

“I WOULDN’T REALLY CALL THIS A SUPPORT GROUP”:
EXAMINING SPEECH CODES IN THE COMMUNICATION
IMPROVEMENT GROUP

by

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“I Wouldn’t Really Call This a Support Group”: Examining Speech

Codes in the Communication Improvement Group

Thesis directed by Assistant Professor David Boromisza-Habashi

This study is an ethnographic account of the Communication Improvement Group, an eating disorder (ED) support group that practices a communication skill, nonviolent communication (NVC), as a way of coping with their illness. By situating the study in literature on social support and communication skills training programs, I examine how and why members of the Communication Improvement Group find NVC useful and meaningful for their recovery from an ED. Influenced by cultural communication and the ethnography of communication, this study uses speech codes theory to examine the shared cultural premises informing two communication practices occurring within the group: the practice of “healing” and the practice of “connecting.” For members of the Communication Improvement Group, “healing” is the process of self-improvement by examining and discarding a part of themselves that they see as problematic or undesirable. “Connecting” is engaging in empathetic communication with their conversational partners that seeks to resolve conflict. Both of these communication practices reveal cultural premises about communication shared by members of the Communication Improvement Group, namely, that communication skills can make you a better person and strengthen your relationship, and that conflict is a result of unexpressed emotions as opposed to competing interests.

CONTENTS

CHAPTER ONE: INTRODUCTION

Introduction.....	1
Exigency: Why this Study? Why Now?	2
Literature Review.....	6
Social Support and Eating Disorders	7
Communication Skills Training Programs.....	10
Nonviolent Communication.....	12
Preview of Chapters.....	14

CHAPTER TWO: METHODS

Introduction.....	17
Theoretical Framework: The Ethnography of Communication.....	17
Speech Codes Theory	18
Research Questions.....	20
The Communication Improvement Group.....	21
The First Meeting.....	23
Research Procedure: Data Collection	26
Participant Observation.....	26
Interviews.....	27
Document Analysis.....	29
Research Procedure: Data Analysis.....	29
Researcher Relationship to the Site	31
Chapter Summary	32

CHAPTER THREE: “HEALING” IN THE COMMUNICATION IMPROVEMENT GROUP

Introduction.....	34
Framing the Meeting: Act Sequence of Communication Improvement Group Meetings	36
Enacting an Ideology of Communication	
Skills: “Healing” as a Communication Practice	40
“Healing” through Nonviolent Communication	42
A Cultural Premise: Enacting a Communication Skills Ideology	47
Chapter Summary	50

CHAPTER FOUR: “CONNECTING” THROUGH NONVIOLENT COMMUNICATION

Introduction.....	51
The Ideal Performance of “Connecting”:	
Communicating in “Giraffe”	53
The Inadequate Performance of “Connecting”:	
Communicating in “Jackal”	59
“Getting to the Bottom of our Feelings”:	
The Cultural Premise Informing “Connecting”	63
A Cultural Premise: What is Conflict?	67
“Connecting” Around an Eating Disorder:	
The Value of NVC	69
Chapter Summary	71

CHAPTER FIVE: CONCLUSION

Introduction.....	73
So What?: Theoretical and Practical Implications.....	74
Theoretical Implications	75
Practical Implications.....	78
Future Directions: Cultural Communication and Mental Illness.....	80
Final Thoughts	82

REFERENCES	85
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APPENDIX.....	93
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Chapter One: Introduction

“People heal when they have an authentic connection with an authentic human being.”

Respect the Giraffe

Eating disorders are quiet killers; they are difficult to diagnose and, due to their varied forms, easy to overlook. Most people who experience an eating disorder (ED) are never diagnosed or treated, and of those who do receive treatment, only half fully recover (Weare, 2015). For those who do not experience it, watching a loved one struggle with disordered eating can be confusing and heartbreaking. As they watch their loved one disappear both physically and socially, parents, partners, and friends often do not know how to help because they cannot fully understand the experience of disordered eating. While most treatment programs require that those diagnosed with an ED join support groups to aid in their recovery, it is not uncommon for significant others to also form support groups to discuss the experience of caring for a person with an eating disorder (Patel, Shafer, Brown, Bulik, & Zucker, 2014).

I’m no stranger to the eating disorder support group genre. Although I have never experienced disordered eating, I have muddled through the difficulties and anxieties that come along with loving a person with an ED for years. When I moved to a new city for graduate school, I found the Communication Improvement Group, a support group designed for individuals who have experienced an ED and their loved ones. The support group uses nonviolent communication (NVC), a communication skill and conflict resolution strategy, as a model for interacting with significant others about an ED. Interestingly, members of the Communication Improvement Group engage in very little speech about disordered eating, and

instead use their time at group meetings to learn about and practice NVC. In attending group meetings, I was curious: Why weren't we talking about eating disorders? What did NVC have to do with EDs? The communication practices that members of the group seemed to see as reasonable felt foreign and bizarre to me. In contrast to what I expected in attending an eating disorder support group, we weren't talking about what it felt like to love someone through their disordered eating. Was this even a support group?

This study seeks to answer these questions and a few others. In my fifteen months of attendance at the Communication Improvement Group, I investigated how and why NVC was a useful tool for those who attended group meetings, examining what made this conflict resolution strategy valuable for those trying to cope with the complex social issues that accompany disordered eating. In this study, I will use the theoretical framework of speech codes theory, a theory stemming from cultural communication and the ethnography of communication tradition, to uncover the shared cultural premises, or beliefs, that inform the Communication Improvement Group's use of NVC. Speech codes theory asserts that all cultures have "a system of socially-constructed symbols and meanings, premises, and rules, pertaining to communicative conduct" (Philipsen, 1997, p. 126). By uniquely framing group meetings around the tenets of NVC, the Communication Improvement Group creates a community of shared cultural knowledge about how, when, and with whom group members should speak. Examining this group through speech codes theory allowed me to investigate how members make sense something that seemed strange to me at first: the use of a communication skill in an eating disorder support group.

Exigency: Why this study? Why now?

There is no absence of literature about eating disorders and their social and physical repercussions. The physical symptoms of the disorder have been well documented in an attempt

to improve treatment options (see, e.g., Claes, Vandereycken, & Vertommen, 2005; Harshbarger, Ahlers-Schmidt, Mayans, Mayans, & Hawkins, 2009; Tasca & Balfour, 2014), and scholars in the fields of medicine and psychology have published literature about the social and emotional implications of the illness, focusing on the benefits of support groups for those attempting to recover (see, e.g., Brown & Gellar, 2006; Pascold, Boateng, & Portilla, 2010; Rorty, Yager, Buckwalter, & Rossotto, 1998). Within the communication field, most studies have taken an interpersonal approach, examining how relationships are affected by disordered eating (e.g., Linville, Brown, Sturm, & McDougal, 2012; Wolf, Theis, & Kordy, 2013) or even asserting that relationships may influence the development of disordered eating (see Miller-Day & Marks, 2006; Prescott & Le Poire, 2002). From such studies, we have gleaned a deep understanding of eating disorders as a serious social problem worthy of investigation.

This study asks a different set of questions than those that have yet been asked by the communication discipline. By using speech codes theory, I situate this study within ethnography of communication literature, and more broadly, within conversations about cultural communication (Philipsen, 1987). In *The Prospect for Cultural Communication*, Philipsen (1987) laid out three perspectives for the cultural study of communication. According to his essay, the function of communication is to provide a sense of shared identity through speech, and we can uncover and study shared identity within a community by looking at culture as code, conversation, or community. It is his first perspective, culture as code, which led to the establishment of the theoretical framework I use in my analysis, speech codes theory. The study of communication as code, or the “process by which a code is realized and negotiated in a communal conversation” (Philipsen, 1987, p. 249), leads a researcher to consider the system of beliefs, values, and images that create shared identity within a community (Philipsen, 1997;

Philipsen, Coutu, & Covarrubias, 2005). Communication studies using speech codes theory, thus, focus on the shared forms of speech that make that system of beliefs, values, and images apparent to the researcher. Primary data for speech codes theory are the naturally occurring conversations within a speech community, and, more specifically, the patterned and rule bound forms of speech occurring between members of that community (Coutu, 2008). As will become clear in this study, the Communication Improvement Group is rich with patterned forms of speech due to the emphasis on NVC, which guides interactions between community members. Their interactions are influenced by a set of beliefs about eating disorders and communication, and this study seeks to uncover those beliefs.

Using speech codes theory to examine the Communication Improvement Group creates new and engaging questions in the field of communication. Instead of asking how relationships are affected by eating disorders or, conversely, how eating disorders are affected by relationships, examining eating disorders through a lens of cultural communication using speech codes theory asks how communication constructs a shared understanding of eating disorders and relationships within this community. In using NVC as a tool for coping with an ED, the Communication Improvement Group has a unique set of communication practices influenced by their shared beliefs about communication, relationships, and eating disorders. Speech codes theory provides a meaningful way of studying this group because it allows me to focus on the strategic and patterned forms of speech within the community, asking what is happening communicatively within a group, and further, why is it happening.

Speech codes theory is interested in the “larger system” (Coutu, 2008, p. 393) of meaning created through the use of language within a speech community, intending to determine the ways that speech code elements are woven directly into speech (Coutu, 2000; Philipsen, 1997). It

allows a researcher to examine unique or unusual communication practices (e.g., using NVC within an ED support group) and decipher what those practices mean within the local community. Does the fact that members of the Communication Improvement group engage in very little speech about disordered eating call into question the meaning of silence around a topic? How is this a meaningful practice to those who attend this group? Speech codes theory gave me the tools to answer those questions. The ethnography of communication and, therefore, speech codes theory, is useful in making sense of unusual or unexpected communication practices by finding the cultural premises, rules, or beliefs that make them sensible within a community. It does so by examining the shared and patterned forms of speech inherent to interaction within that community. The Communication Improvement Group is unlike any other support group I have seen and engages in unusual communication practices, making it rich for ethnographic study.

The Communication Improvement Group is unusual because members of the group frame meetings not around social support, but around the practice of NVC, making the group more like a communication skills training program than a support group. Most of this study will examine how the ideology behind communication skills training programs is related to the speech codes guiding communication within the Communication Improvement Group. Sanders (2003) discussed the need for communication traditions specializing in discourse and interaction, such as the ethnography of communication, to address communication skills, claiming that analysis of the optimal performance of communication skills within interaction could produce interesting results for the study of discourse. Thinking about communication skills through the lens of interaction is useful for distinguishing between skill and competence and how the understanding of these skills is co-constructed in talk. Ultimately, this is a study of the speech

codes occurring in a communication skills training program, and the findings of this study are useful for thinking culturally about communication skills, what they mean to a particular community, and how a group discursively constructs a shared meaning regarding the use of a communication skill.

Through an ethnographic study of the speech codes within this group, we can explore the relationship that members posit between NVC and disordered eating, examining the unique communicative practices occurring within this community. This study may contribute to research about how those experiencing an ED come to understand their illness, as well as the type of language used by those supporting their loved ones. Academically, this study may contribute to a greater understanding of speech codes surrounding how people talk (or don't talk) about mental illness. Practically, findings from this study could contribute to further understanding about how to help people recover from an eating disorder.

Literature Review

To create meaningful answers to the research questions this study asks, it is important to first discuss the typical form and function of eating disorder support groups, examining current literature about social support and eating disorders. Review of literature about social support and eating disorders can make clear why people seek support groups to cope with their EDs and how the Communication Improvement Group varies from the expected support group format. Next, I will discuss literature on communication skills training programs, identifying the ideology behind the Western concern with communication skills. This section will set up my analysis of the Communication Improvement Group, in which I make the claim that meetings function as a communication skills training program as opposed to a support group. Finally, I will review the

specific communication skill used in the Communication Improvement Group, nonviolent communication (NVC).

Social Support and Eating Disorders

Eating disorders are dangerous and prolific mental illnesses, affecting more than 20 million people in the United States alone, and causing more deaths than any other mental illness (Yeshua-Katz & Martins, 2013; Weare, 2015). An eating disorder is “characterized by significant disturbances in the frequency and duration of eating activities that are aberrant from traditional views of nutrition and well-being” (Lenz, Taylor, Fleming, & Serman, 2014, p. 26). Disordered eating is highly dangerous to an individual’s mental and physical health, correlating with a number of mental disorders and causing numerous medical complications. Specifically, disordered eating frequently co-occurs with a variety of psychological conditions, including clinical depression, obsessive compulsive disorder, and bipolar disorder (Lenz et al., 2014; Yeshua-Katz & Martins, 2013). Those who engage in behaviors characterizing an ED (e.g., intentional starvation, bingeing and purging, and obsessive exercise) suffer from physical health risks as a result of malnutrition or overexertion, such as bone density loss and gastrointestinal problems. Although young women are, statistically, the most likely demographic to develop EDs, recent statistics demonstrate that EDs can affect people of all ages, genders, and ethnicities (Lenz et al., 2014), making them a serious and urgent health concern.

Along with dangerous mental and physical health complications, EDs have numerous social repercussions. Studies demonstrate that individuals coping with an eating disorder rarely seek social support from their significant others, whether they are parents, friends, or romantic partners, because they fear judgment, shame, or blame for their behaviors (Arthur-Cameselle & Quatromoni, 2014; Brown & Gellar, 2006; Eichhorn, 2008; Linville et al., 2012). Although the

fear of negative evaluation often leads individuals to become socially reclusive, the physical demands of the illness also affect social life. Those suffering from anorexia nervosa or bulimia nervosa experience malnutrition caused by significant disturbances in healthy eating patterns, leading to physical and mental exhaustion and making it difficult to engage in social activities (McCabe, 2009). As a result, EDs are highly isolating experiences.

Because of the isolating nature of the illness, social support is highly beneficial for the recovery process for those living with an ED. Many studies demonstrate the benefits of social support in overcoming illness (see Brashers, Neidig, & Goldsmith, 2004; Brown & Geller, 2006; Stone, 2013), and studies on social support and disordered eating show that those who feel supported by a loved one in their recovery improve more quickly and are less likely to relapse than those who do not (see Linville et al., 2012; Rorty et al., 1999). Recovery-based treatment plans for EDs are often based around social support, encouraging or even requiring significant others to attend treatment programs with their loved one (Linville et al., 2012). Social support from significant others is an integral component of coping with an ED and eventually overcoming it.

Commonly, individuals seeking social support for their experience with an ED turn to online support forums, where they can anonymously give and receive support from others in similar situations. Research indicates that those engaging in disordered eating behaviors feel like their loved ones would not understand their experiences (Linville et al., 2012). The taboo and stigmatized nature of EDs frequently leads individuals to seek social support from people they feel can empathize with them without fear of negative perception. Studies focusing on social support around eating disorders stress the importance of support from significant others in recovery, claiming that those who have strong networks of support among their intimate

relationships often recover more quickly and relapse less often (Arthur-Cameselle & Quatromoni, 2014; Patel et al., 2014).

Often, medical and psychological practitioners suggest that those attempting to recover from an ED seek social support in the form of support groups, because research has documented that those who engage in support groups to cope with their ED demonstrate a higher likelihood of overcoming the illness (see Koski, 2014; Linville et al., 2012). Even after completing treatment, individuals are often encouraged to continue soliciting support in the form of support groups to reduce the probability of relapse. Studies regarding support groups for those affected by EDs focus primarily on online communities of individuals attempting to seek support from others experiencing disordered eating (see Haas et al., 2010; Lyons, Mehl, & Pennebaker, 2006; Wolf et al., 2013). The few studies that examine face-to-face support groups for EDs tend to explore the emotional benefits that support groups offer these individuals, reaffirming the importance of social support for those experiencing the illness (see Koski, 2014; Linville et al., 2012; Pascold, Boeteng, & Portilla, 2010). Although findings from these studies provide important knowledge for those attempting to assist someone with recovery (e.g., medical practitioners, therapists, and significant others), they yield only a superficial understanding of how interactions within an ED support group might provide insight as to how those affected by disordered eating come to understand their experiences, and, thereby, cope with their disorder. Exploring the culturally constructed forms of speech within an ED support group, therefore, could generate new information about how talk about EDs may influence a speech community's cultural understanding of their experiences.

Communication Skills Training Programs

There are a number of definitions of a “communication skill” within the communication discipline. Sanders (2003), in his essay calling for a discursive approach to the study of communication skills, conceptualized a skill as a communication tool that can be taught and learned in order to reliably produce a desired result. In his essay addressing the need for communication skills in the medical profession, Street (2003) stated that a skill is a person’s ability to produce communicative responses that improve the quality and outcome of a conversation. Regardless of the definition, scholars agree that Western society has a fascination with mastering communication skills. As Cameron (2000) stated, communication skills are “both ‘generic’ and basic: as essential in professional as personal life, as fundamental in an office as in a residential care home” (p. 39). In the last few decades, a number of “experts” (Cameron, 2004, p. 64) in communication have taught such skills as listening, self-disclosure, assertiveness, conflict resolution, and negotiation through training programs and workshops. Often using such techniques as “I-language,” and role-playing, these programs focus on the development of certain language-based tactics for accomplishing communicative acts (Ashkok, 2015). Such communication skills training programs aim to teach participants useful skills for improving the quality of their relationships and lives through communication.

Communication skills training programs can be found in a number of contexts, both professional and public. One professional context in which communication skills training programs have been enthusiastically taken up is patient care in medical settings (Kurtz et al., 2005; Street, 2003). Doctors and nurses are routinely required to attend communication skills training programs so they may learn how communicate important and complicated information and “establish the kinds of satisfying therapeutic relationships that can make medicine so

worthwhile” (Fallowfield & Jenkins, 1999, p. 1593). Research in the fields of communication and medicine have found that effective “interpersonal skills” (Street, 2003) increase patient satisfaction. As Fallowfield and Jenkins (1999) explained, “Effective consultations with patients demand not only good communication skills, but also personal awareness of the likely barriers to effective communication” (p. 1593). The “demand” for good communication skills and “personal awareness” leads many professionals in the medical field to value communication skills training programs.

