (Aquilar and Galluccio 2008). If they are accountable to an outside authority, this could seriously disrupt the running of the negotiations since the outsiders are not party to the cooperative processes and may refuse to ratify the resolutions made by their representative. In order to minimise this possibility, it may be useful to arrange regular meetings to take place between the negotiator and the authorities he or she is accountable to in order to brief them as to the progress of the negotiations and prepare the ground for a more cooperative and possibly a more sustainable resolution.

Conclusions

However, all these attempts to empower the international negotiators might not be sufficient for as Miall, a current conflict resolution expert states, often 'contemporary conflicts require more than the reframing of positions and the identification of 'win-win' outcomes. The very structure of parties and relationships may be embedded in a pattern of conflictual relationships that extend beyond the particular site of conflict,' as is the case in Syria today. He proposes a preparatory stage he calls *conflict transformation,* an ambitious 'process of engaging with and transforming the relationships, interests, discourses and, if necessary, the very constitution of society that supports the continuation of violent conflict' (Miall 2004).

Whilst many a pessimist may think that the search for peace is idealistic and unrealistic in our current economic and political context, never has it been more important for humanity to find sustainable and peaceful resolutions to our conflicts to ensure our survival and that of the environment on which we depend. Despite their many failings, the creation of the United Nations and the post-war European Union is a reminder of humanity's wish for a fairer and more peaceful world. The recent interest in understanding how the human mind works and the application of this knowledge to seeking more cooperative ways to achieve conflict resolution and mediation can only be seen as a step in the right direction towards ensuring a fairer and happier future for our children and grandchildren.

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