

An Attempt to Define a Nonviolent Communication Approach to Addictive Behaviors

by Wayland Myers, Ph.D.

Introduction

One of the many ways the Nonviolent Communication™ (NVC) process has blessed my life is that it has helped me learn to relate to an addictive substance user in a clearly non-shaming, non-coercive manner. This has been hard for me. I have experienced great pain loving and living with people caught in destructive substance use. I have been afraid to give up the option of coercion. But, I have persevered to learn and embrace an NVC approach because it appears to me that one of the primary emotions which drive addictive behavior is shame. People using addictive substances often suffer from a great sense of unworthiness and self-loathing. In fact, shame is such a disruptive part of their lives that the famous 12 steps devotes steps 4 through 9, half of the steps, to helping people resolve shameful feelings. I find that an impressive and enlightening commitment.

For many substance users, NVC's approach to their problem may be experienced as a surprising breath of fresh air because it views their substance use as an understandable strategy for meeting certain of their needs, and it expresses a compassionate curiosity about which needs those might be. For those who love the substance user, the tools of NVC can help them express their feelings and needs in ways most likely to be heard non-judgmentally by the user. That is, NVC can help the dialog between all parties to be conducted in an atmosphere of curiosity, compassion and discovery, rather than criticism, contempt or coercion.

A Proposed NVC Definition of Addictive Use

I find it helpful to think about what differentiates simple substance use from addictive substance use. Here is my working definition of addictive substance use: *Addictive behavior is a discomfort reduction/pleasure seeking strategy characterized by:*

1. A compulsive need,
2. to engage in mood enhancing behaviors,
3. whose long-term practice causes a decline in the quality of one or more areas of the practitioner's life (health, relationships, finances, etc.).

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¹This definition is adapted from one I heard from author John Bradshaw years ago. I believe he said that he got it from some international health organization's diagnostic manual.



I view a “compulsive” need as one whose push for fulfillment is very strong and whose non-fulfillment causes us significant distress.

“Mood enhancing behaviors” are activities which move us from distress, to comfort or pleasure states. There are many: alcohol/drug use, food, sex, religion, work, etc.

Differentiating constructive pleasure seeking behaviors from addictive behaviors:

The third part of the definition helps me differentiate constructive pleasure seeking behaviors from those that I see as reaching the level of being addictions. With addictive comfort/pleasure seeking behaviors, their long-term practice causes a decline in one or more areas of the practitioner’s well-being.

Guiding Beliefs

The following are based on personal experience and current addiction research and theory.

1. **Atypical Brain Biochemistry:** Addictions appear to be largely the result of atypical brain biochemistry, but they are also partly learned behaviors. Addictive practitioners, whose brains have been studied, show a pattern described as “reward deficiency syndrome” which involves difficulties metabolizing dopamine (a pleasure producing neurotransmitter). The result is that the daily experiences which move a “normal” person from distress states to comfort/pleasure states do not do so for those prone to addiction. So, these people may seek other means to increase their dopamine.
2. **Hard to see:** The addictive substance user has a very hard time seeing his/her mood altering strategies, and the resulting consequences, for what they are - compulsive and destructive to their personal and communal well-being.
3. **Tough to change:** Because the drive to engage in the mood altering behavior is powerful, and that behavior has become a strong habit, it is very hard for the user to resist and change it.
4. **The help of supportive, enlightened others is often needed:** Addictive substance users often find their mood altering behaviors hard to change by themselves, and the help/support of others with addiction recovery experience is often empowering.

Marshall Dialogues with a Substance User

In various workshops, Marshall has spoken about the approach he likes to use when talking to an addictive substance user about their use of those substances. Neill Gibson, of PuddleDancer Press, extracted many quotes from workshop transcripts and I have mildly edited and woven them together in a way that I believe presents the essence of Marshall’s philosophy and experience. Here is Marshall in his own words(mostly):

I don’t like the concept of addiction.

First of all, I think the whole concept of addiction is destructive. Let me show you what I mean.

Upon first meeting with an alcohol user, I might ask, “Can you tell me what needs of yours are being met by drinking? I understand you’ve been drinking a fifth of whisky a day.”

“Yeah.”



"Can you tell me what needs you're meeting?"

"I'm an alcoholic."

Do you see the difference between the question I asked and the answer I got? I asked what needs are being met, he tells me that he is an alcoholic.