In the public sphere, communication skills training programs teach participants about interpersonal communication strategies (Elmes & Costello, 1992), conflict resolution and mediation (White & Agne, 2009), and public speaking (Dunn, 2014). These communication skills training programs share a common ideology influencing their practices, that is, the importance of self-improvement inspired by the “personal growth” movement of the mid twentieth century, in which the people turned to techniques of psychology and therapy as a means for accomplishing personal fulfillment (Cameron, 2004). Communication skills training programs allow participants to view the “self as a reflexive project” (Cameron, 2004; Dunn, 2014; Giddens, 1991), or something that can be actively worked on and improved. In her study of a public speaking class for adults, Dunn (2014) found that students learned to tell narratives about their experience in public speaking class as “technologies of the self” (p. 133), focusing on how they grew as a person as a result of taking the class. Through the training program, students in the class learned to use a communication skill (i.e., public speaking), and they learned that the skill was a way for them to improve their quality of life through self-transformation and improvement.

Cameron (2000; 2004) refers to the focus on the “self as a reflexive project” or self-improvement through learning communication skills as the “communication culture,” claiming that our current cultural climate is “obsessed with communication and the skills it supposedly demands” (p. 64). Along with other scholars in the communication field (see Kitzinger & Frith, 1999; White & Agne, 2009), Cameron critiques communication skills training programs as providing proscriptive advice for practices without consideration of the context. As White and Agne (2009) stated, “The challenge of teaching communication ‘skills’ is that communication is an emergent process, so communication practices that work in one situation may not produce the same result in other similar situations” (p. 103). Nevertheless, communication skills training programs have become increasingly popular in Western societies, where they are believed to facilitate self-realization and self-improvement. This study reviews the use of communication skills training programs in a very unusual context: a group of individuals affected in some way by eating disorders. Here, I will review the history and practice of the communication skill used by the Communication Improvement Group, the conflict resolution strategy nonviolent communication.

Nonviolent Communication

Nonviolent communication (NVC) is a conflict resolution strategy originally publicized by Marshall Rosenberg in 1983 and officially published in his 2003 book, *Nonviolent Communication: A Language of Life*. Rosenberg (2003) defines NVC as “a way of communicating that leads us to give from the heart” (p. 3). According to the tenets of NVC, compassion, as the opposite of violence, should be the primary goal of all interpersonal communication but especially of conflict resolution. Communicating with compassion and empathy for the needs and feelings of others allows us to resolve conflict in a way that makes

each interlocutor feel heard and appreciated, thereby, avoiding speaking or acting out of violence (Rosenberg, 2003). Since publication in 2003, NVC has become a well-known and prominent form of conflict resolution, used by political mediators, therapists, social workers, and teachers as a strategy for communicating across difference and dissent (Latini, 2009; Rosenberg, 2003).

NVC asserts that compassionate and nonviolent conflict resolution relies on first empathizing with the other before attempting to solve the conflict (Rosenberg, 2003). According to the values of NVC, focusing on correcting the issue prevents you from emotionally connecting with the other, and only through compassionate, empathetic connection can conflict truly be resolved in a way that pleases both parties. Successfully empathizing with the other occurs by recognizing “feelings and needs that are alive in them” (Rosenberg, 2003, p. 122), or identifying what unfulfilled need has led to the dispute. Communicatively, this is done in interaction through a four part strategy: (a) observing what is actually happening in the situation, (b) expressing the feeling that is elicited by that observation, (c) identifying the unmet need that is contributing to that feeling, and (d) making a specific request that addresses the unmet need (Rosenberg, 2003, p. 6). According to the values of NVC, committing to these four communicative actions allows a speaker to state what he or she needs from the other, while avoiding blaming or judgmental language that may result in interpersonal tension.

Research has applied NVC in various settings to examine the usefulness and effectiveness of the conflict resolution strategy (see Agnew, 2012; Latini, 2009; Lee, Rosenberg, & Molho, 1998; Nosek, 2012). Scholars have documented the use of NVC most commonly in the fields of education and psychology, where it is viewed as particularly useful. Latini (2009) examined the practice of NVC in relation to education, exploring how NVC “challenges taken-for-granted educational processes that potentially contradict our basic form of humanity” (p. 26).

The most prevalent use of NVC is within therapeutic settings, most likely because NVC started as a conflict resolution strategy to use in couples' therapy (Rosenberg, 2003). Since its inception, psychologists have promoted NVC as a means for both client care and self-care, citing the communication skill as a means for minimizing work-related stress and connecting better with both clients and significant others beyond working hours (O'Halloran & Linton, 2000; Lee et al., 1998). Most research indicates that NVC is a useful tool for doctors and therapists to use to avoid burnout and emotional exhaustion associated with their jobs. Lee, Rosenberg, and Molho (1998) outlined the benefits of NVC for medical professionals, claiming that using NVC both with work associates and with patients led to healthier, more productive, and happier relationships for those working in the health field. Although the use of NVC among medical and psychological professionals is well documented, is less clear whether NVC is a common communication skill used during support group meetings or group therapy sessions for those experiencing an eating disorder.

Preview of Chapters

This study will examine the speech codes operating within the Communication Improvement Group to uncover locally held premises about communication that members of the group share. The next chapter covers my theoretical and methodological approach, explaining how speech codes theory can be of use for the study of this group. After explaining my theoretical framework, chapter two proposes two research questions, clarifies my methods of data collection and analysis, and justifies those methods using the ethnography of communication as a framework. It also explains the Communication Improvement Group in more depth, discussing how I came to find the group and why I, as an outsider to the community, was permitted to study it. As I state in chapter two, my identity as a researcher cannot be

separated from my data collection and analysis in this study; I have been and will continue to be very passionate about eating disorder awareness and advocacy, and that passion drove me to my first Communication Improvement Group meeting.

My analysis begins in the following chapter. Chapter three discusses the first speech code highlighted in this study, the code of “healing.” In this chapter, I begin by analyzing the act sequence (Hymes, 1974) of Communication Improvement Group meetings to demonstrate that members of this group do not adhere to the typical act sequence associated with social support but instead engage in a communication skills training program. Framing meetings around a communication skill (i.e., NVC) instead of social support facilitates the communication practice of “healing,” or the process of self-improvement by examining and discarding a part of themselves that they see as problematic or undesirable. For members of the Communication Improvement Group, the practice of “healing” is informed by a cultural premise about the value of communication skills in self-improvement, that is, that the practice of a communication skill such as NVC can make you a better person.

Chapter four examines a second speech code operating within the Communication Improvement Group, the code of “connecting.” Members of the group engage in “connecting” when they use empathetic communication with their conversational partners. To analyze the code of “connecting,” I look at two metacommunicative vocabularies (Coutu, 2000; Philipsen, 1997) used to reference ideal and inadequate performance of “connecting” through NVC. The code of “connecting” makes clear a cultural premise about conflict within the group: conflict is not a result of a difference of interests but instead a result of unexpressed emotions between two parties. As chapter four explains, the communication practice of “connecting” allows members

of the Communication Improvement Group to express emotions and resolve conflict regarding their eating disorder.

In the conclusion, the fifth and final chapter of this study, I discuss the implications of my analysis for further communication study in the ethnography of communication. This chapter highlights the theoretical and practical insights drawn by a cultural approach to the Communication Improvement Group, explaining how this study contributes to discussions about cultural communication, eating disorders, and communication skills training programs. This chapter addresses the limitations of my study and suggests trajectories of future research in the field of communication. Finally, it provides some final thoughts on my experience as a researcher studying a topic in which I am so personally invested: eating disorders and the human lives they impact.

Chapter Two: Methods

The first chapter provided an introduction to the social and academic climate influencing this research project, explaining why the present project is relevant and important to current academic conversations within the ethnography of communication tradition. In this chapter, I will outline and justify my research methods by first explaining the theoretical framework influencing my study, speech codes theory. After clarifying the theoretical framework of my research, I will outline my research questions. Following an explanation of my research questions, I will provide a brief introduction to the group under study, the Communication Improvement Group. Finally, this chapter walk through my research procedures, including data collection and analysis, and account for my relationship to the research site and topic.

Theoretical Framework: The Ethnography of Communication

The ethnography of communication (Hymes, 1974b) is interested in describing communication systems as constitutive of social and cultural lives by examining the situated ways of speaking within a community (Carbaugh, 1988/1989). In this theoretical and methodological tradition, a researcher seeks to identify and interpret ways of speaking as understood by the local community. How do people in a community use locally available communicative resources to demonstrate their membership in that community and realize social goals? What rules and premises make communication locally recognizable? Simply, what do people have to believe to communicate in the way they do? These questions are central to the ethnographer of communication.

Stemming from cultural communication, ethnographers of communication use as their primary unit of analysis the patterned ways of speaking within a community, drawing attention to shared utterances among members. By describing and analyzing culturally situated language

use, researchers may interpret speech codes, or the rules and premises guiding communication practices within a community (Philipsen, 1997; Philipsen, Coutu, & Covarrubias, 2005) and identify communication practices, or situated, patterned, message-endowed, accountable communicative action that is understood as symbolically meaningful within a community (Carbaugh, 2005; Boromisza-Habashi & Parks, 2014). This study identifies and explicates communication practices informed by speech codes within the Communication Improvement Group using the theoretical framework speech codes theory, a methodological and interpretive perspective derived from the ethnography of communication.

Speech Codes Theory

Speech codes theory allows a researcher to examine culturally situated ways of speaking within a culture, noticing primarily the patterned and rule-bound use of language inherent to the speech community under study (Philipsen, 1997; Philipsen, Coutu, & Covarrubias, 2005). Speech codes theory uses as its object of study patterned, meaningful, rule-governed language use within a particular speech community at a particular time, asserting that communities vary in their use of language, and that studying those different uses of language generates important knowledge for how communities culturally construct social life (Edgerly, 2011; Philipsen, 1992). As Edgerly (2011) stated in her exploration of speech codes determining citizenship in post-Hurricane Katrina Louisiana, "acts of speaking (or not speaking) situate individuals in relation to one another and it is through their communicative conduct that individuals may form groups and may confirm or disconfirm membership in those groups" (Edgerly, 2011, p. 307). In other words, embracing and employing speech codes, or rules and premises guiding culturally accepted forms of speaking within a community, are vital to successful participation in that community. Speech codes theory, thus, is particularly useful for studying the ways in which

groups of people gathered for a shared interest or identity speak within and about their community.

Studies have used speech codes theory to make sense of juxtaposing interpretations of speech within a community (see Coutu, 2000; 2008), to examine political discourses (see Edgerly, 2011), to discuss the ways in which personal address terms reflect and shape identities (see Covarrubias, 2002), and to explore the relationship between food and cultural identity (see Homsey & Sandel, 2012). More recent studies have used speech codes theory to expand beyond human interaction in a community and to address issues with interaction design in user experience (see Hart, 2015). The theory provides a meaningful way to thoroughly analyze forms of speech that occur naturally within a community. It also serves as a framework for exploring the underlying premises, or commonly held understandings about what makes a person communicatively competent within a community (Carbaugh, 1988/1989), and rules that may contribute to these forms of speech, indicating that they are not simply incidental but, rather, informed by commonly held assumptions within the community (Philipsen et al., 2005). Although speech codes theory may be used to find shared symbols, premises, and rules for language use within a community, it cannot be assumed that every community only has one set of guidelines for language use. As Hymes (1974b) states, a speech community is an “organization of diversity” (p. 433), meaning it is made up of competing and coexisting speech codes, simultaneously reinforcing or transforming each other (Coutu, 2000).

In this study I explore the situated ways of speaking within the Communication Improvement Group to identify how and why group meetings are coherent and meaningful for participants. I do this by first identifying the act sequences deemed recognizable in meetings (see Hymes, 1974b; Molina-Markham, 2013). Uncovering the recognizable act sequence of

meetings is useful because it allows me to discern cultural premises about the value of communication, and more specifically NVC, within this community. Molina-Markham (2013) performed a similar analysis when she analyzed the act sequence of Quaker meetings to interpret and name their cultural understanding of silence. Her study of act sequences in Quaker meetings demonstrated that silence performed a number of cultural functions, including contributing to sense-making and decision-making for meeting attendees. My analysis of meeting act sequences demonstrates that meetings follow a typical sequence of a communication skills training program as opposed to that of a support group. By analyzing the Communication Improvement Group as a communication skills training program, I will make clear the meaningful communication practices occurring within the community.

Other studies in the ethnography of communication demonstrate how communication practices have unique local meaning within a community (see Katriel & Philipsen, 1981; Carbaugh, 1999; Wilkins, 2005). For example, Katriel and Philipsen (1981) studied the cultural understanding of “communication” in U.S. American society, where they found that the term “communication” was used by their participants to reference a specific communication practice, and the meaning of the term was locally understood and shared among participants. Like these other studies, my study records and interprets “an instance of humans creating and constituting a world of meaning in their own terms” (Katriel & Philipsen, 1981, p. 302). The “world of meaning” created in the Communication Improvement Group has to do with the value of communication skills training programs in what was originally framed as an eating disorder support group.

This study is influenced by two research questions:

RQ 1: What speech codes inform or shape conversations about eating disorders in the support group?

RQ 2: Which particular codes inform the relationship that participants posit between eating disorders and conflict resolution?

These research questions are designed to focus on the particular units of analysis that are most helpful to discerning speech codes: shared forms of speech and commonly occurring speech patterns, especially as they relate to the EDs and conflict resolution proposed within this speech community.

The Communication Improvement Group

The Communication Improvement Group is a monthly meeting at a nonprofit organization that specializes in supporting those who have been affected by EDs. Established in 2003 in a Western metropolitan area of the United States, this nonprofit organization is not a treatment facility, and it offers no medical advice or resources to clients. Rather, it houses resources for support and social events directed toward the interests and needs of those coping with or recovering from an ED. The organization offers seven support groups reoccurring on a weekly, biweekly, or monthly basis, and intermittent workshops covering topics of concern to those recovering from an ED (i.e., nutrition, body image in the media, or healthy exercise practices). All events at this organization are free, open to the public, and advertised on the organization's website.

The Communication Improvement Group is listed in the support group section of the website. The description of this group reads,

This group is for couples, singles and everyone in between. Are you in a relationship or friendship with someone working toward recovery from eating disorder symptoms? This is a safe place to offer one another support and guidance from their respective experiences.

Whereas all other groups offered by this nonprofit organization intend to serve those experiencing an ED, members of this group are not required to have personal experience with disordered eating to attend. Other support groups housed by the nonprofit focus around a particular type of clinical eating disorder (i.e., “Individuals Struggling with Binge Eating Disorder”) or a demographic that may experience an ED (i.e., “Individuals 30+ Struggling with an Eating Disorder”; “Individuals 18+ Struggling with an Eating Disorder”). The Communication Improvement Group, however, has no requirements for participation and welcomes anyone wishing to attend.

Participation in the group is open and varies by month. Over the course of this research, attendance at meetings varied from three to seven people, with seven people attending two or more meetings. In total, thirteen different individuals attended group meetings. Although all participants self-identified as being affected by an ED in some way, only six participants had directly experienced disordered eating. Four participants identified as being in a romantic partnership with a person who currently experiences disordered eating, two identified as parents of a young adult with an ED, and one person identified as a close friend of a person with an ED. Most frequently, meetings were populated by people who wanted to learn how to support their loved one with an ED.

As opposed to the other support groups offered by this nonprofit organization, the Communication Improvement Group is unique in that its main purpose is the practice and understanding of NVC. Group meetings are structured around practicing the communication skill with other group members so that participants may employ it with their significant others. A licensed professional counselor trained in NVC facilitates monthly meetings. Outside of this group, the facilitator works with individuals, couples, and groups to help cope with EDs and

other mental illnesses and frequently uses NVC during therapy sessions. He is trained in transpersonal psychology, and he is the only licensed professional counselor working at this nonprofit organization. Every other support group offered by the organization is peer run by individuals in recovery from eating disorder symptoms. The Communication Improvement Group was established in 2013 by the facilitator of the group after he met the director of the nonprofit organization at a conference, and it ended in December of 2015 when the facilitator was no longer available to continue monthly meetings. At that time, the advertisement was removed from the organization's website.

The First Meeting

On my first visit to the Communication Improvement Group, I arrived at the nonprofit location, which turned out to be a reconditioned house in an urban neighborhood. The building sat across the street from a large, city hospital and was surrounded by residential homes. Upon entering the house, I walked into a modern reception area that clearly used to be a front hallway. The only source of light came from a desk lamp placed on a cluttered administrator's desk in the corner. Stairs across the room led to a second level, just as dark as the first. As I was about fifteen minutes early for the 6 o' clock meeting, I decided to spend time looking around the area. The desk displayed a few different brochures with titles like *Eating Disorders: Educate Yourself*, *Educate Others* and *See the Signs: How to Identify Warning Signs of an Eating Disorder*.

After a few moments, I heard someone call out from a different room. I walked toward the room, and a tall man with shoulder length hair met me in the hallway. He smiled warmly, introduced himself as the facilitator of the Communication Improvement Group, and shook my hand before inviting me to join him in the other room. We walked down a short hallway to a softly lit room with a large, dark, wooden table and comfortable chairs. After a few moments of

small talk, two more people entered the room, one man and one woman. They were both between the ages of 25 and 30, and were clearly a romantic couple. They seemed as unsure as I did of their location, but they were also greeted in a friendly manner by the facilitator. Just a few minutes later, a second couple entered the room: a small, blonde woman in her 50s and a man around the same age. They greeted the facilitator happily and sat down, looking comfortable and confident. Clearly they had been there before.

It was now almost 6:10pm, and the facilitator suggested that we start the meeting. We began by signing confidentiality waivers while the facilitator explained what the guidelines and expectations were for a successful meeting. He set the expectation that this was not treatment for eating disorders, but rather a way for couples to understand communication dilemmas that exist for individuals attempting to recover from an eating disorder. He handed the three new members packets containing various documents, including an extended explanation of NVC.

