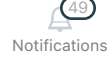




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## Mediator communication - Part II

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I had not intended to write a follow-up piece. But then I had a second eye surgery.

I was in the pre-op room lying on a surgical bed, a cloth had been placed over my eyes. The nurse was administering a variety of eye drops. Every 5 minutes the blood pressure cuff would inflate. I sensed nurses moving around me and I could hear snips of conversations with other patients. Shortly before being moved into the surgical suite, the nurse anesthetist spoke with. She mentioned having read a comment card on which I had glowingly written about the comforting act of human contact during my first surgery.

Throughout the brief surgical procedure, the nurse anesthetist not only held my hand (as before), she also stroked the back of my hand with her thumb. Nice, I thought. And, I wondered whether my comments might have encouraged her to repeat this behavior.

What happened next was even more curious. The OR nurse who helped me from the surgical

bed into a wheel chair held my arm, more than perhaps necessary to ensure my safety. The discharge nurse whom I next visited touched my knee during her explanation of post-op protocols. Each of these gestures involved a brief gentle touch.

The following morning while at a follow up appointment, the nurse who took various measurements of my eyes placed her hand lightly on my back as she escorted me into the exam room then again as she led me to another examination room to meet with a physician. As I entered, the physician greeted me warmly, by name while shaking my hand and placing her other hand around mine in a warm and welcoming gesture. At times during the exam she lightly touched my knee and my shoulder as she commented on my recovery. Finally, as I exited the exam room, she walked with me, placing her hand on my shoulder, reminding me to contact the office if problems arose. A wealth of human contact!

As I walked out of the building, I laughed to myself. Was there a note on my chart, “PATIENT LIKES AND RESPONDS WELL TO TOUCH!!! USE OFTEN!” Or perhaps, everyone in that practice—from receptionist to technician to nurse to physician—has been taught the importance of human contact. Describing all the “touching” to my wife on the drive home, I thought of a line from Shakespeare, “Can one desire too much of a good thing?” Is it possible that a kindhearted, reassuring, and comforting gesture when too often repeated can become common, clichéd, and ultimately meaningless? I also wondered whether these kind professionals were mindlessly following a patient care script they had learned, or was each of them responding genuinely, in a unique way, to the patient and the situation?

Are there lessons for mediators from my experience? I suggested previously that parties will benefit when mediators make connections that are genuine, timely, honest and appropriate. A word of caution, however. Mindless repetition can render any gesture hackneyed feeble, and inadequate. The impact is diminished; the benefit is questionable. My first experience of “hand holding” was compelling, convincing, and effective. Through repetitive application, however, the use of touch came dangerously close to being absurd. As well, I found it difficult to distinguish touch that was well intended and appropriate from touch that was routinized and thus questionable.

We must be cautious of behavior so routinized or habitual that it loses its meaning and value. For example, think about your introductory statement. Do you say the same things in the same order every time? Has this indispensable element become routine? Do you recite the words as you would a poem you had memorized? As you proceed through the required elements of an Introduction, are you energized or bored? Do you ever alter your

## Introduction?

My guess is that for many mediators, the Introduction has become a requirement to be fulfilled quickly so they can get to the heart of the conflict. The presentation is probably perfunctory, detached and dispassionate. Like the “touching” I experienced, that through repetition took on a mindless quality, the Introduction can become dull even numbing.

We can use our introductory statement to make the kind of connection that touch served during surgery. We can tailor our presentation. It’s a simple gesture that begins the process of joining us to the parties.

Mindfully applied that connection between the mediator and the parties enhances the parties’ capacity to take full advantage of the opportunity—encouraging them to engage completely and confidently. But, our well-intended gestures can lose their luster and impact through mindless, dispirited repetition.

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Good reminder to keep it real and authentic when building rapport. I hope the surgery went well!!

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As a recent surgical patient myself, I am reminded of how the human outranks the sterile. It's comfort that we seek, and it's a wise nurse and an emotionally intelligent provided that help us take the treatment and help us recover. Nice job with capturing that interplay, Michael.

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