I say, "Excuse me, but I'm not asking what you think you are."

"No, I know I'm that. The doctors told me I'm an alcoholic."

"Yeah. And I'd suggest that it's not going to help us to label you. In fact, it often leads to self-fulfilling prophecies."

"What do you mean?"

"Well, I ask you why you drink; you say you're an alcoholic. So, why do you drink?"

'I'm an alcoholic.' It's a circle. You didn't answer my question. What needs of yours are being met?"

"But, I'm an alcoholic."

"I know that's what you think."

"It's what the doctors told me."

"It's what others have told you. I'm not sure it's going to get your needs met to keep thinking that. I'm asking you what needs of yours are being met by drinking a fifth of whisky a day?"

"Are you saying it's right to do it?"

"I'm not saying it's right. I'm not saying it's wrong. I'm saying you wouldn't be doing it if it wasn't meeting needs."

"It's killing me. The doctors say it's killing me. I've lost two jobs. I had a divorce."

"So, a lot of your needs are not getting met by drinking, which means you must be meeting some needs that are pretty important to you or you wouldn't be doing it. So, I'm confident if we identify those needs, we'll find other ways of meeting those needs that are more fun and less costly, that will meet all of your needs, like your needs for physical health and others as well. You tell me you keep drinking even though you know you're an alcoholic, so I think that it doesn't help to label yourself an alcoholic.

So, let's look at what needs of yours are being met and then I'm confident we'll find other ways of meeting your needs.

"Now, when I say we'll find other ways, nothing is going to be easy, because in our culture it isn't easy. Many of our basic needs are pretty hard to meet. For example, one of our needs is for community, a supportive community. I know how to get it met. Go into any bar, any neighborhood tavern, and buy a round for people



the first day you're in there. And the next day you go in, you're part of the community. It might be more of a feeling of community than you've ever experienced. People know your name, they recognize you. And when you sit there and talk about your rotten boss they say, 'Yeah, that guy's an asshole,' and you come as close to empathy as you've ever been in your life. You don't know the difference between people agreeing with your judgment and empathy, but it feels damn good. And you get some relaxation from all the tension and so it meets a lot of needs. Am I right?"

"Yeah."

[Marshall doesn't conclude this sample of dialog with a summary of how it represents why he thinks the whole concept of addiction is destructive. I believe his point is that when people think about themselves as "being addicts," it can prevent them from seeing how their use of the substance is an attempt to get important needs of theirs met.]

I don't try to get them to stop using.

A second point: When I work with drug addicts, I don't try to get them to stop taking drugs. I start by empathically connecting to what needs of theirs are being met by doing drugs, and then I let them know what need of mine is not being met by how they're doing that, the fear that I feel at how they behave, or the discomfort I feel.

And we explore other ways of meeting both of our needs that are more effective and less costly. I don't ever want a person to give up something that's meeting their needs until I can help them find something that's more effective and less costly. It is also important to me to maintain the awareness that all blame, all judgments - like I'm dirty, like I'm an alcoholic, I'm an addict - these self-judgments get in the way of learning. They make it hard to learn more effective ways of living at less cost.

I often start by asking, "What do you need to hear from me in order to trust that I'm not here to get you off drugs?" The response I usually get goes something like this,

"Huh?"

They just can't imagine that anybody working with them doesn't have that objective. I have learned that the more the other person's behavior is scaring the hell out of me, the more important it is that I make sure that my objective is not to change this person, because then I'm going to contribute to violence rather than eliminate it.

I might follow up by saying, "I'm starting with the impression that you already know that the drugs are not meeting your needs in some ways. You wouldn't be taking them if they weren't meeting some needs. So, I'm not here to get you off drugs. I'm here to help you get clear what your needs are and to examine whether there are other ways of meeting those needs that are more effective and less costly." Then, I often end with the request, "Can anybody tell me back what you just heard me say?" The problem I usually encounter is that not one in the group has heard me the way I intended. It might take maybe an hour for them to really hear the difference, but it's important to me that they do.

An example from my life:

I went totally jackal one day when I was looking for something and saw a pack of cigarettes in my daughter's drawer. I forgot everything I preach about giraffe. It all went out the window, and I was a total maniac jackal



which is why it took her four months to find another way of getting her needs met rather than four days. One reason; much of that time she needed to protect herself from this mad person.