After the facilitator spent about 20 minutes describing the main tenets of NVC and how they we can use them to successfully communicate in any situation, he set us to practice. We were instructed to think of a situation that “made your life less happy” and use the strategies of NVC with another person to resolve this conflict. To conduct this activity, we paired off. The couples stayed together and I, as the spare attendee who did not come with a partner, paired with the facilitator. The pairs took turns discussing a conflict as the rest of the group observed and the facilitator gave instructions, correcting them as they attempted to use NVC. The middle-aged married couple, Molly and Greg, went first. During their turn, they discussed a conflict about how Greg’s brother had hurt Molly’s feelings with a rude comment he had made last time they were together. The facilitator guided Greg as he attempted to use NVC by naming Molly’s feelings and needs during that situation, and after about ten minutes, Greg was told that he had

done a great job. “Do you feel like you connected?” the facilitator asked. Molly and Greg both said they had, and it was on to the next couple. When they had practiced their scenario and received their feedback, the facilitator and I practiced together.

No one in the room chose a conflict directly caused by the behaviors associated with eating disorders. In fact, I noticed throughout the entire meeting that although eating disorders were referenced by the facilitator at the beginning, there was no explicit mention of how NVC related directly to eating disorders. The practice activity continued until the end of the meeting. I couldn’t help thinking that this meeting functioned far more as a workshop than as a support group. Throughout the meeting, I found myself wondering why the facilitator thought this particular population could benefit from NVC as a form of support. Why did he choose to conduct the meeting this way instead of creating dialogue around the experiences of the participants? I was intrigued.

The meeting ended around 7:30pm, at which point the other four participants left, and I stayed to talk more with the facilitator about the communication that had occurred during the meeting. I asked him, was it? How many people usually came to this event? When I suggested a qualitative research project around the group, he responded enthusiastically and offered me the names of some people with whom I could meet to get my research started.

Over the next fifteen months, I spent more and more time at this refurbished house. I talked with organizational administrators, I volunteered for events, and of course, I continued to attend the Communication Improvement Group. Meetings varied from month to month, but they always focused around NVC. Sometimes only a few of the regular attendees came to the meeting, and the facilitator would let us “geek out” on the theory of NVC, as he called it. Other times new members, mostly couples, arrived and we spent the meeting teaching and practicing

the four-part strategy behind NVC. It wasn't that we never spoke about eating disorders; sometimes people shared intimate details about what it was like to live with an ED or love someone through one. More often than not, however, the facilitator used these moments to initiate a discussion about how that experience would be a perfect opportunity to practice NVC. Somehow, we in the Communication Improvement Group always found ourselves in practice.

Research Procedure: Data Collection

I used ethnographic field methods during my data collection, obtaining most of my information through participant observation and interviews, and additional data from document analyses. Data analysis and interpretation was conducted in an iterative manner throughout data collection by identifying recurring patterns of speech within the community that were meaningful within the community. Here, I will outline my research methods and data analysis procedures.

Participant Observation

Over the course of fifteen months, I attended nine Communication Improvement Group meetings as a participant-observer. Group meetings are mostly conducted as informational workshops for NVC. Time is spent at the beginning of every meeting to explain the tenets of NVC, and the rest of the meeting is intended for practicing the skills associated with NVC as guided by the facilitator. As a researcher, I participated in all activities and engaged in conversation, sharing my own experiences and practicing conflict resolution with the other attendees of the group. I did not audio record meetings because early in my research procedure attendees of the group expressed concern about being recorded, stating that they may not be as willing to share their experiences if they knew the conversations would be recorded. I wanted meetings to run as naturally as possible throughout my research, so I chose to instead take field

notes of the monthly meetings to record my experiences. I also frequently engaged in “check ins” with group members immediately after a meeting concluded, asking participants about their perception of the meeting and whether anything seemed particularly interesting to them about that month’s meeting. These conversations were informal and short, and I included them in my field notes; they were not recorded as interviews for my data collection but rather I considered them an aspect of the monthly meeting.

During meetings, I took notes in a small, discrete notebook so as not to distract other participants. In this notebook, I would jot down observations about the group meetings, including a list of activities that take place throughout the hour and a half session. Specifically, I focused on the use of speech during meetings, jotting down words or phrases I heard frequently or reoccurring themes that seemed to imply a commonly held belief. Frequently, I copied directly entire sentences said by participants when they were particularly intriguing or relevant to my study. I noted which member of the Communication Improvement Group uttered which terms, recording with it their self-identified reason for attending the group. These categories included whether they are a relation of someone with an ED (e.g., parent, partner, etc.) or if they personally experienced an ED. When possible, I recorded whether they self-identified as being in recovery. From these jottings, I then wrote up field notes directly after each meeting to ensure they are as accurate as possible. Many of the excerpts featured in the analysis of this study were reconstructed from my jottings and field notes.

Interviews

Throughout data collection, I conducted two interviews with the facilitator of the Communication Improvement Group, an interview with the Program Coordinator at the nonprofit organization, and interviews with three regular meeting attendees. Interviews were

semi-structured and ranged from 6–10 questions, lasting roughly 25–45 minutes each. Mostly, interviews were conducted to learn about how the group came to be held at this nonprofit organization or about how members of the group understand the value of NVC as it relates to disordered eating. Although I did not interview every participant in the Communication Improvement Group, I found that the most useful data collection happened at meetings, where members of the group acted upon and maintained speech codes within the speech community. The data collected from interviews typically served to affirm or expand upon patterns of communication that I had noticed by watching and participating in interactions during meetings.

Often, interviews vary considerably depending on the role of the interviewee; an interview with the facilitator may focus more on how to use NVC, whereas an interview with a participant may yield more information about what it feels like to use it. Commonly my interview questions focused on the participants' interpretations of the communication occurring during meetings. The following are examples of questions I asked participants during interviews:

What types of conflicts do you use NVC for?
 How do you know when you are using NVC?
 Could you please tell me about a time that you used NVC with your [partner, parent, friend]?
 How do you think NVC is related to disordered eating?

These questions are designed to help me understand the rules of using NVC, as well as relationship that members posit between NVC and their ED. Because I engaged in an open interview technique, I asked follow up questions that varied based on how a participant responded to my original question.

Once I identified a patterned form of speech that seemed meaningful, I asked participants for their thoughts on my findings during interviews. By eliciting feedback from participants, I

was able to determine whether the code I identified was particularly meaningful for members of the community. Interviews were recorded on an audio device secured by a passcode and transcribed by me. With the exception of excerpts of interviews played during data presentation sessions, I am the only person who has the audio recordings so as to protect the confidentiality of participants.

Document Analyses

Upon attending their first meeting, members of the Communication Improvement Group received a folder containing multiple documents to inform them about the group and the organization. Three documents included in that packet were analyzed for this research, including an informational packet about NVC (see appendix), a list of guidelines for acceptable support group conduct, and an informational document about disordered eating and body image. Along with the organization's website, these documents were analyzed and open coded for themes relating to the emergent speech codes. Some of the excerpts included in the data analysis portion of this study were pulled from documents provided to group meeting attendees.

Research Procedure: Data Analysis

In line with the ethnography of communication and speech codes theory, data gathered through participant observation and interviews were analyzed by looking for the patterned language use among participants. I started by closely reading the field notes I had taken, my document analyses, and the transcripts of interviews with participants. As I read through these data, I used Microsoft Word's comments feature to mark instances where I noticed something that seemed relevant to my research questions. For example, I noted when people talked about things that NVC "does" or "means," as those insights from participants could inform me about how members of the group see NVC valuable. I took note when different people discussed a

similar topic or experience, as that could indicate a pattern of communication in the group. I also took notice when two people expressed very different understandings of the same topic or experience.

As I explored my data, I wrote my thoughts in a separate document, reflecting on data that seemed most directly connected to my research questions, or data that seemed particularly surprising or interesting; this was my manner of open coding. As the document grew in length, I started noticing some interesting patterns in the way that participants interacted within the group and talked about the value of NVC, which then led me to axial code for these patterns on remaining documents and field notes. For example, I noticed that in documents provided to members of the group, the terms “Giraffe” and “Jackal” were often used to mark particular ways of speaking. In coding the remainder of my data, I looked specifically for these terms to analyze what they mean and when they are used within the group.

Once a code was established by identifying a repeated, situation-bound form of language, I engaged in member-checking by asking participants about the codes I had identified, which allowed me to verify that the code was locally meaningful to participants. Carbaugh (1991) identified a key aspect of member-checking in ethnographic study as the “‘aha’ effect.” As he stated, a researcher knows their cultural interpretation of a meaningful communication code or practice is successful when a participant validates that interpretation. When verifying the development of a code, researchers should ask participants about their interpretation. If a participant responds by saying that they agreed with the interpretation of the researcher, but that they “hadn't thought of it that way” (Carbaugh, 1991, p. 337), then it is likely that the researcher has noticed a cultural premise that guides communication practices. Take an excerpt from an interview with one participant, Josephine, when I asked her about one communication practice

that I had identified during meetings.

Mary: Okay so one thing that I'm developing is this communication practice of connecting in this group and what that means. The purpose of NVC said over and over by people in this group is to connect. I was curious if I could elicit some feedback from you about whether that was something you see in the meetings.

Josephine: That makes absolute sense to me.

Josephine's response validates my interpretation that "connecting" is occurring and means something specific in the group, stating that it "makes absolute sense." By saying my interpretation "makes sense," she implies that she had not previously conceptualized what was happening as "connecting," but she agreed that it was an appropriate understanding of group interactions. In receiving the "aha" effect during an interview, I was able to validate that the code I had identified was considered meaningful to participants in the Communication Improvement Group.

Excerpts provided in the analysis portion of this study are either reconstructed from detailed field notes of meetings or pulled from transcribed interviews and documents provided to meeting attendees. To maintain confidentiality, pseudonyms were used throughout this study to identify the nonprofit organization, the group, and all participants.

Researcher Relationship to the Site

In completing this research project, it is important for me to note my relationship to the site and topic of study. My academic interest in studying communication around eating disorders is inspired by my personal passion for ED awareness and advocacy. Although I have never personally experienced disordered eating, my life has been touched by disordered eating for a number of years, as one of my closest relationships has been significantly affected by an ED. It is the experience of loving someone with an ED that motivated me to study communication around EDs. Originally, I was interested in the Communication Improvement Group because it seemed a good place to learn about how social support around EDs functions;

my interest in the site continued because of its unique approach to communication. In learning how to support someone experiencing an ED, I had attended support groups for disordered eating before beginning this study. The Communication Improvement Group was unlike any other support group I had ever attended, and it was the idiosyncratic approach to the relationship between communication and eating disorders that held my interest as a researcher.

Typically, it can be difficult for researchers to negotiate access to groups related to sensitive issues such as eating disorders, because a researcher can be seen as impeding the typical function of the group (Lindlof, & Taylor, 2010; Tracy, 2010). My personal identity was key in gaining access to the Communication Improvement Group. As someone who had a close relationship with a person experiencing an eating disorder, I was able to negotiate access to the group, but my access to the group was contingent on being a part of the group. Although every member of the group was aware of my role as researcher, it was not until I established myself as “member” that they seemed fully comfortable with my presence. During group meetings, I often found myself referencing my significant relationship with someone who has an ED as a way to maintain my credibility and leverage my identity as not just an outsider or observer but participant with an equal stake in the conversation.

Chapter Summary

This chapter has outlined the theoretical and methodological approach I have taken during the course of this study. It has given a description of speech codes theory, my theoretical framework, as well as listed my research questions that informed the analysis. The next two chapters will outline the two primary speech codes I have identified and analyzed using the methods described in chapter two. Chapter three will discuss the communication practice of “healing” within the Communication Improvement Group, identifying a cultural premise about

communication skills training programs that informs the relationship between NVC and EDs. In chapter four, I will discuss the communication practice of “connecting,” describing how “connecting” is informed by a cultural premise about the meaning of conflict and why NVC is useful for those experiencing an ED and their loved ones.

Chapter Three: “Healing” in the Communication Improvement Group

The ethnography of communication is concerned with exploring unusual or unique communication practices within a community to understand the locally shared beliefs that inform those communication practices. In his seminal piece, Philipsen (1975) examined the intriguing practices he noticed in a working class South Chicago neighborhood, “Teamsterville.” By examining the local patterns of speech in “Teamsterville,” Philipsen identified the shared beliefs informing codes of silence among men in the community, finding that there were locally held understandings about when and where a man should speak and when words were unnecessary, or even unfavorable. Other ethnographers (see Basso, 1992; Katriel & Shavit, 2013; Molina-Markham, 2013; Wilkins, 2005) have examined unusual or unexpected communication practices within a site, using ethnographic field methods to answer the question, “What do members of this community believe in order to communicate in this way?” The investigation of an intriguing communication practice is the foundation of the ethnography of communication.

The Communication Improvement Group is an example of a site in which an intriguing communication practice occurs. In the first few minutes of attending a meeting for the Communication Improvement Group, any new participant can tell that it is an unusual, and probably unique, support group. It is common for people recovering from an eating disorder to seek social support in the form of support groups (Koski, 2014; Linville et al., 2012), but unlike a typical support group, participants in the Communication Improvement Group engage in little self-disclosure and instead practice a communication skill, nonviolent communication. Whereas typical ED support groups focus on sharing the emotional experience of an eating disorder (Koski, 2014; Pascold et al., 2010), this group centers on the practice and implementation of the conflict resolution strategy NVC. Because the group is advertised as a support group, framing

meetings around a communication skill as opposed to social support is an unexpected communication pattern for new meeting attendees. Analysis of this pattern makes clear a cultural premise about the value of communication skills within the community.

In order to understand the local meaning behind using NVC in the Communication Improvement Group, it is important to examine the act sequence (Hymes, 1974b) of group meetings. Act sequences are the patterned form and order of speech that can be expected within a communicative context (Hymes, 1974b); they have been analyzed by communication scholars to demonstrate how certain communication acts have localized meaning in specific cultural contexts (see, i.e., Molina-Markham, 2013; Dunn, 2014). Analyzing the act sequence of group meetings and describing the language used to reference appropriate communication during meetings draws attention to how and why members of the Communication Improvement Group frame their meetings around NVC as opposed to social support.

An analysis of the act sequence of Communication Improvement Group meetings makes clear that members of the group adhere to a common ideology around communication skills, the “self as a reflexive project” (Cameron, 2000; Giddens, 1991). As this chapter will explain, members of the group use NVC to facilitate a communication practice that they call “healing,” or self-actualization through examining their own flaws and addressing them through conversation with significant others. This chapter will explain the practice of “healing,” and its local meaning within the Communication Improvement Group. “Healing” is a valuable communication practice in this community that is accomplished through NVC, and members of the group reference “healing” through NVC as a crucial component of their recovery from an eating disorder.

In analyzing the communication practice of “healing” and the cultural premise it informs, I will first outline the typical act sequence of group meetings, demonstrating how the act sequence in meetings deviates from that of social support. After explaining the act sequence of a typical group meeting, I will analyze how that act sequence makes apparent a shared understanding of what it means to “heal” through nonviolent communication. Exploring what “healing” means within this community will shed light on why members of the Communication Improvement Group use NVC as a recognizable communication strategy to cope with eating disorders and reveal a shared cultural premise about the value of communication skills, that is, that self-improvement happens through communication with a significant other about your personal flaws.

Framing the Meeting: Act Sequence of Communication Improvement Group Meetings

After one of my first meetings with the Communication Improvement Group, I turned to a regular member of the group, Molly. Casually, I asked her, “So what did you think of the support group tonight?” Molly took a moment to think, and she then responded, “Well, I wouldn’t really call this a support group.” Her answer surprised and intrigued me. Until that point, I had thought of the meetings as a monthly support group, albeit an unusual one. After all, the group was advertised as a support group on the organization’s website, where it was described as a “safe place to offer one another support and guidance from their respective experiences.” Those who regularly attended the group, however, seemed to experience something other than “support” at monthly meetings. In reviewing my participant observation notes and interview transcripts, I noticed that participants framed meetings around the communication practice of NVC as opposed to framing them around support by using an act sequence inconsistent with that of social support. The act sequence of group meetings varies

significantly from that of a support group meeting. Take the following excerpts reconstructed from my field notes of two group meetings:

Excerpt 3.1

- 1 Lola: I feel like my dad doesn't think anything's wrong with me. He won't
- 2 acknowledge it. I try to call him, but talking to him is too hard.
- 3 Facilitator: Right, so that is a good example of when we could use NVC. Let's
- 4 practice with that scenario.

Excerpt 3.2

- 5 Roger: Tahlia got mad at me because I wasn't really listening to her. I guess I
- 6 have a tendency to pseudo-listen, especially at the end of the day.
- 7 Facilitator: How could you have used NVC in that situation?

Here, we see members of the group engaging in a typical communication practice expected in a support group speech event: sharing. In their study of an online cancer support group, Aakhus and Rumsey (2010) identified disclosing or “sharing” personal information as “the most basic pattern of interaction expected in supportive communication” (p. 75–76). The communicative practice of sharing, which is expected within a support group, has a particular act sequence involving an *offering*, or disclosure of a problem; *support*, or acknowledgment of the problem; and *thanks*, where the listener comments on the value of the disclosure (Carbaugh, 1988, as cited in Aakhus & Rumsey, 2010). In excerpts 1 and 2, members Lola and Roger both attempt to engage in the act sequence of support by providing the initial component, an offering. Lola's comment (lines 1–2) reference how “hard” it is that her dad won't “acknowledge” her eating disorder. Roger disclosed an aspect about himself that troubles him, i.e., “I guess I have a tendency to pseudo-listen” (lines 5–6). Both of these comments can be considered offerings according to Carbaugh's (1988) proposed act sequence of support.

Contrary to the typical act sequence of support, Roger and Lola's comments are not met with the expected communication acts of support and thanks from the facilitator. Instead, we see the facilitator redirecting communication toward practicing NVC. That his response deviates

from the typical act sequence within a support group frames the meeting as a different type of communication event, specifically, an opportunity to “practice” (line 4) NVC. The act sequence aligns with those examined in typical communication skills training programs where the goal of the meeting is not to offer support but to learn and practice a communication skill. In these excerpts, the facilitator is playing the role of a “coach” or “trainer” in a communication skills training program by asking questions that redirect attention to the communication skill that members are supposed to be mastering, e.g., “How could you have used NVC in that situation?” (line 7). White and Agne (2009) demonstrated that coaches in mediation trainings often used similar questions to “elicit the ‘obvious’” (p. 91) from trainees. As they stated, “Rather than simply pointing out something she or he saw in the session, coaches asked the trainee to provide information about what had transpired” (White & Agne, 2009, p. 92). In these excerpts, the facilitator practices a similar strategy, asking participants to identify how they may have used the communication skill of NVC rather than telling them that they could have used it. Similar to the coaches in White and Agne’s study, the facilitator’s question functions as a request for participants to examine their communication practices and make necessary improvements. By responding to participants’ sharing with a request to practice NVC, the facilitator establishes the speech event as one of communication skills training as opposed to social support.

