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Compassion in the face of terror: a case study of recognizing suffering, co-creating hope, and developing trust in a would-be school shooting

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ABSTRACT

Current theoretical conceptualizations of compassion say little about communicating compassion to people whose suffering is wrapped in a cloak of anger, threat, resistance, and fear. This article attends directly to this issue by examining the conversational particulars of compassion communicated by school bookkeeper Antoinette Tuff to would-be school shooter Michael Hill. The case serves as the basis for advancing propositions about communicating compassion to unwilling recipients and suggests the importance of careful conversational timing, face-enhancement strategies, convergence/mirroring techniques, co-creating hope, physical presence, and vulnerable self-disclosure. The case extends current conceptualizations of compassion and provides a vivid picture for enacting compassion when sufferers are angry, threatening, or resisting help.

Compassionate connection with one another appears to be on the decline. Reports of incivility on the internet run rampant (e.g., Anderson, Brossard, Scheufele, Xenos, & Ladwig, 2014), teachers complain that students cannot have face-to-face conversations (Turkle, 2015), and the rise of mass killings is linked to perpetrators' lack of meaningful relationships (Kleinfield, Buettner, Chen, & Stewart, 2015). Indeed, between 1979 and 2009 college students' empathic concern decreased 48%, and their perspective taking decreased 34% (Konrath, O'Brien, & Hsing, 2011). In this context, when a case emerges that seems to exemplify compassion in the most unlikely of situations, it bears analysis.

In this article, we analyze a rare and naturally occurring case of recorded interaction between a would-be school shooter and a school bookkeeper. On 20 August 2013, 20-year-old Michael Brandon Hill entered McNair Discovery Learning Academy in DeKalb, Georgia, packing an AK47 assault rifle with nearly 500 bullets. He was weighed down by extra magazines and a committed resignation that he would die that day. It was another school massacre in the making – a toxic mixture of a troubled young man, with a long history of mental unbalance, and enough ammunition to shoot more than

half the student body (George, 2013). After Michael snuck through the school's security door behind a parent, he was met by front office employee Antoinette Tuff. Michael told Antoinette to call 911. Over the next 40 minutes, Antoinette talked Michael down – or more precisely, talked him *through* his shoot-out plans – even as he unloaded 491 live rounds of ammunition, most out the front door targeted at the police. Michael eventually surrendered, and no one – not the police, the children, the staff, nor the shooter himself – was physically harmed.

This study provides a discourse analysis of the conversation between Antoinette Tuff and Michael Hill, an audio-recorded and publicly available interaction facilitated by 911 call-taker Kendra McCray (Cooper, 2013).[1] Upon release of the 911 phone call, the media framed Antoinette as exemplifying extraordinary compassion, heroism, courage, and care. She was lauded as one of CNN's five extraordinary people you have to meet (Sloane, 2013), Bing's top 10 "heroic women," and was personally thanked by President Barack Obama (Lavender, 2013).

As we will lay out, our analysis confirmed that the case exemplified characteristics of compassionate communication: recognizing, relating, and responding (Way & Tracy, 2012). What's more, the case illuminated how compassion unfolded in a situation in where the sufferer was angry, resistant, and potentially violent – issues that have not been examined in previous compassion studies conducted with people who are receptive to or directly ask for help. In the current study, we integrate the existing literature on compassionate communication with our findings to advance specific theoretical propositions related to the roles of conversational timing, communication mirroring, co-creation of hope, physical presence, and vulnerable self-disclosure in communicating compassion.

Compassion

In the last 15 years, scholars have increasingly examined positive communication (Lutgen-Sandvik, Riforgiate, & Fletcher, 2011) and compassion, which is considered to be communication and behavior associated with attending to and ameliorating another's suffering and promoting human flourishing (Dutton, Worline, Frost, & Lilius, 2006; Lilius et al., 2011). Compassion is generative, meaning that it opens up possibilities for insight and expands resources for action (Dutton & Workman, 2011), and is characterized by noticing another's suffering, connecting via empathically feeling concern or engaging in cognitive perspective taking, and responding in a caring way (Frost, Dutton, Worline, & Wilson, 2000; Kanov et al., 2004; Miller, 2007). Compassion is constituted by three inter-related components, which most scholars suggest need not proceed in linear order (Way & Tracy, 2012):