So if I'd really wanted to have shortened the time, I would have gotten the empathy I needed before I went in and made a difficult situation even worse. And I would have gotten myself clear that my objective wasn't to get her to give up cigarettes. My objective really was to create the quality of communication that would allow both of us to get our needs met, without any commitment. Maybe I would end up not only with her smoking, maybe I'd choose to smoke too. So it's not easy when you care for somebody to have that perspective.

An appropriate way would have been for me to have about 5 hours of giraffe about my fear, I would have had to cry, beneath that anger at first was fear, and anger at the tobacco companies, anger at everybody in the community that allowed this to be sold, I had rage, I had fear all mixed together, so I would have needed about 5 hours of empathy first. Then I might have even needed somebody to help me by empathizing with the question, "What need could anybody possibly have to use that shit?"

That question would reveal to me that I hadn't had enough empathy for my needs. So I would have liked to have started this way, "Marla, are you smoking because you're nervous and it helps you relieve tension?" I would have tried to empathize.

"A little, Daddy, but not just that, but all of my friends do it."

"Oh, so you really have a need for companionship, and when everybody else is doing it, it meets this need for companionship?" And whatever it was, I would have liked to have started with a respectful empathy for what needs were being met by doing it.

And then I would have liked to have been enough in touch with my own needs, needs that weren't mixed up with all this rage and judgment about our society allowing people to do this, encouraging it, and letting people advertise it. I would have liked to have had enough empathy for that that I could just talk to her about the need that directly involved us. And I'd say, "Marla, I'm confused and scared. I'm confused because I'm guessing you know what this could do. Do you know that, what cigarettes could do?"

"Yeah, Daddy, I know it can be bad for your health."

"Oh, thank you. I'm glad. I just wanted to check out that you knew that, but I'm also scared then at, how knowing that, you'd still do it. I have a strong need for your safety. Can you tell me back what you hear?"

"That I shouldn't smoke."

"Thank you for telling me that's what you hear. I'm not trying to tell you that you shouldn't do it. I just really need you to hear what my feelings and needs are." See, the more she hears the should, she'll end up like many people do for 30 years, every day they'll say, "I shouldn't smoke, I know it," and they'll smoke. That'll just contribute to it. I don't want her to hear she shouldn't smoke. I want her to hear how scared I am, and what my needs are.

"You're scared, Daddy, and you need to be sure of my safety."



"Thank you for hearing that sweetheart. And would you be willing to explore with me a way to get those needs met you were talking about, about reducing the tension that you're under, and connecting with your friends in a fun way? Would you be willing to explore with me another way that we could get those needs of yours met, and meet my need for your safety?"

So that's how I would have liked to have done it, which is where I got to after about four months of anguish and fighting and preaching.

The protective use of force.

If, as a parent, I wanted to protect the other children in my family from getting exposed to this (the drug use), my own self from the anguish, and if the person was saying, 'Look it's my life, I choose to get my needs met through the use of drugs,' I can see that I might chose to practice the protective use of force. I might say, "I agree that it is your life, but if you chose to do that, then I chose not to live in a house where I have to deal with it," and I might start locking the person out of the house.

That wouldn't meet all of my needs, obviously, but it would meet my needs to protect the other children in the family, myself from anguish, and all of us from a lifestyle where drugs are involved. I might get so desperate that I would use force in this way. But, here again, I think if we are really conscious, I would want to be really sure I had looked at all ways of resolving this without force. But that's what it might look like, perhaps, in that situation.

An NVC Approach to Classical Intervention Methods

In addition treatment, there is a procedure called "intervention" that is used to help inspire a loved one to seek help. An intervention is an orchestrated meeting with the addictive practitioner that consists of the nonjudgmental, loving, brief, clear presentation of the experiences and dreams of a core group of people who love or work with that person. These experiences and dreams are usually read from letters written beforehand.

Here are some examples of how I might present these experiences and dreams in a NVC fashion:

When I learned of a possibly impaired driving episode with children:

1. When I heard that you had driven the children home after drinking three pints at the pub . . .
2. I felt afraid and disappointed . . .
3. because our children's safety is very important to me and I want them to be transported under the very best conditions possible.
4. Would you be willing to call me the next time you've had more than one pint so I can drive them instead?

Let's imagine that the drinker objects and says, "Are you saying that I was too drunk to drive the kids safely? That's totally not true. I would never do that!"



An NVC response might be, "No. I'm saying that if I had the choice to send the children home with someone who has consumed a pint or less, or someone who has consumed more, I'd chose the one-pinter just to be most sure."