In an interview, another member of the support group talked about how the communication practices at the Communication Improvement Group vary from those at other support groups that she had attended. In her response, she identifies that not only does the Communication Improvement Group vary in act sequence to the frame of a support group but it also contains different actors than those you’d find in a typical support group for an eating disorder.

Excerpt 3.3

8 Me: Have you ever been to other support groups for eating disorders?
 9 Josephine: Yes.
 10 Me: How was it the same or how was it different? How did it compare?
 11 Josephine: Well, it was different because there were no partners. So it was just a
 12 group of women. And it's definitely different when your partner isn't there, or
 13 when other people in your life who are witnesses to what you're going through
 14 um, aren't there. And we, we didn't practice. We didn't put things into practice. It
 15 was more of like taking turns venting. So it was definitely more group therapy
 16 versus you and your partner or your friend or your mom or whatever.

Here we see Josephine acknowledging the differences in act sequences between a typical support group meeting and the Communication Improvement Group. Instead of “taking turns venting” (line 15), members of this group “put things into practice” (line 14). Her use of the term “venting” mirrors that studied in other research about the value of support groups. Aakhus and Rumsey (2010) reported on the communication practice of “venting” in support groups, finding that while some group members saw “venting” as a communication act requiring support, other members saw it as disruptive to the supportive space of the community. Josephine acknowledges that in this group, “venting” is not part of a valued and recognized communicative practice. Rather, “practice” is the form of communication that is valued in this group.

Josephine's comments identify another aspect of the Communication Improvement Group that frames meetings as a training program instead of a support group: the actors, or people engaging in communication acts and their roles in the interaction (Hymes, 1974b). Josephine says that in other support groups that she had attended, “it was just a group of women [who have EDs]” (lines 11–12), whereas this group includes “your partner or your friend or your mom or whatever” (line 16). By including those who do not experience an ED, the group dynamic is “definitely different” (line 12) and not like the “group therapy” (line 15) type events that Josephine had attended in the past. Josephine stated later in the interview that she “was fairly guarded” during her first meeting, because she had not expected the group to discuss NVC.

As she stated, “Well, um, I found it to be informative but I found it to also be an unusual way to address eating disorders.” Participants in the group who expect the “support group” frame for meetings are socialized into the “communication skills training” frame through sanctions from the facilitator and other members. Adhering to an act sequence and including actors that are not recognizable in a typical “support group” communication event constitutes the Communication Improvement Group as a communication skills training program. This reframing is demonstrative of a cultural premise maintained within the group about the purpose of communication, and more specifically, the function of the communication skill NVC. The next section will describe a particular communication practice that has shared local meaning within the group and informs the group’s decision to engage in a communication skills training program instead of a support group.

Enacting an Ideology of Communication Skills: “Healing” as a Communication Practice

In practicing NVC during group meetings, the Communication Improvement Group is enacting an ideology common in communication skills training programs. Ideology is a term that refers to ideas that implicate action; it can be considered a shared set of beliefs about how to communicate in various institutional settings (Woolard & Schieffelin, 1994). Fitch (1998) explained that cultures have “interpersonal ideologies” that influence what a community understands to be reasonable and acceptable ways of treating others in interaction. The Communication Improvement Group’s practice of NVC during meetings demonstrates a shared adherence to a common Western ideology about communication skills training programs: the “self as a reflexive project” (Cameron, 2000; 2004; Giddens, 1991). This ideology is enacted through the communication practice of “healing,” and analysis of that practice makes clear a cultural premise about the value of NVC within this community.

A few months after Molly told me that she “wouldn’t really call this a support group,” I asked the facilitator what he thought of Molly’s claim.

Excerpt 3.4

- 17 Me: Would you call this group a support group?
 18 Facilitator: No. It’s not intended to be a support group. It’s more of a skills group
 19 to work on particular communication strategies. Support groups tend to be very
 20 toxic for people, and they’re not helpful. People don’t find them helpful. This
 21 group should give you the skills to strengthen your relationship.

The answer provided by the facilitator makes a number of things clear about the reasons behind framing the group around NVC and why members of the group find that frame useful and valuable. First, the intention of the group is to be a “skills group to work on particular communication strategies” (lines 18–19) that will “strengthen your relationship” (line 21). Relationship building is a common goal of many communication skills training programs where communication skills are seen as valuable tools to help you relate with others through improvement of the self (Cameron, 2000; 2004; Dunn, 2014). In her study of a Japanese public speaking course, Dunn (2014) explained that many participants in the course told narratives about how learning a “communication strategy” (e.g., “positive thinking,” “praising people,” or “speaking concretely”) led them to happier, more stable, and more fulfilling personal and professional relationships. In the Communication Improvement Group, the facilitator echoes the perspective of other communication training programs, stating that acquiring and practicing communication skills will “strengthen your relationship.”

The facilitator makes it clear why the frame of communication skills is more valuable for the group than that of “support group.” As he says, support groups are “toxic for people” and “people don’t find them helpful” (line 20). The Communication Improvement Group is intended to be helpful by “strengthening your relationship” through teaching participants communication skills and giving them a space to practice them. The facilitator’s claim that support groups are

not helpful could be contradicted by a number of studies demonstrating the benefits of support groups for those experiencing illness (see Aakhus & Rumsey, 2010; Brashers et al., 2004; Stone, 2013) and, more specifically, studies demonstrating the benefits of support groups for those experiencing eating disorders (see Pascold et al., 2010; Rorty et al., 1999; Tiller et al., 1997). So why does the facilitator refer to them as “toxic” and “not helpful”? Why is a meeting that advertises itself as an eating disorder support group operating as a communication skills training program? To answer these questions, we must explore how members of the Communication Improvement Group engage in a communication practice of “healing.” Analyzing the communication practice of “healing” leads to an understanding of the cultural premise informing the group’s use of NVC for coping with the communication difficulties of disordered eating.

“Healing” Through Nonviolent Communication

Members of the Communication Improvement Group see NVC as accomplishing the communication practice of “healing” within their community. The following is an excerpt from an interview with the facilitator in which he explains the value of NVC, referencing how it can be used to “heal.”

Excerpt 3.5

22 Facilitator: The way I frame the eating disorder is that—that is a part of you. It’s
 23 not a bad part [...] When you’re working with your ED, you want to throw away
 24 the parts that don’t belong to you. So, again, the way we use NVC is learning
 25 how to empathize with it, and learning how to help it heal, but not pathologizing
 26 it, not demonizing it.

In excerpt 3.5, we see two important beliefs about communication and eating disorders that lead the Communication Improvement Group to use NVC. First, members of the group see an eating disorder as “a part of you” (line 22) and “not a bad part” (line 23) but a part that doesn’t “belong to you” (line 24). The facilitator’s perspective that EDs are a “part of you” is not the standard clinical approach to ED support or treatment. Commonly, as a way of separating an individual’s

identity from their ED, treatment facilities and recovery literature may personify the eating disorder, speaking as if the disorder were a separate, unwanted part of their consciousness (Linville et al., 2012; Schaefer, 2004). The disorder, commonly referred to as “Ed,” is personified as an abusive spouse, constantly present and always controlling the individual’s thoughts, behaviors, and interactions. For those living with and controlled by “Ed,” recovery is analogous to divorcing the abusive spouse; it is difficult, emotionally draining, and, at times, physically dangerous (Schaefer, 2004). Personifying the ED in this way intends to help those attempting to recover to separate their personal identity from the behaviors associated with their ED, and thereby reduce the guilt, shame, and blame that those experiencing disordered eating often feel. Even more common than personifying the disorder, EDs are described as mental illnesses, which implies that they are a condition or issue with cognitive processes and implications that may be resolved through treatment (Dick, Renes, Morotti, & Strange, 2013). In the Communication Improvement Group, members imagine the ED as a part of their identity or self instead of viewing it as a separate entity or mental disorder. In excerpt 3.5, the facilitator explains that his approach to ED recovery is not to think of it as a mental illness (i.e., “pathologizing it”) or to personify it as an abusive spouse (i.e., “demonizing it”), but to see it as a part of an individual’s core identity or self.

The second important component of excerpt 3.5 is the facilitator’s reference to how NVC can “heal” a part of you. The facilitator states that the purpose of using NVC in the Communication Improvement Group is to “help it heal” (line 25) where “it” references the eating disorder that members might experience. In the Communication Improvement Group, the communication skill NVC is intended to help members of the group “empathize” (line 25) with their ED, or the part of them that doesn’t “belong,” and then “throw away” that part. In the local

language of the group, “healing” is “not pathologizing” and “not demonizing” (lines 25–26) a part of your personality but instead learning to “throw away the parts that don’t belong to you” (lines 23–24). From the facilitator’s words, we see that he believes that members can “learn how to help it [the ED] heal” through the use of NVC, making it a valuable tool for those experiencing disordered eating.

An excerpt from one of the documents distributed to members explains further what it means to “heal” within the Communication Improvement Group. This document, entitled “Respect the Giraffe” is an informational packet about NVC provided to every new member of the Communication Improvement Group.

Excerpt 3.6

27 We need healing when things have happened in the past and we’re still carrying the pain,
28 which is getting in the way of how we want to go forward and live life. (Respect the
29 Giraffe, p. 14)

In excerpt 3.6, we see that healing is a way for members of the Communication Improvement Group to “go forward and live life” (line 28). “Healing,” according to the document, is something that group members “need” (line 27) if they want to cope with something that has happened to them that is “getting in the way” (line 28) or causing them to “carry the pain” (line 27). Similar to the words of the facilitator in excerpt 3.5, “healing” in this excerpt is referenced as a way for members to discard an aspect of their lives that is interfering with their personal growth and self-improvement. Studies have revealed a correlation between those who have experienced trauma and disordered eating (see Dick et al., 2013; Humphrey, 1986; Lenz et al., 2014). Although individuals with no history of trauma may still develop an eating disorder, research has shown that those who suffer from an ED are more likely to have a history of sexual or physical abuse, domestic violence, or childhood negligence and that EDs commonly co-occur with other disorders such as post-traumatic stress syndrome (Dick et al.,

2013). Members of the Communication Improvement Group use the communication practice of “healing” when “things have happened in the past and we’re still carrying the pain” (line 27).

For members of the group who may have experienced trauma associated with or resulting in an ED, having a communication practice that addresses that trauma can be valuable and cathartic for coping with past experiences. It allows them to move on from experiences they’ve had in the past, “throw away” a part that negatively affects them and “go forward and live life.”

In examining more uses of the term “healing” within the Communication Improvement Group, we can discern that “healing” is not solely about eating disorders or coping with trauma. The term “healing” appears again in an excerpt from an interview with Josephine about what she believes is the goal of the Communication Improvement Group.

Excerpt 3.7

30 Me: What do you think is—what do you think they’re trying to accomplish at this
 31 group? What’s their goal?
 32 Josephine: I think that their goal is to be able to create a space in a partnership to
 33 discuss a problem, and in this particular group, to me, it feels like it happens to be
 34 eating disorders but that it can extend. Like, I think the point is that it extends to
 35 any kind of conflict that you have, so that like you can stop focusing on the
 36 disorder and start focusing on the healing and the communicating.

Again, “healing” is referenced as something members should be “focusing on” (line 35) as they “discuss a problem” (line 33) with a significant other, but Josephine’s comment illustrates another important aspect of “healing” within the Communication Improvement Group.

“Healing” is likened to “communicating” (line 36) and offered as an alternative to “focusing on the disorder” (lines 35–36). From Josephine’s explanation of the goal of group meetings, we can see that the process of “healing,” or “throw[ing] away the parts that don’t belong to you” is done through communication, and that communication “create[s] a space in a partnership to discuss a problem” (lines 32–33).

In describing the goal of the Communication Improvement Group, Josephine identifies that the group “feels like it happens to be about eating disorders,” (lines 33–34) but that is not the exclusive goal of group meetings. The skill set she learns in the Communication Improvement Group “extends to any kind of conflict” (lines 34–35) and allows her to “stop focusing on the disorder and start focusing on the healing and the communicating” (lines 35–36). “Healing” in the Communication Improvement Group does not have to be focused on eating disorders; in fact, the purpose of the group is to “stop focusing on the disorder,” and change focus instead to “the healing and the communicating,” meaning that “healing” can occur around any issue, as long as it is done through communication.

The observation that group meetings should “stop focusing on the disorder” is particularly powerful because few of the regular meeting attendees actually suffer from an eating disorder, and rarely are the conflicts discussed directly related to issues around EDs. Take, for example, excerpt 2 when Roger disclosed his “tendency to pseudo-listen” (line 6) as an issue he was inclined to discuss during a group meeting. These types of disclosures are far more common than disclosures regarding ED behaviors (e.g., bingeing and purging or intentional starvation), or even disclosures regarding secondary symptoms of disordered eating not directly related to food (e.g., social isolation). Whereas those meeting attendees who have experienced an ED, such as Josephine, are sometimes surprised by the framing of the meeting around communication skills, Communication Improvement Group meetings appeal to people without eating disorders because they can address a part of them that they do not like through communication. Within this group, suffering from an eating disorder does not constitute membership, because the primary communication practice of “healing” does not have to occur around an ED. It can be about “any kind of conflict” that you want to discuss. The communication practice of “healing,” as it occurs

in the Communication Improvement Group, then, can be thought of as self-improvement through eliminating a troublesome aspect of yourself, or a part that doesn't "belong to you."

A Cultural Premise: Enacting a Communication Skills Ideology

In excerpt 3.6, Josephine's use of the term "communicating" is particularly interesting because it demonstrates an ideology of communication common within communication skills training programs: the idea that learning and mastering a communication skill can improve your life (Cameron, 2000; Dunn, 2014; Giddens, 1991). The ideology that communication can facilitate self-improvement has been explored in other ethnographies of communication. Katriel and Philipsen (1981) found that U.S. Americans talk about "really communicating" as a form of speech characterized by "openness" and "sharing" (p. 315). In their study, participants referenced "communicating" or "really communicating" to mark speech that validates the self as "malleable, that is, subject to change due to personal will and changing definitions supplied by others" (Katriel & Philipsen, 1981, p. 315). "Communication" in their study both referenced and facilitated personal and interpersonal change or improvement for participants. As they learned the culturally acceptable forms of "communicating" with their significant others, participants felt more satisfied with their selves and their relationships. Josephine uses the term "communicating" similarly when she likens it to "healing." In the Communication Improvement Group, "healing" is reminiscent of the self-improvement ideology of communication that characterizes communication skills training programs. Josephine's comment coincides with the facilitator's response to my question, "Would you call this a support group?" in which he explains that the group is intended to "work on particular communication strategies" (lines 18–19) an activity that is deemed as more "helpful" and less "toxic" than a support group would be.

In another excerpt, the facilitator further explains the value of the communication skills that he is trying to teach.

Excerpt 3.8

37 Facilitator: That's what real communication is about is being vulnerable
38 enough and open enough where people can actually see, especially in a
39 couple, where the hurt is as opposed to walking around it and talking
40 around it. And that's what you want to see, and then, if they can actually
41 connect with each other around their respective pain, the rest pretty much
42 takes care of itself.

Like Josephine, the facilitator references “communication” as something that leads to self-improvement. Here, “real communication” (line 37) is described as a speech act in which people are “open” and “vulnerable” (lines 37–38) about their “respective pain” (line 41) with a significant other. After a member of the group has accomplished “real communication,” the facilitator claims, “the rest pretty much takes care of itself” (line 41–42). “Real communication” allows a member to “take care” of the issue that is causing them pain, as opposed to “talking around it” (line 36), which would not resolve the issue, and thus not result in “healing.”

In the excerpts from interviews and meetings, we can see the communication ideology that leads to framing the Communication Improvement Group around NVC. The group sees “real communication” (Excerpt 3.8, line 37) or communication skills aimed at “strengthening your relationship” (Excerpt 3.4, line 21) as a form of self-actualization that leads to “healing,” or acknowledging and discarding negative aspects of yourself. The practice of “healing” through NVC is more valuable than a support group, which would be “toxic” (Excerpt 3.4, line 20) because it is simply “talking around” (Excerpt 3.8, line 39) the pain instead of “learning how to help it heal” (Excerpt 3.5, line 25). The Communication Improvement Group is guided by an ideology present in many communication skills training programs, the “self as a reflexive project” (Cameron, 2004; Dunn, 2014; Giddens, 1991). Programs embracing the communication

skills ideology view communication as a key aspect of self-improvement and self-fulfillment, of relationship building and strengthening; but the Communication Improvement Group holds a unique, local understanding of the value of NVC in particular, seeing it as more than just self-realization and relationship building. “Healing” in the Communication Improvement Group is informed by a cultural premise about the value of communication skills training programs.

Carbaugh (2007) discussed how cultural premises about communication can reveal inherent meaning, or “radiants of meaning” (p. 174) about being, acting, relating, feeling, and dwelling within communities. Uncovering and naming a cultural premise of a community can help a researcher identify shared beliefs about these five crucial aspects of communication. In the case of the Communication Improvement Group, the communication practice of “healing” reveals a radiant of meaning about being and relating.

The practice of NVC, or “real communication” within this group allows for “healing,” or examining and addressing aspects of themselves that members dislike through communication skills. For members of the group, “healing” through the practice of NVC “happens to be about eating disorders,” but it can “extend” to other aspects of their lives, such as interpersonal relationships. Members of the Communication Improvement Group enact a cultural premise about the value of communication skills by adhering to the communication code of “healing.” That is, *“healing” through the practice of NVC, or “real communication,” should contribute to self-actualization through examining your own flaws and addressing them by using NVC to talk about them with significant others.* “Healing,” through the use of NVC is not a solitary activity; it is through communication with others that members of the Communication Improvement Group better themselves by discarding an old, unwanted part of their personhood. The typical communication ideology within communication skills training programs is that communication

skills will help you achieve self-actualization and improvement. In framing their meetings around NVC as opposed to social support, members of the Communication Improvement Group enact that ideology and see communication as contributing to not only self-improvement, but also “healing” both their relationships and themselves.

