UNDERSTANDING EMOTION: CREATING HEALTHY COMMUNITIES WITH RESTORATIVE PRACTICES
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Communities and schools struggle with behaviors such as crime, bullying, rudeness, and violence. These echo popular culture, where people often act macho and explosive. Ac*tions and attitudes are absorbed out of awareness from the emotional milieu surrounding us, whether family, media, faith community, or schools. Our emotional patterns are sculpted by life experience.* People who manage emotion poorly are more likely to be alienated from others or involved in substance abuse, crime and other negative behaviors.

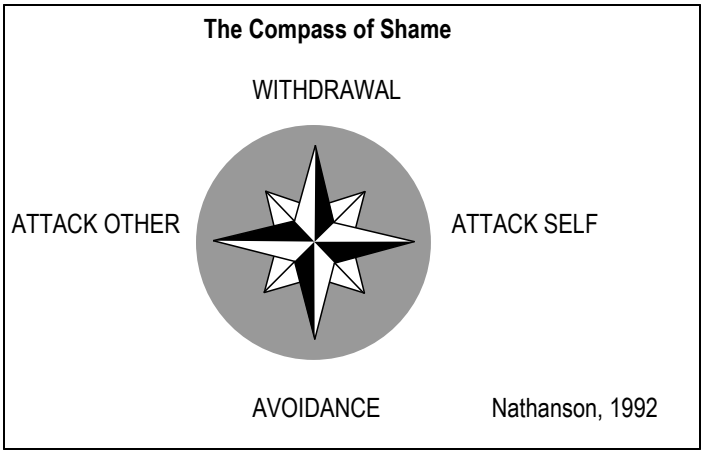
No one should expect schools or towns to repair damage caused by severe neglect, trauma or mental illness. But we all are affected by those factors, and there are things we can do. The more time we spend with people, the more impact we can have on them. **We can teach people explicitly about their emotions, and if we immerse people in a healthy emotional climate, they can develop better emotional patterns.** This works really well in schools, where it can help to improve student mental health, prevent high risk behavior, build developmental assets, and create a great learning environment. There are two pieces: Explicit education about emotion, and restorative practices. Let's look at them.

The affect and script paradigm of Silvan S. Tomkins, PhD, and Donald L. Nathanson, MD, offers a powerful tool to understand emotion and help people heal and grow. It helps us view people in the context of biology, biography, family, and culture, and explains why restorative practices work. There are nine **innate affects** (biological emotion programs), each with a characteristic trigger, feeling, and facial expression. Two feel good, the range from *interest to excitement* and from *enjoyment to joy*. *Surprise-startle* interrupts us and resets the system. Six negative affects feel bad in different ways: *Anger-rage, fear-terror, distress-anguish, dissmell* ("Ewwww!"—-the root of contempt), *disgust*, and *shame-humiliation.* Innate shame occurs when there is an impediment (slowing or partial stop) to the expression of one of the two positive affects, as there often is when we experience failure, rejection, hurt feelings, or embarrassment, or when someone does not resonate with our enthusiasm. The affects are amplifiers that make things feel good or bad and **motivate** us. We define emotion as feeling an affect, plus memory of prior experience of that affect. Innate affects link with life experience to form **scripts,** powerful emotional rules**,** of which we are usually unaware. Most of adult life is managed by scripts. We are wired to want to express and maximize positive affect, express and minimize negative, and get affects out on the table. Personality is the general pattern of scripts used by a person. Scripts may be adaptive or maladaptive. Humans are complex. Tomkins's paradigm has extraordinary power to explain what we see. We can study the language of emotion, personality development, different intensities of affect, affect modulation, emotional contagion, script change, empathy, intimacy, and community. We can explore how factors such as illness, fatigue, or drugs change the affect system, and some of the reasons why people engage in substance abuse and other risky behaviors. Adults and kids can learn to observe affects and scripts in themselves and others. We can promote healthy parenting and child development in a new way.

Dr. Nathanson points out that some of the scripts by which people handle affect, particularly those around shame, cause grave problems for society. Innate shame is triggered by any partial impediment to positive affect, and often, by a glitch in affective resonance with others. Shame itself impedes positive affect. Early in life, it becomes closely linked with self-esteem. When we later experience failure, rejection, insult, or embarrassment, we tend to go to certain libraries of scripted responses without thinking. Nathanson calls these the Compass of Shame. We may engage in *withdrawal* (fall silent, leave the room, leave therapy or a relationship). We may *attack self* by negative self-talk, engage in self-injurious behavior, or even commit suicide. We may try not to feel shame at all, or cover it up with excitement, by going to the *avoidance* pole of the Compass (substance abuse, machismo and sexual acting out, workaholism, obsession with achievement, money, or social class). Or we may *attack other (*bullying, emotional, physical, or sexual abuse, and violence). (Note: Behaviors and disorders are complex and may have multiple causes, including genetics, biology, trauma, chemicals, scripts and learning. For example, not all suicides are caused by shame.) Shame is a key—-but largely ignored—-link between rudeness, "road rage", drug abuse, domestic violence, murder, child abuse, and other breakdowns of personal and social responsibility. Often anger is really about shame.