Notice that parts 1 and 2 of the dialog orient my listener as to what it is that has happened that I am reacting to and how I am reacting emotionally. I stick to pure descriptions of what happened and what I feel, and avoid using judgmental or moralizing language.

I find the third part to be the most valuable. This is where I reveal the deep, easy to identify with needs which are producing my emotions and leading me to make the specific requests that I make. My listener gets to know precisely where I am coming from and why.

When I discovered that the mortgage had not been paid

1. When I found the delinquent notice from the mortgage company . . .
2. I felt sad and very afraid . . .
3. because I love our home and I want our lives to continue to be lived here, and because I want to feel relaxed and confident, trusting, that my partner is doing what she agreed to in order to make that happen.
4. Could you tell me what happened that prevented the mortgage from being paid on time?

When I was embarrassed in response to my partner's behavior at a party

1. When I heard you begin to use rough and loud language at the party last night, and noticed that others were staring at us . . .
2. I felt disappointed and embarrassed.
3. That happened because I want to feel proud, warmed and delighted by what my partner contributes to a party, and last night, when you got rough and loud, I didn't. I would also like to be recognized by others for having a partner who is not only fun, but is also respectful of the needs of others to enjoy their part of the party in peace and social comfort, and when people stared at us I didn't believe that was happening.
4. Could you tell me what you hear me saying?

Let's suppose my partner answers, "You're saying that you are uptight and can't stand for me to have a little fun."

An NVC response might be, "I appreciate that it might sound that way to you, but I'd like to clarify. I love and enjoy you. I find you to be great fun at parties and really enjoy that. I am saying that when I hear you use loud, rough language at a party, and we subsequently receive long stares from people, that I feel awkward and embarrassed because I like to remain just a fun, regular party member and not be singled out for long, enigmatic stares. I just want to have fun with you and be nobody of special note. Does that make sense to you?"

"Yeah, I guess so."



These are just a few examples of what might be said at an NVC styled intervention meeting. I hope they convey not only the spirit, but also some useable ideas.

In a typical intervention format, the meeting ends with a specific request for the addictive practitioner to commit to receive help right then. Something like this is said,

“We would like you to come with us right now to enroll in XYZ rehab (or whatever). Are you willing?”

Conclusion

From an NVC perspective, addictive behavior is rational: The substance user is trying to take care of themselves in important ways via their using behavior. An NVC practitioner has the means to compassionately help the user take a detailed look at which needs he or she is trying to meet. I know of no treatment approach that includes this willingness to take a look at what is fulfilling and helpful about the addictive behavior before asking the person to consider changing it.

The second benefit I see in an NVC approach is that it can help the substance user and their loved ones communicate about this condition, and its impact on their lives, in ways that create a deeper, fuller, more respectful joining between them. I believe that two people, feeling connected, heard, and valued by each other, possess a far greater power to achieve a life enhancing outcome than two who are scared and feeling alone.

Wayland Myers, Ph.D. is a psychologist in private practice in the Northern part of San Diego County (USA). He has 15 years of in-depth personal and professional experience in living with those who struggle with addiction. Myers has also written a book, *Nonviolent Communication: The Basics As I Know and Use Them*, which is published in English, French and Spanish and has sold 18,000 copies. He uses NVC extensively in his life and work with individuals, couples and families. If you have questions about this article or would like to speak with Wayland Myers about the application of NVC in addiction or recovery, please contact him at waylandpm@cox.net



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From the bedroom to the boardroom, from the classroom to the war zone, the Nonviolent Communication (NVC) process is changing lives every day. NVC provides an easy to grasp, effective method to get to the root of conflict, violence and pain peacefully. By examining the unmet needs behind what we do or say, the NVC process helps reduce hostility, heal pain, and strengthen professional or personal relationships.

The NVC process is now being taught in corporations, classrooms, prisons and mediation centers around the globe. And it is affecting cultural shifts as institutions, corporations and governments integrate NVC consciousness into their organizational structures and their approach to leadership.

International peacemaker, mediator, author and founder of the Center for Nonviolent Communication, Dr. Marshall Rosenberg spends more than **250** days each year teaching the NVC process, including some of the most impoverished, war-torn areas of the world. More than **180** certified trainers and hundreds more teach this life-enriching process in **35** countries to approximately **250,000** people each year.

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