Chapter Summary

This chapter has explored one communication practice and resulting cultural premise about communication occurring within the Communication Improvement Group. I have described and analyzed how members of the group, first, frame their meetings as a communication skills training program as opposed to an eating disorder support group, and second, share a speech code that makes that framing intelligible and useful within the group. For members of the Communication Improvement Group, nonviolent communication is more than just a communication skill that resolves conflict. NVC is a skill that helps members of the meeting understand, overcome, and discard troublesome or problematic characteristics in themselves by talking about them with a significant other. NVC is a skill that helps them “heal.” The next chapter will explore a second, related speech code that informs the Communication Improvement Group’s use of NVC in an eating disorder support group: the code of “connecting” through nonviolent communication.

Chapter Four: “Connecting” through Nonviolent Communication

Ethnographers of communication have studied how members of a community create shared cultural understanding of particular communication practices. As explained in chapter 3, a communication practice is situated, patterned, message-endowed, accountable communicative action that is understood as symbolically meaningful within a community (Carbaugh, 2005; Boromisza-Habashi & Parks, 2014). Many studies (see, e.g., Carbaugh, 1999; Katriel & Philipsen, 1981; Molina-Markham, 2013) have explored how broadly understood communication practices hold localized meaning within a culture and how cultures talk about and enact that communication practice in a symbolically meaningful way. For example, Carbaugh (1999) demonstrated how members of the Blackfeet tribe of Montana use the communicative practice of “listening” to their environment as a decision-making and problem solving technique; Katriel and Philipsen (1981) examined how some U.S. Americans view “communicating” within relational contexts as a particular form of speech used to build close, supportive interpersonal bonds. Molina-Markham (2013) reviewed the use of silence in Quaker religious meetings as a form of sense-making for the community. This chapter will review the enactment of one particular communication practice in which members of the Communication Improvement Group, engage: the practice of “connecting” through nonviolent communication.

I will explore the communication practice of “connecting” in the Communication Improvement group in two ways. First, I will analyze the metacommunicative vocabularies deployed by participants within the group when referring to the communication practice of “connecting.” Metacommunicative vocabularies are local ways of referencing, naming, and explaining a communicative act and its meaning within the culture (Coutu, 2000; Philipsen, 1997). By examining metacommunicative vocabularies present in talk about the book *In*

Retrospect, Coutu (2000) demonstrated that metacommunicative vocabularies can serve as a window into the communication codes within a community, because they are locally understood references to meaningful communication practices. Members of the Communication Improvement Group reference two primary mutually understood metacommunicative vocabularies when talking about or enacting “connection”: communicating in “Giraffe” and communicating in “Jackal.” As I will explain in this analysis, these two metacommunicative vocabularies serve to identify ideal forms of “connecting” among group participants. Wilkins (2005) performed a similar analysis when he explored the “optimal performance” (p. 387) of the *asiallinen* nonverbal style among Finnish speakers. The “optimal form” is the communicative process of contrasting ideal performance with substandard performance of a communication practice, and it can make explicit a cultural expectation of how to enact that communication practice (Wilkins, 2005). Wilkins found that Finnish people could identify the appropriate and inappropriate enactments of *asiallinen*, including what verbal, nonverbal, and contextual components were necessary in the correct enactment of the communication practice. My analysis is similar in that I will describe how members of the Communication Improvement Group reference the ideal and inadequate performance of the practice of “connecting.” This chapter will demonstrate how two terms frequently used to describe communication in the group, communicating in “Giraffe” and communicating in “Jackal,” are metacommunicative vocabularies meant to mark whether a speaker is performing the communication act of “connecting” in the culturally accepted manner.

After describing and analyzing the metacommunicative vocabularies functioning in the Communication Improvement Group, I will describe the shared meaning of the communication practice “connecting” by analyzing the act sequence referenced by members of the support group

when they talk about communicating in “Giraffe” or “Jackal.” Exploring the act sequence of “connecting,” sheds light on the Communication Improvement Group’s cultural premises about relationships and communication more generally. My analysis will demonstrate how the practice of “connecting” is informed by a culturally shared premise about conflict resolution within the Communication Improvement Group. Finally, I will discuss how the practice of “connecting” is useful and meaningful to those experiencing an eating disorder, explaining why members of this community see nonviolent communication as a valuable communication skill for coping with disordered eating.

The Ideal Performance of “Connecting”: Communicating in “Giraffe”

The terms “Giraffe” and “Jackal” are not unique to the Communication Improvement Group. The idea of communicating in “Giraffe” was first used in relation to NVC by Marshall Rosenberg (2003), the creator of the conflict resolution strategy, to refer to “a way of communicating that leads us to give from the heart” (p. 3). Within the Communication Improvement Group, the term Giraffe identifies communication of a particular quality, that is, communication that seeks “connection” with the other. Take the following excerpt from a document distributed to all members of the Communication Improvement Group in which the basic philosophy of NVC is explained.

Excerpt 4.1

- 1 A primary goal of Giraffe language is to first connect. Before you do any
- 2 strategizing, requesting, problem solving, or brainstorming, connect by making
- 3 sure everyone is aware of each person’s feelings and needs (including their own).
- 4 Don’t think of anything else until a heart connection has been made. (Respect the
- 5 Giraffe, p. 10)

Excerpt 4.1, pulled from an explanation of the main goals and processes of NVC, makes a few things clear about the purpose and enactment of communicating in Giraffe in the Communication Improvement Group. First, the excerpt identifies the “primary goal of Giraffe language” (line 1)

as connection, identifying “Giraffe” as a “language” that one can speak. While resolving conflict with NVC, “don’t think of anything else until a heart connection has been made” (line 4) through the language given by NVC. For members of the group, communicating in Giraffe should be the first priority, and only once “connection” is accomplished can they proceed to another communication act. According to this document, communicating in Giraffe both has a goal of facilitating connection and is a prerequisite for accomplishing connection, and it should be the first thing that individuals in a conflict do. Later, the same document provides an explanation for when “connection” is accomplished. As it states, “We know we’ve reached the bottom when it feels good” (Respect the Giraffe, p. 14). Members of the group have accomplished “connection” once they “feel good,” and only then is it appropriate to engage in any other communication acts that may seek to resolve conflict. The excerpt differentiates Giraffe communication from some of the other communication acts that may occur during the process of conflict resolution, such as “strategizing, requesting, problem solving, or brainstorming” (line 2). These acts, though common in conflict resolution strategies (Craig & Thomas, 1989), are not processes that lead to “connection” through NVC.

Although excerpt 4.1 clearly states that communicative acts such as “problem solving” and “brainstorming” are not “connecting,” it is less clear how members of the Communication Improvement Group actually enact communicating in Giraffe. Communicating in Giraffe is accomplished by “making sure everyone is aware of each person’s feelings and needs” but the ideal performance of this form of communication is left unexplained. The ideal performance (Wilkins, 2005) is the manner in which members of a community recognize a particular speech act as being properly conducted within the community. Instead of explaining what “connecting” is, the ideal form of “Giraffe” is explained by comparing it to what is not considered proper

performance. When Katriel and Philipsen (1981) analyzed the culturally distinctive U.S. American understanding of communication as relational work, participants were able to clearly express that “mere talk” and “everyday chit-chat” were not the same as “really communicating” or “really talking.” This analysis of the optimal form (Wilkins, 2005) led Katriel and Philipsen to a clearer understanding of how members of the community enact “communicating.” Similarly, excerpt 4.1 starts to distinguish the ideal form of “connecting” from speech acts that are not considered appropriate enactment of the communication practice (i.e., strategizing, requesting, problem solving, or brainstorming). The following excerpt from an interview with the facilitator of the group provides more information about what types of communicative acts could be considered “Giraffe language.”

Excerpt 4.2

6 Facilitator: You can, within a relationship, have code for all this. So he gives an
7 example in the video that I think you’ve seen where a helper calls him a dictator.
8 So that can, by anybody’s standards, be considered a Jackal attack, but because
9 they know what they mean by that, it’s connected, and it communicates
10 something, and it’s Giraffe.

In this excerpt we find more clarification about the ideal performance for communicating in Giraffe, especially about who may communicate in Giraffe and when they may do so within the culture. Giraffe language “communicates something” (lines 9–10) “within a relationship” (line 6), meaning that successfully communicating in Giraffe is partially dependent on the relationship of the interlocutors. You do not “connect” with just anyone; you “connect” with someone with whom you have a relationship, and it is part of the “code” (line 6) of that relationship. In their study of social support, Goldsmith and Fitch (1997) demonstrated that people in close interpersonal relationships often develop shared knowledge and forms of communicating as a result of personal history. In receiving social support, participants in their study were less likely to consider advice giving or criticism as an intrusion or insult if there was a strong relational

history. In other work, Fitch (1998) proposed that relational partners develop systems of meaning specific to the relationship that are connected to broader systems of cultural meaning. She distinguished between these relational codes and the cultural codes influencing them, stating that “relational codes are the basis for intimacy and cohesion that make personal relationships significant contexts for experience” (Fitch, 1998, p. 32).

In this group, communicating in Giraffe presupposes that there is a relational history between the individuals, a relational code that will help them “know what they mean” (line 9) and provide a “significant context for experience” (Fitch, 1998, p. 32) when engaging in NVC as a form of conflict resolution. The understanding that communicating in Giraffe leads to “connecting” is a shared cultural code among group members, but the communication practice of “Giraffe language” is less determined by how words are spoken and more determined by the relationship of those trying to use it. In another interview, the facilitator explains, “Any communication that moves toward connection [is] considered Giraffe.” Giraffe, thus, is a cultural code locally understood between members of the Communication Improvement Group to reference the ideal form of “connection,” but that cultural code shapes and is shaped by the relational code practiced by individual couples. In other words, all members of the group reference communicating in “Giraffe” to accomplish the same act (i.e., “connecting”), but they do so in different ways depending on their relational code.

When Giraffe language is not performed in the ideal form, members of the group, especially the facilitator, sanction language use within the community by reminding others to “stay in Giraffe” during group meetings. The following exchange occurred during a group meeting in which a participant, Josephine, and I were practicing NVC with a fabricated conflict scenario, a common event at group meetings. Excerpt 4.3 is reconstructed from my field notes

of the meeting. My job was to “play Giraffe,” meaning that I was supposed to practice using NVC as Josephine engaged me in conflict.

Excerpt 4.3

- 11 Josephine: Mary, why didn’t you call me yesterday?
- 12 Me: It sounds like you’re feeling angry with me.
- 13 Josephine: Yeah, I’m angry. You didn’t call me.
- 14 Me: I’m sorry, Josephine.
- 15 Facilitator: Stay in Giraffe, Mary.
- 16 Me: Oh, sorry. It sounds like you needed me to pay more attention to you.
- 17 Facilitator: No. Don’t make it about you. Stay in Giraffe and get to the real issue.

This excerpt demonstrates how language is policed within the support group as members practice NVC. Although communicating in Giraffe is influenced by a relational code between significant others, it is clear from this excerpt that there are communication acts that are not considered Giraffe regardless of the relationship between communicators. The informational packet that all group members receive states that communication acts such as “strategizing, requesting, problem solving, or brainstorming” (Excerpt 4.1, line 2) are not considered Giraffe. In excerpt 4.3, the facilitator draws attention to another communicative act that does not fall under the ideal performance of Giraffe language: apologizing. In the fabricated scenario, my apology was met with a sanction, a reminder to “stay in Giraffe” (line 15). When I later asked why I should not apologize for doing something wrong (i.e., not calling Josephine), the facilitator told me, “Apologizing is only Giraffe if you know what you’re sorry for.” Otherwise, as we see in excerpt 4.3, apologizing “make[s] it about you” (line 17) and prevents you from getting to the “real issue” (line 17). To “stay in Giraffe,” members of the Communication Improvement Group should not apologize until they are “aware of each person’s feelings and needs (including their own)” (Excerpt 4.1, line 3). Because the first goal of NVC is “connection,” ideal performance of Giraffe requires that apologies only happen once that “heart connection” (Excerpt 4.1, line 4) has been made.

Using metacommunicative vocabularies to name “connecting” as a communication practice makes it recognizable, and therefore, accountable by members within the support group. Hall (1988/89) discussed the common ways in which normative behavior is accounted for in interaction, stating that communicators who break the norms of conversation account for their error in various ways. Within the group, violations of the ideal performance of Giraffe language are met with sanctions (e.g., “Stay in Giraffe, Mary” (Excerpt 4.3, line 15)). My response, “Oh, sorry. It sounds like you needed me to pay more attention to you” (line 16) is what Hall referred to as a “re-do” (p. 34), or a second attempt at adhering to the cultural norm. I, as a member of the group, recognized the facilitator’s instruction to “stay in Giraffe” as a critique of my apology and corrected my statement to align with the tenets of Giraffe language. Using the metacommunicative vocabulary of speaking in Giraffe creates accountability for members of the Communication Improvement Group, because it allows them to identify and reference the proper practice of “connecting” within their community. Boromisza-Habashi and Parks (2014) explained how communication practices are accountable within a community in their analysis of an online academic community. When members of the group criticized others in a way that deviated from the locally accepted practice, others responded negatively, forcing them to account for their communication. The same is true of communicating in Giraffe in the Communication Improvement Group. Once the practice is named and made recognizable, other members of the community can identify it and hold members accountable for it.

The excerpts provided above identify “Giraffe” as a metacommunicative vocabulary used to reference a particular type of language within the group (see Coutu, 2000; Philipsen, 1997). In her study of *In Retrospect*, Coutu (2000) noticed how metacommunicative vocabulary terms were used to evaluate, name, and explain communicative acts. Within this group, Giraffe is a

“language” that one speaks to become “aware of each person’s feelings and needs” and to “communicate something.” In marking the ideal performance of “connection” with the metacommunicative term “Giraffe,” members are identifying “Giraffe language” as both a means of connecting and the state of being connected. Similar to the practice of “really communicating” in the analysis of Katriel and Philipsen (1981), communicating in Giraffe is both a recognizable speech act and a state of being. A person is communicating “in Giraffe” when they are enacting the ideal performance of connection, and they are “in Giraffe” when they are “connecting” with their conversational partner. Giraffe is something that members of the group can both “do” and “be in,” and as a metacommunicative vocabulary, it marks the culturally accepted practice of “connecting.”

The Inadequate Performance of “Connecting”: Communicating in “Jackal”

In his analysis of the optimal form of *asiallinen* in Finnish speakers, Wilkins (2005) not only identified how the speech form was performed properly but he also analyzed when members noticed the speech form being performed inadequately or excessively. The contrast of ideal performance and inadequate or excessive performance is what Wilkins (2005) referred to as the “optimal form.” Whereas communicating in Giraffe indexes that the communication practice of “connecting” is being performed correctly, members of the Communication Improvement Group use the term “Jackal” as metacommunicative vocabulary term to reference communication that does not accomplish “connection” in the ideal form but instead enacts an inadequate form of “connection.” Members of the group have identified such speech acts as “blaming,” “judging,” “accusing,” “demanding,” “labeling,” and “criticizing” to be Jackal forms of communication, or communication that prevents “connection” between themselves and their conversational partner. In excerpt 4.4, the facilitator explains what is meant by what the

Communication Improvement Group calls “Jackal” and how it relates to the purposes of NVC.

Excerpt 4.4

18 Facilitator: If they can get to a point where they’re doing [NVC] for themselves
 19 and if someone is in what NVC calls Jackal, you know, critical or judgmental or
 20 not empathetic, they can translate that into needs and feelings because they’re so
 21 good at doing it. That’s the ideal.

From this excerpt, we can determine the important noticeable qualities of Jackal communication.

Contrary to how Communication Improvement Group members reference Giraffe

communication by explaining what it is not, here the facilitator explains Jackal communication by listing what it is. Jackal communication is a “critical or judgmental or not empathetic” (line 19–20) form of speech, and it is the opposite of Giraffe language. Like Giraffe, someone can be “in” Jackal, meaning they are communicating in a way that does not address the “needs and feelings” (line 20) of the other. Communicating in Jackal is seen as impeding connection, because it does not “get to the real issue” (Excerpt 4.3, line 17) causing the conflict. Recall excerpt 4.2, in which the facilitator referred to name-calling as a “Jackal attack” (line 8). Communicating in Jackal is not simply the lack of connection but it can be considered an “attack” on the other through communication, a communication strategy that would certainly not foster “connection.” Thus, communicating in Jackal marks an inadequate and improperly performed enactment of “connection.”

The next passage, excerpt 4.5 provides an example of when members of the group are reminded of the kind of communication that is considered a “Jackal attack.” This exchange occurred during a group meeting when one participant, Tahlia, was talking about her desire to help her daughter who experiences an eating disorder by providing advice. This transcript is reconstructed from field notes of the conversation.

Excerpt 4.5

22 Tahlia: The hardest part is not being able to do anything to help. She's my
 23 daughter. I hate seeing her in pain, and I just want to help.
 24 Facilitator: No, you don't want to help. You want to fix. Fixing is the opposite of
 25 empathizing.
 26 Tahlia: No I don't.
 27 Me: May I ask a question? It's about NVC.
 28 Facilitator: Sure.
 29 Me: When do we get to the point where we actually help fix the issue?
 30 Facilitator: You don't.
 31 Me: Well, what if they are asking for advice, saying, "I don't know what to do.
 32 Will you help me figure out what to do?" We just ignore that and keep
 33 empathizing?
 34 Facilitator: Telling them what to do, trying to fix it is Jackal. It's saying they can't
 35 do it. You have to trust that they are smart enough to figure it out for themselves.