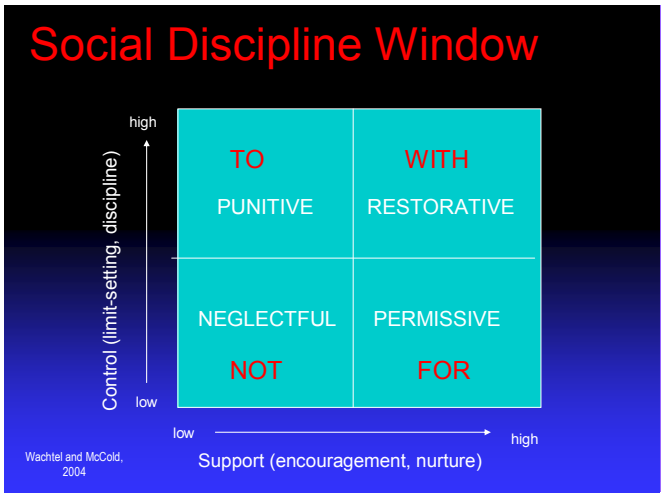
Nathanson points out that people in Western societies are handling the shame family of emotions differently now than in the past. In the early twentieth century, people tended to go to *withdrawal* and *attack self* (deference). There was much more stigma attached to being seen as shamed in the eyes of one's neighbors. Now people are more likely to act out in the *avoidance* and *attack other* poles. This is a dangerous change. Those who murder, batter, or bully others express intense personal shame. Substance abuse raises the risk of violence, due to disinhibition or other effects on the affect system such as increased anger.

The Compass of Shame



The healthy response to shame, of course, is to tolerate its discomfort, soothe myself, acknowledge any responsibility I might have for hurtful or inappropriate behavior, remind myself that I am still a good person, and learn from the experience. However, that mature response is not easy! Learning it requires a supportive environment and a lot of practice.

We only change when it is safe to look at what shame affect is telling us. Emotionally safe environments are loving and supportive, call us on our behavior when we are out of line, push us to be the best we can be, give positive feedback, respect us, and require us to respect others.



Many families, schools, and faith communities provide these conditions, of course. How can we make them available for all kids, so they can learn and practice healthier emotional skills? A whole school (or whole community) restorative approach does exactly that!

Restorative Practices are an extension of restorative justice. They developed as a response to punitive, ineffective, traditional justice (which isolates offenders and does not help communities to heal). They build empathy, relationships, and social capital, integrating people instead of alienating. Everyone is heard. Affect is expressed. Stakeholders decide how to heal harm or solve problems. People are held accountable to those affected by their behavior. As you can see at right, restorative practices require high levels of support and accountability. Restorative practices range from formal (e.g., structured restorative conferences, which include support people of participants and more preparation) to less formal (group, circle, or small, impromptu conferences) to least formal (affective questions and statements, for example, when a teacher pulls two kids aside in the hall to discuss behavior restoratively). Restorative practices are **most powerful when used as a way of life**, not an occasional intervention. They are used worldwide, in prisons, schools, neighborhoods, criminal justice, sentencing, community conflicts, etc. They work because they are based on how people function emotionally. Restorative practices enable **fair process** (engagement, explanation, and clarity of expectation), increasing the chance of success.

Restorative or affective questions allow people to tell their stories, express underlying affect, and practice empathy. In a restorative process, participants typically move through more distancing and toxic emotions, (rage, fear and dissmell) first, then surprise, distress, and shame. If there is an offender, he or she feels shame for hurting others, and shame serves as a barrier to connection with the group. Shame is only triggered when there is a positive bond, and signals openness to heal or repair. Group members may also feel their responsibility for the event. Marie Fitzgerald calls the moment of the shift "collective vulnerability". Participants begin to feel the need to make it right with each other. Finally, they move into the positive affects of interest and joy as they agree on how to make things right.

Questions for those in conflict or whose behavior has hurt others :	Questions for those affected by others:
What happened? *What were you thinking at the time?* *What have you thought about since?* *Who has been affected by the incident/behavior? How?* *What do you think needs to happen to make things right?*	*What was your reaction when you realized what had happened?* *What has been the impact on you, your family and friends?* *What's been the hardest thing for you?* *What do you think needs to happen to make things right?*

Some programs for bullying, anger, drugs, pregnancy, etc., do not work, because they are treating symptoms. Underlying many problems is the inability to manage emotion. Cognitive "education" alone does little to change the largely unconscious but powerful scripts by which we function. To shift these powerful emotional rules requires intense affective experience. We can teach people about healthy emotion, but **they really have to live it—over and over.** The younger we start, the better. "Band-Aid" solutions will not reverse the cultural shift toward *avoidance* and *attack other* shame scripts. The answer is prevention: **Explicit affect education** and long-term **immersion in a restorative milieu.** It is a highly ethical, scientifically-based "vaccine" against violence and conflict. Benefits include big drops in problem behaviors, crime, and conflict, and better school and community cultures. Healthier, more resilient kids become healthier adults.

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