Here we see the facilitator explaining how "fixing" (line 24), which is in this case advice giving, is the "opposite of empathizing" (lines 24–25), or the opposite of communicating in Giraffe. Fixing and advice giving are "telling them what to do" (line 34), which says "they can't do it" (lines 34–35) or they are not "smart enough to figure it out for themselves" (line 35). Other communication research (see, e.g., Brashers et al., 2004; Goldsmith, 2000; Goldsmith & Fitch, 1997; Stone, 2013) has demonstrated the dilemmatic nature of providing advice to significant others, and how that advice could be perceived as criticism or an intrusion. In the Communication Improvement Group, communication acts that seek to inform the other or improve the situation oppose acts that seek to "connect," and are therefore marked by the term "Jackal." In NVC terms, advice giving and "fixing" are not just unhelpful or potentially face threatening (Brashers et al., 2004; Goldsmith & Fitch, 1997), they are an "attack" on the other person. If one does not "trust that they are smart enough to figure it out for themselves," they are implying that the other "can't do it," and are therefore communicating in Jackal.

Both excerpts 4.4 and 4.5 reveal an interesting component about the relational code informing the practice of "connection." Although there is a cultural code informing the two

metacommunicative vocabularies within the Communication Improvement Group, the enactment of Giraffe and Jackal communication is dependent on the relational code between significant others. From these two excerpts we see how important the communication act of listening is in interpreting “connection.” Other ethnographic research has focused on cultural practices of listening. For example, Molina-Markham (2013) found in her study of Quaker meetings that members use the practice of “listening” to gain a “sense of the meeting” (p. 168) and inform their decision-making process. For participants in Quaker meetings, listening was to be done by remaining still and silent for extended periods of time for the purpose of receiving guidance about difficult community decisions. Similarly, Carbaugh (1999) examined how Blackfeet tribe members “sit and listen” to nature as a form of problem solving and self-reflection. In the Communication Improvement Group, listening is done for the purpose of understanding the “needs and feelings” (Excerpt 4.4, line 20) of the other in order to resolve conflict and “connect.” Excerpt 4.4 states that once members of the Communication Improvement Group are good at NVC, they can listen in a way that “translates” (line 20) Jackal attacks into Giraffe language, facilitating “connection.” The act of “translating” Jackal into Giraffe is referred to as listening with “Giraffe ears” among group participants. As the facilitator once said, “if you get really good at listening in empathy, you never really hear Jackal or violence.” This is “the ideal” (Excerpt 4.4, line 21) for members of the group as they work to resolve conflict through NVC; members should become “so good at doing it” (Excerpt 4.4, lines 20–21) that they can “translate [Jackal] into needs and feelings” (Excerpt 4.4, line 20). Those who have mastered Giraffe language can “translate” blaming or criticizing language into Giraffe language focused on the emotional state of both conversational partners, thus no longer “hearing” the “attack” in Jackal language. For members of the Communication Improvement Group, communicating in Jackal

and Giraffe is not just marked by how they speak but also by how they perceive the speech of others, and both speaker and hearer have the opportunity to interpret communication as Giraffe language.

From the analysis of both Giraffe and Jackal communication within the Communication Improvement Group, we see that “connection” within the community is informed by relational codes (Fitch, 1998) as well as a cultural one. Although the terms “Giraffe” and “Jackal” serve as metacommunicative vocabularies to identify ideal or inadequate performance of “connecting” as a communication practice, the interpretation of those performances is more strongly influenced by a relational code shared between significant others than it is the cultural code shared within the group. These two metacommunicative vocabularies and the performances of “connection” that they reference are informed by a cultural premise about the value and purpose of communication skills within the Communication Improvement Group. The next section will explore the purpose of “connection,” addressing why members value NVC as a relevant and important communication skill and how that skill is related to coping with or supporting a loved one with an eating disorder.

“Getting to the Bottom of our Feelings”: The Cultural Premise Informing “Connecting”

As Coutu (2000) stated, “metacommunicative vocabularies are deployed in ways that can serve to reveal the elements of and reinforce the legitimacy of a particular way of speaking” (p. 183). They may also be used to question the legitimacy of particular ways of speaking within a community, as Boromisza-Habashi (2013) demonstrated in his analysis of Hungarian *gyűlöletbeszéd*, or hate speech. Outlining the use of metacommunicative vocabulary terms “Giraffe” and “Jackal” within the Communication Improvement Group explains how members of the group reference the optimal communication practice of “connecting.” By analyzing the

use of those terms within the group, we can see how members reference a shared communication practice (i.e., “connecting”) and its meaning to those who experience it (Philipsen, 1997).

Within this community, members engage in the optimal performance of “connection” by using “Giraffe language” and avoiding “Jackal attacks.” Exploring the way members of the group reference the communication practice of “connection” can provide insight about the culturally shared premises about communication within this group, including how and for what purpose members use NVC. Take the following excerpt from an interview with the facilitator of the Communication Improvement Group in which he talks about the purpose of NVC. This passage was used in the previous chapter to analyze the code of “healing,” and further analysis serves to make clear related information about the code of “connecting.”

Excerpt 4.6

35 Facilitator: That’s what real communication is about is being vulnerable enough
 36 and open enough where people can actually see, especially in a couple, where the
 37 hurt is as opposed to walking around it and talking around it. And that’s what you
 38 want to see, and then, if they can actually connect with each other around their
 39 respective pain, the rest pretty much takes care of itself.

Excerpt 4.6 illustrates a number of cultural assumptions about the cultural practice of “connecting” within the Communication Improvement Group. The facilitator of the group lays out a clear act sequence (see Hymes, 1974) for the practice of “connection,” starting with “being vulnerable enough and open enough” (lines 35–36) to see “where the hurt is” (lines 36–37). Once that act is accomplished and communicators have “actually connect[ed] with each other around their respective pain, the rest pretty much takes care of itself” (lines 38–39). When the facilitator refers to “the rest,” he is in fact talking about “connection.” “Connection” is a cyclical process in which “connecting” in the ideal form (i.e., using Giraffe language), or translating an inadequate form into the ideal form (i.e., listening with Giraffe ears) leads to further connection. As members of the group use NVC to seek “connection,” they establish a relational code that

allows them to reify their connection through the use of Giraffe language or by turning on their Giraffe ears when faced with a Jackal attack. Although the group maintains a shared understanding of what constitutes “connection,” the meaning of all communication is ultimately interpreted according to the relational code between significant others. Thus, members of the group find value in NVC because it provides a cultural code within the group that may be overridden or rewritten by their own relational code.

In order for the relational code to be valuable, the facilitator identifies the actors who should be engaging in the cultural practice of “connecting”: couples. Communicating in “Giraffe” is relationally dependent, and there can be a “code for all this” (Excerpt 4.2, line 6) for Giraffe language within a relationship. In excerpt 4.6, the facilitator indexes NVC as especially useful for those in a romantic partnership, where it is important to “see the hurt” in the other “as opposed to walking around it and talking around it” (line 37). A number of communication studies (Haugh & Carbaugh, 2015; Stokoe, 2010; Vangelisti, 2002) have identified self-disclosure as an important aspect of intimacy in romantic partnerships, one that is an observable communication practice. Members of this support group value self-disclosure with their romantic partner as a form of enacting the communication practice of “connecting,” and therefore failing to self-disclose “where the hurt is” leads to a lack of “connection.” The self-disclosure should be about each person’s “respective pain” in order to “actually connect” (line 38), and it should be the first priority for couples attempting to resolve conflict through NVC.

As demonstrated by excerpt 4.6, members of the Communication Improvement Group engage in the communication practice of “connection” in a particular way (i.e., act sequence) and with particular people in a specific communication situation to achieve a specific end. Excerpts

4.7 and 4.8 are examples of how members of the support group find the practice of “connection” to be valuable to their significant relationships.

Excerpt 4.7

40 Molly: Greg and I are a lot closer, a lot more connected since we started using
41 NVC. We kind of get each other more. It’s easier to talk to him about how I feel,
42 because I know he will listen.

Excerpt 4.8

43 Tahlia: NVC, it helps me connect with my daughter. We can get to the bottom of
44 what we’re feeling and really connect. That’s important to me.

The practice of “connection” through NVC serves to foster “closer” (line 40) interpersonal relationships and to “get to the bottom” (line 43) of what they’re feeling. “Connection,” then, serves a main purpose that leads to understanding a cultural premise about communication within the Communication Improvement Group. As previously explained, “connection” facilitates self-disclosure by requiring that communicators focus on their “feelings and needs” before resulting to other conflict resolution strategies. In attempting to “connect,” members of the group “get each other” (line 41) in a way that they did not previously; they do not just “walk around” or “talk around” their feelings. As the facilitator states, “that’s what real communication is about” (Excerpt 4.6, line 35). In using NVC for conflict resolution, the first goal is to “connect” before doing any other communication acts that may seek to resolve conflict (i.e., “strategizing, requesting, problem solving, or brainstorming” (Excerpt 4.1, line 2)). From excerpt 4.6, we can see that “connection” is not just the first goal of Giraffe language but it also results in resolving the problem, because after two people “actually connect” (line 38) around their “respective pain” (line 39), the rest of the problem “pretty much takes care of itself” (line 39). There is a specific, patterned way to engage in “connection,” that starts with “real

communication” (line 35) about each person’s “respective pain,” and finishes with the problem resolving itself as a result of “connecting.”

A Cultural Premise: What is Conflict?

Analysis of the communication practice of “connecting” in the Communication Improvement Group leads to an understanding of a cultural premise shared among members about the meaning of conflict and the value of communication. Not only does “connecting” lead to self-disclosure but, more importantly, it facilitates emotional recognition within ones self, or “getting to the bottom” of your own emotional experience, which in turn leads to conflict resolution. The communication practice of “connecting” within the Communication Improvement Group follows a pattern laid out by previous scholars in the ethnography of communication. As in Katriel and Philipsen’s (1981) analysis of U.S. American cultural understanding of “communication,” where they explain that participants viewed “real communication” as the “work” necessary to accomplish self-actualization within interpersonal relationships; as in Molina-Markham’s (2013) analysis of silence serving to help Quakers get “a sense of the meeting,” or recognize the group’s perception on major issues, members of the Communication Improvement Group use the communication practice of “connecting” as a form of self-actualization and recognition.

As explained in chapter 3, Carbaugh (2005) claimed that communication practices have “radiants of meaning” that reveal cultural premises about being, acting, relating, feeling, and dwelling in a community. The analysis of “connecting” leads to a cultural premise about relating and being in the Communication Improvement Group. “Connecting” with your communicative partner by using “Giraffe language” does not just help one disclose emotions but it also helps members “get to the bottom of” or recognize their emotions. “Connection” happens once they

have expressed how they are feeling personally, but also once those words have been “translated” into Giraffe language by their conversational partner. This translation of Jackal into Giraffe, which is accomplished through the emotion-focused language of NVC, is a way of understanding one’s own emotional state as well as the emotional state of the other. Language that is considered Jackal is language use that strays from focusing on emotions (i.e., criticizing, blaming, apologizing), but it can be interpreted or “translated into” Giraffe language through the process of “connecting,” and that process allows the speaker to understand their feelings.

“Connecting” exists as a communicative practice to “mak[e] sure everyone is aware of each person’s feelings and needs (including their own)” (excerpt 4.1, line 3). Because of the existence of this communication practice, we can draw a cultural premise about what “conflict” means within the Communication Improvement Group. *For this group, “conflict” is not a difference of interests or goals but a state of uncertainty around each other’s emotions.* Conflict can be resolved through “real communication,” or “connection,” which seeks to understand not just the emotions of your conversational partner but also your own. When resolving conflict, recognizing those emotions should be the first priority for both communicators, because once those emotional states are understood, the conflict is resolved. Thus, communicating in Giraffe resolves conflict because it seeks to uncover the emotional state of both members of the conversation; communicating in Jackal contributes to more conflict by ignoring the uncertainty of emotion. To resolve conflict in this community, members do not need other strategies besides “connection”; the recognition of one’s own emotions through “connection,” is itself what resolves conflict. Once that has been accomplished, “the rest pretty much takes care of itself.”

“Connecting” around an Eating Disorder: The Value of NVC

Although analyzing the practice and performance of “connection” makes clear a cultural premise about conflict within the Communication Improvement Group, it leaves one question unanswered: What does “connecting” have to do with eating disorders? Members of the Communication Improvement Group see the relationship between “connecting” and EDs as self-explanatory and obvious, but it is less obvious to those who are unfamiliar with the cultural premise guiding the use of NVC in group meetings. The shared cultural premise that conflict is not related to specific behaviors of a person but is rather due to a state of uncertainty around the emotional states of those engaged in the conflict can be very helpful to those attempting to cope with their eating disorder. Van den Broucke, Vandereycken, and Vertommen (1995) showed that those who experience an ED and their significant others frequently engage in “superficial” (p. 2) communication, meaning they engage in little self-disclosure and a high amount of interpersonal distress, making EDs a highly isolating illness. Research in the medical and psychological fields recognize the isolating nature of eating disorders, citing the physical and mental stress of the disorder as a main cause for social reclusion (Haas et al., 2010). Due to the behavioral habits that accompany disordered eating (i.e., insufficient caloric intake, over-exercise, frequent vomiting, etc.), those living with an ED experience exhaustion, making it difficult to engage in social activities. The engagement in weight-loss behaviors is obsessive and consuming for individuals experiencing an ED, and activities that interfere with their ability to engage in these behaviors are avoided. As McCabe (2009) explained in his study of the social reality created on pro-ED websites,

Individuals with eating disorders feel safe and comfortable in places where the outside world cannot intrude on their behaviors. Typically, it is a place in which the individual is

alone, places where they are able to engage in activities with their disease, such as binge-purge sessions and exercising. (p. 7)

Wolf, Theis, and Kordy (2013) reasserted this claim in their study on the psychological implications of pro-ED websites, stating that “dysfunctional behaviors” (p. 213) began to replace social engagement for adolescents experiencing an ED. As they claimed, “social withdrawal is a common consequence driven by the individual’s fears of negative social evaluations and rejection” (p. 213).

Due to the fear of negative repercussions, individuals who experience disordered eating do not typically seek support from friends or family members, choosing instead to hide their engagement in ED behaviors so as to avoid stigma. When soliciting support from a significant other who has never suffered from disordered eating, individuals frequently report feeling shamed or blamed for experiencing an ED. As Weare (2015) stated, admittance to the behaviors associated with an ED frequently elicits shock and concern from parents and other significant others, which might make individuals feel as if they are being judged or even punished for their illness. Seeking support from significant others, therefore, is communicatively difficult for those experiencing an ED, because they typically are not inclined to discuss their condition with those who they expect would not understand.

Members of the Communication Improvement Group who experience an ED find a solution to this very common communication pattern by reframing conflict as a result of undisclosed or unrecognized emotions. The practice of “connecting” with your significant other through NVC requires that communicators avoid discussion of specific behaviors and instead concentrate on the “feelings and needs” of each person. Understanding that conflict is something that can be resolved by discussing feelings instead of behaviors can be a relief for those who find

it difficult to confide in loved ones because of shame or fear. “Connecting” through NVC encourages participants to disclose not what they’ve done, but how they feel, a practice that allows individuals with an ED to foster strong relationships without experiencing the guilt associated with talking about ED behaviors. Thus, participants in the Communication Improvement Group find a new form of social support during group meetings, one that does not require the difficult form of self-disclosure that may be expected in other support group settings. “Connecting” through NVC does not require admission to particular behaviors associated with disordered eating that their significant other may see as shocking, disturbing, or disappointing. Instead, interpersonal conflicts between loved ones are resolved by just “getting to the bottom” of what they are feeling, making NVC a viable, reasonable, and valued communication practice for members of the group.

Chapter Summary

This chapter has outlined a culturally shared communication practice in the Communication Improvement Group: “connecting.” I have identified the ideal performance of “connecting” by reviewing the metacommunicative vocabularies used to reference the ideal and inadequate performances of “connecting” as a communication practice among group participants. By analyzing the act sequence of the communication practice, I have demonstrated how members of this community share a cultural premise about the meaning of conflict. For participants in the Communication Improvement Group, conflict is not a result of competing interests or goals, but rather a circumstance in which one or both parties are uncertain about their emotional state or that of their conversational partner. This cultural premise informs the relationship between NVC and eating disorders, because it makes NVC a reasonable and coherent approach to coping with an ED or supporting a loved one with an ED. By practicing

nonviolent communication members of the Communication Improvement Group are not trying to prevent conflicts or even completely recover from disordered eating. They are simply “connecting.” The next chapter will conclude this study by discussing the theoretical and practical implications of my analysis.

Chapter Five: Conclusion

This study has explored the cultural premises about communication occurring within the Communication Improvement Group. I have described and analyzed how participants of the group frame their meetings as a communication skills training program as opposed to an eating disorder support group, and how and why they hold shared cultural premises that make such a framing intelligible and useful within the group. Uncovering and describing the communication practices of “healing,” as described in chapter three, and “connecting,” as explained in chapter four, helped to clarify two shared cultural premises about communication operating within the Communication Improvement Group. These two practices make clear that members of the group see NVC as a valuable skill in both recovering from an ED and understanding the experience of a loved one with an ED. In using NVC, participants in the group (a) learn how to talk about a part of their identity that they see as undesirable and work toward changing it and (b) resolve conflict with a loved one without engaging in shaming language. For members of the Communicating Improvement Group, NVC allows for the practice of these two important communicative processes, “healing” and “connecting,” and is therefore valuable in recovering from disordered eating.

The cultural premises that influence these two practices are locally meaningful and unique to this group, but when extrapolated they lead to implications about communication, eating disorders, and communication skills training programs that may set directions for future study in the field of communication. This chapter concludes my study by discussing the theoretical and practical insights drawn by a cultural approach to the Communication Improvement Group. First, I explain the importance of these findings, discussing how this study contributes to two current conversations within communication discipline: theoretical

conversations about locally shared understandings of communication practices in the ethnography of communication and practical conversations about communication skills training programs as a Western practice. Later in the chapter, I will discuss some trajectories of future research, suggesting that it is time for the communication discipline to engage in the study of mental illness from a cultural perspective. As this study demonstrates, a cultural approach to mental illness can reveal important information about how individuals with an illness come to understand their experience, which may assist in furthering treatment and recovery options. Finally, I will speak about the rewarding and challenging experience of studying a site that is so closely linked to one of my personal passions, eating disorder awareness and advocacy.

So What?: Theoretical and Practical Implications

Ethnographic study of the Communication Improvement Group reveals interesting information about the ways in which members of this community use a structured form of communication to create a shared cultural understanding of their illness. Other studies have examined language use around EDs. Koski (2014) examined the construction of a collective identity around illness in online eating disorder support groups, Knapton (2013) studied the use of metaphors in the pro-eating disorder movement to position anorexia as a skill worthy of practice and discipline, and Haas and his associates (2010) demonstrated that language use contributed to “negative enabling” of dangerous behaviors associated with an ED on online forums. Studying the Communication Improvement Group provides a different, unique insight into how members of a support group cope with their illness and construct a community around a patterned form of language.

The findings of this project demonstrate that study of the cultural forms of language around eating disorders is vital to understanding the experiences of those affected by the illness.

As members of the group engage in the practices of “healing” and “connecting,” they use NVC to cope with the intrapersonal and interpersonal difficulties that disordered eating creates.

Although not every member experiences an ED, they are all affected by disordered eating on a daily basis as they navigate their experiences and relationships. NVC is a patterned and rule-bound form of communication that allows members of the Communication Improvement Group to understand an ED as something that can be “healed,” or removed from their sense of self, and something that does not impede “connection” with their loved ones. Nonviolent Communication helps members of this group make sense of their experience with an eating disorder, making it easier to talk about, and therefore easier to overcome. That is not to say that those participating in this support group do not struggle or suffer; rather, they use NVC as a communicative method of coping with both the interpersonal and intrapersonal struggles that they may face as a result of their experiences with eating disorders. Beyond insights regarding communication about disordered eating, the findings of this study have both theoretical and practical implications for the study of communication as a whole.

Theoretical Implications: Conversations in the Ethnography of Communication

Sanders (2003) called for communication scholars interested in discourse and interaction, such as ethnographers of communication, to engage in the study of communication skills training programs. As he explained, scholars in the fields of discourse and interaction have focused primarily on how language use in interaction co-constructs meaning and identity, but focusing on the quality of performance in interaction could move the field in a new direction. Analysis of the speech codes within the Communication Improvement Group has theoretical implications for communication study, especially in the ethnography of communication. In his seminal piece, Philipsen (1987) outlined three perspectives for the study of cultural communication, each

providing a “partial but important glance at the nature of things cultural” (p. 249): culture as code, culture as conversation, and culture as community. Each of these three perspectives allows a researcher to examine culture through a particular lens, thereby illuminating a certain aspect of cultural practice within a community. The ethnography of communication gives researchers the theoretical and methodological tools to examine cultural practices through Philipsen’s framework. Speech codes theory follows culture as code, examining the culturally situated ways of speaking and the patterned and rule-bound use of language within a culture (Philipsen, 1997; Philipsen, Coutu, & Covarrubias, 2005). These codes, deciphered through patterned language use, are distinctive to a community, but their analysis can lead to further understanding of how communication systems are constitutive of social lives (Carbaugh, 1988/1989).

The speech codes operating within the Communication Improvement Group are unique and locally understood; I will not claim that other support groups for disordered eating use similar speech codes or communication practices to make a communication skill such as NVC meaningful. Nonetheless, analysis of the communication practices influenced by the locally held speech codes reveals interesting and important insights for the study of cultural communication. The theoretical basis for this study is grounded in communication studies that describe how largely understood communication practices hold specific meaning in a local community (Katriel & Philipsen, 1981; Carbaugh, 1999; Molina-Markham, 2013). My study of the Communication Improvement Group contributes to that body of literature by exploring how the cultural practices of “healing” and “connecting” through NVC constitute an intelligible practice for members of this group. Similar to “communicating” in US American culture (Katriel & Philipsen) or “listening” in Blackfeet tribes (Carbaugh), “healing” and “connecting” in the Communication Improvement Group are locally understood and practiced. The culturally accepted enactment of

these two communication practices is informed by their shared experience participating in a distinctive speech event, that is, a support group for eating disorders that aims to learn a communication skill.

That this study uses speech codes theory, derived from cultural communication and the ethnography of communication, to examine a communication skill also has theoretical implications for the study of communication skills training in the field of communication. Most research on communication skills in the field of communication is critical, claiming that communication skills training programs are inadaptably and unable to account for varying contexts (see Cameron, 2000; 2004), that they result in predictable and inflexible forms of speech (see Dunn, 2014), or that they focus more on avoiding undesirable behaviors instead of learning new behaviors (Sanders, 2003). The findings of such research is consistent with what I have found to be true in the Communication Improvement Group; members of the group are taught to speak in predictable and inadaptably ways that may not be appropriate in all contexts. However, this ethnographic study of how and why the Communication Improvement Group uses NVC brings forth an important finding about communicating skills. This study has demonstrated that, at least within the Communication Improvement Group, the ideal performance of a communication skill is not solely based on proper enactment of the skill, but also on cultural and relational codes (Fitch, 1998). Although NVC is a communication skill with clearly set guidelines, enactment of that skill is dependent on whether the conversational partners are interpreting each other's words as an attempt at "healing" or "connecting." In this group, using NVC properly is not solely a matter of learning the right words to say at the right time, but it requires communicative competence. Even if the utterances are performed in line with the structure laid out by NVC, communicating in Giraffe is only communicating in Giraffe if the

cultural code and, more importantly, the relational code allows it to be. Otherwise, the same utterance may be considered an improper enactment of NVC. Members of the Communication Improvement Group must understand both the cultural codes guiding the use of NVC and their own relational codes determining exactly what forms of speech are considered Giraffe or Jackal in that relationship in order to successfully deploy their desired communication skill. A communication skill is only a “skill” if it is culturally recognized as such.

Theoretically, the finding that a communication skill has culturally shared forms of interpretation opens the door for further research on communication skills training programs within the ethnography of communication. This study examined how one particular skill (i.e., NVC) is locally enacted and meaningful within one particular community (i.e., the Communication Improvement Group), but further research in the ethnography of communication could examine communities using different communication skills for different purposes. Are the same skills valuable in different contexts? How do relational and cultural codes affect the meaning of other communication skills used for other purposes? Further examination of communication skills training programs from a cultural communication perspective may reveal more about how communication skills are culturally constructed and understood in a number of contexts.

Practical Implications: Conversations about Communication Skills Training Programs

Furthermore, my study contributes to academic literature on the prevalence of communication skills training programs in Western society. As an ethnographic project, this study is not intended to make generalizations about communication practices but rather to identify a practice within a community and explain its local symbolic meaning. The cultural meaning of NVC as a practice within this group, however, is indicative of a larger understanding

about the value of communication skills within Western society. Research on communication skills training has demonstrated that programs aimed at improving the self and relationships through communication adhere to a philosophy that learning communication skills can facilitate a happier life (Cameron, 2000). These programs see the “self as a reflexive project,” or something that can and should be worked on (Cameron, 2004; Dunn, 2014; Giddens, 1991). The Communication Improvement Group fosters the ideology of the “self as a reflexive project” similar to other communication skills training programs.

What stands out about this group is their belief that mastering a communication skill (i.e., NVC) can do more for them than just facilitate self-realization; it can actually contribute to “healing,” or identifying and discarding an aspect of your personality that you want to change, removing it through NVC. Interpersonally, proper execution of NVC leads members of the group to engage in “connecting,” or resolving conflict through understanding the emotional state of the other and themselves. These two communication practices and the cultural premises that they reveal demonstrate how the Communication Improvement Group’s cultural understanding of the value of communication builds on the common Western understanding of the purpose and function of communication skills training programs.

Beyond conversations about using communication skills to facilitate self-improvement, this study contributes more practically to conversations regarding the use of skills in the medical field. The use of communication skills in medical and psychological sites is well documented in academic scholarship (see, e.g., Fallowfield & Jenkins, 1999; Kurtz et al., 2005; Sanders, 2003; Street, 2003; Cameron, 2004). Research in communication (see Street, 2003) and medical publications (see Fallowfield & Jenkins, 1999) have praised communication skills training programs for contributing to better, more thorough patient care and higher satisfaction for both

medical workers and patients. Most research concerned with communication skills training programs in the medical field documents how these skills can be helpful in medical professional–patient relationships. This study of the Communication Improvement Group has demonstrated that skills may be helpful in not only interactions with medical providers but also for the personal relationships of those experiencing a medical condition. Members of the communication group clearly benefit from the use of NVC to cope with the interpersonal and intrapersonal issues that result from uncertainty surrounding their eating disorder. For members of this group, the communication skill they learn may be useful in helping them communicate with a doctor about their ED, but its true purpose is to facilitate communication with their loved ones around the ED. Literature around eating disorders has confirmed that those who self-disclose about their eating disorder tend to recover more quickly and for longer (see, e.g., Eichhorn, 2008; Linville et al., 2012; Rorty et al., 1999), but the communication happening in the Communication Improvement Group is different. This study has demonstrated that communication skills may be valuable in coping with certain illnesses, and that a shared cultural understanding of the meaning and enactment of such communication skills is necessary for those using them for social support.

Future Directions: Cultural Communication and Mental Illness

Following this study, research in the field of communication could take a number of directions. Ethnographic analysis of the Communication Improvement Group could lead to further research about the ideology of communication skills training programs to see if other programs using NVC engage in “healing” and “connecting” in similar ways, or scholars could study the use of communication skills in coping with an illness or disability to see if other support groups shift from a social support framework toward a communication skills training program framework. Above all, however, this study demonstrates an urgent need for future

directions of the communication field to address mental illness from a cultural communication perspective.

Communication research has examined social and discursive implications of mental illness. Most studies in the field of communication focus on the stigma associated with mental illness (see, e.g., Romer & Bock, 2008; Caputo & Rouner, 2011; An & McDermott, 2014) and presentations of mental illness in the media (see, e.g., Hoffner & Cohen, 2015; Parrott & Parrott, 2015), with a few studies investigating interpersonal factors associated with mental illness (see, e.g., Van den Broucke et al., 1995; Tiller et al., 1997). Thus far, few studies concerning the cultural components of mental illness have been published. An and McDermott (2014) examined how cultural preferences for direct or indirect disclosure relate to mental illness stigma, finding that individuals in cultures that value more direct disclosure (e.g., US American culture) were less likely to stigmatize mental illness. However, their study analyzed culture differently than would an ethnographic study. They did not examine the cultural, patterned forms of speech that stem from shared premises about communication, but rather viewed culture as something that people have based on their geographic location (An & McDermott, 2014). Scholars in the communication discipline have studied the social implications of mental illness, but research could be improved considerably by taking a cultural communication approach through the ethnography of communication.

The ethnography of communication is concerned with investigating how communicative practices such as structured interactions contribute to a sense of shared identity within a community (Carbaugh, 2005; Coutu, 2008). Ethnographers of communication seek to determine what makes participants' communicative practices coherent and intelligible through investigating the shared symbols evoked in communicative practices (Carbaugh, 1991). Studies have

indicated that those experiencing a mental illness, such as an eating disorder (Van den Broucke et al., 1995; Morrison, Doss, & Perez, 2009) or Alzheimer's disease (Stone, 2013), have distinct communication experiences unlike those who do not experience any form of mental illness. This study has demonstrated that those who are affected by eating disorders on a daily basis have used one structured form of communication (i.e., NVC) as a way of making sense of their experience with an ED, contributing to intrapersonal "healing" and interpersonal "connection." Further study in the ethnography of communication should build on these findings, examining how those experiencing a variety of mental illnesses come to understand their experiences through language. A cultural communication approach to mental illness could reveal fascinating findings by investigating the ways in which those living with a mental illness construct their identities and communities through symbolic language, and findings could be used to improve our understanding of mental illness and help real people cope with and recover from their illnesses.

Final Thoughts

This study began out of curiosity; I wanted to know how I could be a better supporter of a loved one with an ED. Would mastering a new communication skill help me communicate better with the person I love? Would I finally understand what it is like to think the way she thinks, or live the way she lives? Over the year and a half I spent working with the Communication Improvement Group, I came to understand that learning NVC alone could not help me understand how a person experiencing an ED sees the world. Life with an ED is fundamentally different than how I, a person with no history of disordered eating, experience it.

Does NVC help people experiencing an eating disorder actually recover from their illness? I don't know. I don't know if members of this group stop using behaviors associated with EDs after learning to communicate in Giraffe. I don't know if they "heal" enough to stay

healthy. I doubt that NVC alone can lead a person into recovery, and I believe that members of the Communication Improvement Group, even after mastering NVC, would still need a number of psychological and medical resources to fully recover from an eating disorder. But I see the value of NVC for participants in the Communication Improvement Group. For members of this group, NVC signals constant good intentions; they are always trying to communicate in Giraffe and avoid Jackal, speaking and listening in ways that assumes that their conversational partner cares first and foremost about their wellbeing. When someone hurts them, NVC tells them to “turn on their Giraffe ears” and see empathy even in unkind words of their loved one. For someone experiencing a serious mental illness such as disordered eating, the assumption that they can “heal” through communication and that their partner, parent, or friend is trying to “connect” in every interaction probably creates a less isolating world.

I don’t use NVC with my loved one as we work toward her continued recovery; for us, NVC feels overly strategic and even inauthentic. However, learning NVC and practicing it with the Communication Improvement Group taught me how important it is to talk openly and empathetically with her about our relationship and supporting each other through the experience of disordered eating. I learned that “getting to the bottom of our feelings” can happen in a number of ways, and that NVC is the way that makes sense to people who participate in the Communication Improvement Group.

Although studying the Communication Improvement Group provides interesting and useful insight as to how one speech community collectively constructs their understanding of disordered eating, the importance of further communication research into disordered eating cannot be overstated. Research alone cannot cure or prevent eating disorders, but a better understanding of the communicative practices surrounding eating disorders may provide

important information for those affected by this dangerous illness. We cannot settle for living with disordered eating, even if we do so nonviolently. This study is my contribution, my refusal to live with it. We can and should do more to understand disordered eating, for only then can we treat it, and eventually prevent it.

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Appendix

Respect the Giraffe



Nonviolent Communication
By Marshal Rosenberg

Outline of Nonviolent Communication By Marshal Rosenberg

YOUTUBE:
BASICS OF
NONVIOLENT COMMUNICATION

Clearly expressing how I am without blaming or criticizing
1. Observable Behavior: The concrete actions I am observing (remembering, imagining) that are contributing or not contributing) to my well-being
2. Feeling: How I am feeling in relation to these actions
3. Need: The life energy in the form of needs, desires, wishes, values, or thoughts creating my feelings
Clearly requesting that which would enrich my life without demanding
4. Request: The concrete actions I would like taken

Life-Connected Communication

Person 1		Person 2
Images and thoughts	→ ←	Images and thoughts
↑ ↓		↑ ↓
Feelings and needs	→ ←	Feelings and needs

A flow of feelings and needs expressed by images and thoughts. Feeling and need connected.

Live-Alienating Communication

Person 1		Person 2
Images and thoughts	→ ←	Images and thoughts
Feelings and needs		Feelings and needs

A projection of images and thoughts void of any awareness of feelings and needs. Thought Connected.

Life-Alienating Communication

Criticism

One form of Life-Alienating Communication is criticism implying wrongness or badness, e.g. "The problem with you is that you are too selfish (lazy, insensitive, inappropriate, etc.). Other words for this kind of communication include insults, blame, put downs, diagnoses, and judgments.

JACVAL
TRAGIC EXPRESSION OF
AN UNMET
NEED

MENTAL ILLNESS
AS A RESPONSE
TO CULTURE

Denial of Responsibility

A second form of life-Alienating Communication denies personal responsibility for our thoughts, feelings, and actions. An example would be words such as "have to" in the phrase, "there are some things that you have to do, whether you like to do them or not."

THOMAS SZAZ

ROBERT

WHITAKER

We deny responsibility for our actions when we attribute the cause of our actions

to:

- The actions of other ("I hit my child because he ran into the street.")
- Vague, impersonal forces ("I cleaned up my room because it was necessary.")
- Our psychological history, condition, diagnosis, or personal history ("I drink because I am an alcoholic.")
- To dictates of authority ("I liked to the client because the boss told me to.")
- To group pressure ("I started smoking because everyone else in the group was smoking.")
- To institutional policies, rules, and regulations ("I gave grades to my student because it was the school district's policy.")
- To sex roles, social roles, ("I hate going to work but I do it because I am a father and a husband.")
- To uncontrollable impulses ("I was overcome by my urge to eat the candy bar.")

Demands

Demands are a third form of Life Alienating Communication. A demand, as defined within Nonviolent Communication, is a request which implicitly or explicitly threatens some form of blame or punishment if the request is not acted upon.

Justification of Reward and Punishment

A fourth form of Life-Alienating Communication is language associated with the concept that certain actions merit reward and certain merit punishment. An example would be, "He deserves to be punished for what he did."

Scholars Brought Up
Michel Foucault

Connection
before
correction

Discussion of mental illness as
punishment for socially deviant behavior
linked to crim justice
very anti-medical
Positioning ED as addiction
Peter Bragg

Giraffe vs. Jackal

Giraffe (has the largest heart of all land mammals) What's alive inside of us	Jackal
The Steps to Speaking Giraffe:	Forms of Jackal
1. Observable Behavior	1. Judgments/ Criticism / Labels / Diagnoses
2. Feelings	
3. Needs	
4. Request	2. Demands
Heart Centered	Thinking Centered
Power-with	Power-over or Powered-over
Connecting	Life-Alienating
Education	Indoctrination

IF YOU'RE
NOT

SKING
FOR
M

I'm
Right
You're
Wrong

D:

Discussed theory
hasn't been practiced

Nonviolent Communication

Detailed Explanation

Nonviolent Communication (NVC) is a language that facilitates connection and empathy. NVC was created by Marshall Rosenberg, and classic NVC has 4 steps. When NVC is mastered, these four steps can be used loosely, but the following structure helps beginners facilitate heart connected dialogue.

1. The first step is telling the other person what they did that made life less (or more) wonderful. NVC calls this the other person's "**observable behavior**." You only share what you saw the other person do, physically. This description is limited to what a video camera would record. Only communicating the observable behavior purifies your language of judgment, criticism, or diagnosis. This reduces the chance the other person will hear an attack and responds defensively. You may be right about your diagnosis, but that is unimportant. NVC is not concerned about being right. Its top priority is creating connection and, only then, exploring how to meet everyone's needs.

When we play the game of "I'm right and you're wrong" everyone loses because the connection is destroyed. When we play the game of, "show me what's alive inside of you, I'll also share what's alive inside of me, and *then* we can explore how the life inside each of us can collaborate to create something fun," everyone wins, every time.

2. The second step is sharing what you **feel** when the other person acts this way. A feeling is basic and simple such as sad, glad, afraid, or frustrated. Sometimes we use words to describe our feelings that actually diagnose or judge the other person. Saying, "I felt intimidated," does not communicate a feeling. It diagnoses the other as an intimidator. What this person may be trying to say is that they feel afraid. Sharing our feelings as opposed to attacking the other person with a diagnosis can feel vulnerable, but it is easier for the other person to hear and more accurate about what's going on inside of us.

3. One of the most important steps is to then connect your feeling to a **need**. This is important because you feel the way you do, not because of what the other person did, but because your needs were not met. Keep them out of it. It should sound like "When you...(behavior)...I feel...(feeling), because my need for...(need) was not met." As opposed to "...I feel (feeling) because you...(behavior)."

4. Finally, make a clear and specific **request** so the other person knows what he or she can do if he or she decides to meet your unmet need.

Learning the classic form can take time and practice, and you may want to stick with the classic form until NVC feels natural. According to Rosenberg, feeling and needs based languages like NVC are the languages we spoke as babies when we were very connected to our hearts. As we matured, we learned languages that disconnected us from our and other people's needs. By using NVC to express what's inside of us, as well as to hear what's inside of others, our hearts light up and do what they were meant to do, connect.

Using Nonviolent Communication to express what's alive inside of us

green walls
soft lights
Dark wood table
Comfortable office chairs
watercolor painting
colorful toys on table

- A. Think of someone who does something that makes life less than wonderful for you. Only write down their **observable behavior**, what a video camera would record.

Food/water
No one touched them

"When you..."

Left your dish on the stove.

LOG/LIFE
PRESERVE
METAPHOR
TELL COL

- B. Express how you feel when the person acts in the way described above:

"I feel...."

irritated / Frustration

Feeling word must describe yourself
not other. Ex: Abandoned, threatened

- C. Express your reasons for feeling as you do by sharing what needs were not met:

"Because I have a need for..."

order

Keep people out of your needs

- D. Express a request you think will meet your needs. Like the first step, be as clear and specific as you can (i.e. **Observable Behaviors**):

"My request is..."

we wash our dishes after we are
finished eating.

↳ Requests should meet other person's needs too

DON'T EMPATHIZE WITH STATEMENTS

Feeling word must

["yes Jackal"]

6

Starting w/ step d = "Fixing it" one word feeling one word need

Feelings

When needs are met	When needs are not met
Absorbed Adventurous Affection Alive Appreciation Aroused Calm Cool Composed Concern Confident Curious Eager Energetic Engrossed Enthusiastic Fascinated Free Grateful Hopeful Inquisitive Inspired Interested Intrigued Joy Peace Pleased Secure Sensitive Touched	Anxious Disappointed Discouraged Fear Frustration Grief Irritated Loneliness Nervous Numb Overwhelmed Sadness Shock Sorrow Suspicious Worried
Secondary Feelings	
Depression Anger Furious Mad Rage Guilt Shame	

Life Serving Values/Needs/Wants/Desires/Passions

Acceptance	Flexibility	Play
Adventure	Freedom	Protection
Aesthetics	Gentleness	Respect
Appreciation	Genuineness	Rest
Autonomy	Growth	Safety
Boundaries	Guidance	Sensitivity
Clarity	Harmony	Sexual Expression
Celebration	Honesty	Shelter
Closeness	Innocence	Spiritual
Closure	Independence	Communion
Confidence	Integration	Spontaneity
Consideration	Integrity	Strength
Contribution	Intimacy	Support
Connection	Love	Touch
Community	Meaning	Trust
Completion	Movement	Understanding
Creativity	Nutrition	Value
Emotional Safety	Order	Validation
Empathy	Passion	Warmth
Exercise	Physical Nurturance	Wisdom
Experience	Physical Safety	

Nonviolent Communication Concepts

Natural Giving

Every person wants to engage in Natural Giving. Natural Giving is how we meet other people's needs and how they meet ours. All we want to do in life is Natural Giving.

Behind everything people say is a need and a feeling. If you have your Giraffe ears on, you hear the feelings and needs behind everything that they say.

Giraffe is a direct expression and request around our feelings and needs. The objective of Giraffe is the development of a quality of connection that allows everyone's needs to get met.

Jackal is a tragic expression of an unmet need.

Please or Thank You

No matter what people are saying they are saying one of two things...

Please...

or

Thank you

Please is an expression of an unmet need.

Thank you is an acknowledgment/celebration of a need that was met.

No matter what people say, behind it is a need that isn't being met (please) or a need that was met (thank you).

Three ways to know you're in empathy (i.e., making the connection):

1. Intention.

Be aware of the *intention* behind offering empathy to another person. It's important that you **be conscious you're not giving empathy for the other person's benefit. Don't listen unless it meets your need to connect with the divine energy.** By that, I mean that to know God, we have to know people. It's a deep need, our need to connect with the beauty, the divine energy in this person, to be in harmony, to flow with that divine energy. **We give empathy to others for our own benefit.** With this intention, you can't tell which is the giver and which is the receiver. We don't do it for the other person, because that puts them in the one-down position of being helped. **There is life coming through this other person, and we meet our need by connecting with it.**

2. Presence

This means we can't bring anything from the past chattering in our heads, such as theories about humans. The more you know the person in front of you, the harder it will be to empathize. That's why Martin Buber says our presence is such a precious gift to give another. It's approaching this moment like a newborn infant. That infant has never been before and will never be again. I learned this when I worked in mental hospitals and found that the best way to connect with the patient was not to read any of the reports.

3. Focus

The focus is on what's alive in the person now in this moment. The best way to do that is staying connected to feelings and needs, especially the past feelings that are the root of the present feelings. The person may be wandering around with reference to past, memories, etc., but you don't go there with them. Just stay connected to the needs and feelings behind what they're expressing.

All of this can be done silently. The most important parts of empathy are done silently.

Feelings as manipulation

For most people feelings mean being manipulated with guilt trips and being blamed that their actions caused your unpleasant feelings.

Needs

Needs are never conflicting. When we think that they are, we are only saying that in that moment, we don't see a way where both needs can be met. When you use Giraffe language, you'll often find a way to get both needs met simultaneously. When you think that needs are conflicting, it's the strategies that are in conflict.

Distinguishing Strategies from Needs

Strategy: A strategy is a way to meet a need and deals with specific people asked for specific things.

Need: Needs contain no reference to specific people taking action. All human beings have the same needs. So, "I need you to," is not a need because not everyone needs that person to do something.

Request vs. Demand

A demand may be an addiction to a specific request. Your objective is meeting a need, not a request. If you focus on the need, then there will be many possible requests that can meet your need.

The objective of Giraffe is never to get what we want. It's the development of a quality of connection that allows everyone's needs to get met.

Avoid focusing on solutions

First, connect at the heart level. Problems can be solved within 20 minutes once both sides can hear the other side's feelings and needs.

Always Make A Connection First

Another primary goal of Giraffe language is to first connect. Before you do any strategizing, requesting, problem solving, or brainstorming, connect by making sure everyone is aware of each other person's feelings and needs (including their own). Don't think of anything else until a heart connection has been made.

Interdependence

Giraffe understand that their well-being always has to do with the well-being of others.

Basic need to Enrich Life

A basic need for all people is to contribute and enrich life. There's nothing we enjoy more than that kind of giving. The other person will not have to pay for that. We're not doing that for them, but for ourselves. So how you feel about giving is your first clue, don't give with guilt or resentment.


Anger, Depression, Guilt, Shame

The only time we feel anger, depression guilt, or shame is because we are disconnected from what we are needing. When we reconnect, we feel sadness or a sweet pain. We experience anger, guilt, shame or depression when we are attacking ourselves or someone else. These feelings are simply signals that a need is not being met. These feelings are caused by distorted thinking (judgmental thinking), instead of a clear awareness of one's feelings and needs. Sadness tells you that you're connected to your needs.

Emergency First Aid Empathy

Being able to get your needs met (either by yourself or someone else), when someone is asking you to give them empathy and you're needing empathy before you can hear them.

Giraffe Ears



Never hear what another person thinks of you. Listen to the needs behind the thoughts. If you do this, you'll live in a different world.

Celebration

Two kinds of celebration:

1. Celebration of what we did that felt good
2. Celebration of what we did that brought us pain

Silence

*Others have pain when we don't express what we have inside

Any unexpressed feeling on your part will be interpreted as aggression and be responded to with aggression.

The more you try to prevent people from freaking out when you speak, the more you become a nice, dead person.

How the other person might respond doesn't matter. Our only job is to make sure we keep our Giraffe ears on.

Sweet Pain

Not getting our needs fulfilled is painful, but it's a sweet pain, not suffering, which is what comes from life-alienating thinking and interpretation.

Never connect with the other person's pain. Just hear their need. Leave yourself out of the other person's feelings and needs.

Giraffe Mourning vs. Apology

Giraffe mourning helps us learn, but apology implies there is such a thing as doing something wrong. Throughout life we do things we wouldn't do if we knew then what we will learn later.

Revealing Yourself

"I'd like to say some things, but would you be willing to stop me if at any moment you hear a criticism?"

"How can I make a request in a way that you won't hear as trying to control you? (as a criticism? a demand?)

"I'd be grateful if you can hold off giving me advice before I finish telling you what I want you to know."

Judgment/Labels

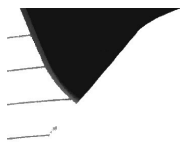
The only time a label can scare us is if we think there is such a thing. As a Giraffe there is no verb To Be. No one IS generous, normal, abnormal. There are only behaviors. So someone calling me a fake can only bother me if I think there is such a thing.

Labels limit ourselves because any time you think of what you are, you lose because we are constantly changing. We are every changing, organic beings. Labels assert that we are static, fixed being. One moment we may feel self-esteem, and the next we may not. So the label high-self esteem is only valid in a limited context.

Static language such as labels put us in a casket, even if it's positive.

Domination Structures

Structures that exert power over instead of exercising power with. Also, may trick us into thinking that we should get our needs met in destructive ways. Example is the need for meaning. A consumer/capitalist market tricks people into thinking they will get their needs for meaning met by becoming efficient producers and consumers. They trick us into thinking our meaning in life is the ability to be able to earn and spend a lot of money.



Never ask a person in a position of authority to tell you what's right or OK. It perpetuates domination.

Confusing Approval and Feedback

In domination cultures, people get educated to think that having the need for feedback fulfilled is the same as getting approval. We need to get feedback from others to tell us whether our intent to serve life was successful.

Working for grades is an example. We get trained for the reward, not for honest feedback. If we enjoy negative feedback as much as positive feedback, then life can be enriched more easily.

Importance of Feedback

We must have feedback so that we can know if we're meeting our need at somebody else's expense. If we ever meet our needs at others expense (if their needs aren't also getting met), we will pay for it later with feelings of resentment, anger, and hurt.

Immediately, follow your need with a clear and present request

With any expression of pain or need, if we don't follow it up with a clear request, we put others in a bind, especially when what we need is empathy. Guide people through the empathy you want, by telling them what observable behavior they can do to help meet your need.

Love

Best way to meet the need for love is to do a Giraffe Dance, sharing what's alive in you and hearing what's alive in others.

Reflecting Back

"It would help me if you would reflect back to me what you heard. It's a big confirmation to hear that you understand. Then it would be a gift if I could get in touch with what your feelings and needs are when you hear what I say."

Parents and Children

In Giraffe there are no such thing as children. There are only humans with needs and feelings. Unfortunately, we would never treat our neighbors the way we treat our children. This is because we don't see them as equal beings deserving of the same dignity and respect.

Assumptions

Giraffes never assume. They always question the other person about their needs and feelings. The other person is always the final authority.

Giving up/Giving in

If you give up or give in at any time, then that's cruel to the other person because they will pay for it. Your body will tell you whether you've given up or given in.

Calling people out in Giraffe

If you think that the other person is lying, you can say, "I'd like you to tell me if you have any fear about telling me what really happened. I'm having a hard time making sense out of what I see, and it would be a great relief to me if you could tell me what was going on. I would be a great relief to me to have that honesty." This gives a better chance that your feelings and needs will get heard, rather than the person hearing an attack and defending against his internal Jackal guilt.

Screaming in Giraffe



"I'm filled with fear, and it would be a big gift if you would just listen to what I have to say and feed back to me what you hear me say."

Jackal Show

Judgment thoughts towards others or ourselves that keep us from the mourning the loss or feeling the sweet suffering associated with not getting our needs met.

Commitments

Giraffes know that any time you make a commitment, it's not true. It's only your intention at the moment. You want to be clear about that because you don't know what will change between now and then. So say, "If my intention changes, I will be willing to tell you."

Choices

"I am choosing to do this thing because I want to." This doesn't say anything about whether you like it, only that you want to. Sometimes you don't like the choices you have to make, but you always have a choice in every situation. You can still plan, and your thinking can never be controlled.

Unconditional Love

Unconditional love is shown when we give a person the same respect whether he or she says yes or no, whether or not they are willing to meet our needs. The person gets the same quality from you, the same empathy. It doesn't mean you agree or like what you hear, but the person is free from any judgment from you.

Punishment

People around the world say they have a need to punish the bad people? When we think we want punishment, we've been distorted by our culture into thinking our need for empathy is changed into "teaching them a lesson." It's a distorted need for empathy, wanting the person to know how you have suffered.

If we ask two questions, we can see punishment never works at any level.

1. What do we want the other person to do? Using only that question tricks us into thinking punishment will work.
2. What do we want the other person's reasons to be for doing what we ask them to do? Punishment only teaches violence. If we have the basic belief that people are evil, then we also believe we have to teach them to suffer to learn a lesson. Guilt, shame, reward or punishment has a high cost which we will eventually pay.

Protective Use of Force

Protective use of force is necessary if the other person is not willing to engage in dialogue (or there isn't time in an immediate situation), and during that time a vital need of yours is being endangered. In that situation, you can use force to protect yourself or your interests. Giraffes always do things only for themselves, not for other people.

As long as you're thinking a person is wrong and needs to be punished, you're part of the problem. Whoever does behaviors like molesting children isn't any different than you and I. They're trying to meet needs. They know what they don't meet some basic human needs of theirs, but their other needs overrule that.

Punitive Force vs. Protective Force

There are two forms of thinking that help differentiate between protective force and punitive force.

- 1 ☐ ☐ If there is any thinking involving an enemy, then it's punitive. The same if the intent is for the other person to suffer.
2. If the intention is only to protect my own need, then it's justified. That's the only time force is justified. I must have no desire to make the other person suffer.

Enemy Images

The images in my mind that I project onto other people when I judge them for not meeting my needs.

Giraffe Prison

This kind of Prison is a protective use of force until the person finds a way to behave that will get everyone's needs met.

Giraffe Power

We all want power, but have associated it with something dirty and ugly because of how often strategies to exercise it are hurtful. The power to be able to affect things is basic to life. Some control over our environment is a very important need.

When is enough empathy given?

We know we've reached the bottom when "it feels good." The problem may not be solved yet, but it feels good just to have that presence. Everyone in the room can usually just feel the ahh in the body. Often that feeling is accompanied by silence.

If the person has an urgency to talk and says, "and, and, and, and..." then he's not finished. There may be other levels they want to get to. So be conservative about moving away from the focus on the other person's needs.

You might check and say, "is there more you want to say?"

You may need to bring the person back to life by saying, "excuse me, are you feeling...and needing...?" They may say something from the past, but you don't go there with them.

Be very slow to go into looking for solutions.

Healing

We need healing when things have happened in the past and we're still carrying the pain, which is getting in the way of how we want to go forward and live life.

Ask yourself, "what pain are you still carrying within you from the past?"

People heal when they have an authentic connection with an authentic human being.

Three phases of healing

1. Giving empathy to the poorly treated person by the poorly educated person.
2. The poorly educated person expressing their mourning and regret over how they could have acted to meet everyone's needs.
3. IF the poorly treated person is curious about why the poorly educated person acted the way he or she did, the poorly educated person can share what needs they tried to meet with their violent behavior.

Telling one's story

When we need to be understood, we have this misguided idea that we have to tell what happened. But it's what is alive in us right now in relationship to what happened that is the key. As I think about a past trauma right now, here's what happens- I lose touch with my present feelings because I get lost in telling the story. There's always a need behind telling the story, if the need is for empathy, then often the story is a destructive strategy for getting that need met. All you have to do is remember that experience, but you don't have to talk about what happened in the past. Stay with the present feelings and needs that are stimulated by being there.

Gratitude



Never use it as a reward. Reward is dehumanizing because it is a manipulation to get people to do what you want.

Positive judgments are just as dehumanizing as negative judgments. In either, we're putting ourselves in the role of God and telling the other person what they are. We want to communicate a celebration of life. Life has been made more wonderful for me by something someone has done. I'm not doing it to buy something from them or so they'll like themselves more.

How to give gratitude

1. We need to make three things clear when we give gratitude:
2. What specific action I want to celebrate that made life more wonderful.
3. How I feel now as I recall this action.

What needs of mine were fulfilled. When the person hears just these 3 things and sees there is no other game or manipulation, when they receive that, they have a jolt of Giraffe energy. It's like fuel. It's a natural reaction when they see how their actions enrich life. It's a natural joy.

And the more we experience that joy, the more energy we have, which is what we need in order to keep living a Giraffe life in a world that makes it a challenge to do so. So that's why it's so important that this is the center of the work setting, of a relationship. We need to keep telling employees how their actions are making life more wonderful.

Even if it embarrasses people, they still want to hear it.

To give is domination if I'm not also willing to receive.

Don't take turns using each other as a waste basket for our words.