> *Recognizing*: Understanding and applying meaning to others' verbal and nonverbal communicative cues, the timing and context of these cues, as well as cracks between or absences of messages. *Relating*: Identifying with, feeling for, and communicatively connecting with another to enable sharing of emotions, values, and decisions. (*Re*)*acting*: Engaging in behaviors or communicating in ways that are seen, or could be seen, as compassionate by the provider, the recipient, and/or another individual. (p. 307, my emphasis)

In the aforementioned model, supportive action is at the heart of compassion. Compassionate action may include a range of prosocial activities, such as sharing, donating, helping,

and volunteering (Brief & Motowildo, 1986); giving time and providing flexibility (Lilius et al., 2008); and providing companionship support, which offers a sense of belonging and togetherness through shared social activity (Wills, 1991). Indeed, the third component of compassion (action) often comes in the form of interpersonal support. As synthesized by House (1981), *emotional support* is made up of loving, caring, and trusting communication; *instrumental support* includes the provision of concrete assistance, which communicatively could include offering to share someone else's predicament with a powerful other; *informational support* includes advice, guidance, and problem-solving recommendations; and *appraisal support* helps the other engage in self-evaluation and appraisal of various options.

The current investigation builds upon and extends the existing compassion research in several specific ways. Most of the past research has focused on studying compassion among targets who actively ask for or are at least receptive to others' help – for example, people accessing human services (Miller, 2007; Huffman, 2015, in press), medical patients (Way & Tracy, 2012), and people recouping immediately after disaster (Dutton et al., 2006). However, pain is not the sole province of those who ask for help. Suffering is common among people who are experiencing addiction (Tucker, 1995) and depression (Sen, 2004) but do not request assistance. People in pain often feel shame about their need, which can prevent them from actively seeking help (Arman, Rehnsfeldt, Lindholm, Hamrin, & Eriksson, 2004). In such cases, suffering can go by as unrecognized and never acted upon. Personal pain is also often manifested in expressions of anger, violence, and threat, particularly in men (Winkler, Pjrek, & Kasper, 2005), which can drive away potential supporters.

Current theoretical conceptualizations tell researchers very little about communicating compassion and providing support to those who do not actively seek it. Methodologically, this is not surprising. The case herein provides a rare opportunity to examine how compassion unfolds with an unreceptive, violent, and resistant sufferer. This, in turn, has the potential to refine, extend, or complicate current compassion models and might improve people's ability to engage in compassionate communication in a wider set of contexts. For example, the case has the potential to shed light on whether recognizing suffering, relating, and (re)acting (Way & Tracy, 2012) can unfold in any order even when the target of compassion is resistant. The case also has the potential to reveal additional communicative ingredients for showing compassion to someone who is resistant.

Our discourse analytic method can also build upon past retrospective studies. Much of the existing research examines the eventual effects of conversational help – for example, how social support increases survival from a range of diseases (Berkman & Glass, 2000), buffers the ill effects of stress (Thoits, 1995), and provides feelings of esteem and belongingness. Admittedly, discourse analysis does not provide direct access to intention. However, retrospective interview data suffer from self-report bias and the fact that participants often cannot remember events as they unfold (Adams, Soumerai, Lomas, & Ross-Degnan, 1999). People talk about issues as they wish they acted, rather than how they actually acted. Indeed, during the current analysis, we noticed that Antoinette's retrospective account (Tuff, 2014) diverged slightly from the real-time transcript. Analyzing conversation as it unfolds provides access to how compassion and support are linguistically performed – shedding light on the words, ordering of language, and pauses that mark a compassionate encounter.

In addition, as a single in-depth case, this analysis provides a vivid and contextualized picture of compassion. A number of studies have examined individual components or variables of compassion (Lilius et al., 2008). A case study provides not only an epistemological explanation of compassion's various components but also shows compassion's ontology or being in the world (Tracy, Franks, Brooks, & Hoffman, 2015). Interactional data have the potential to reveal how compassion is mutually and relationally performed and how a variety of social processes (e.g., conversational mirroring and creating hope) buttress and co-occur with compassion. Thick analysis of a single case holds promise for leaving readers not only *knowing about* compassion, but also inspired to *practice* compassion.

Finally, this study focuses on compassion as a mutually constituted social relational process (Simpson, Clegg, Pina, & Cunha, 2013). Past compassion models privilege the support giver's perspective, and research has typically focused on compassion as "a type of emotion or internalized experience rather than a form of communication" (Ramos Salazar, 2013, p. 2). The compassion literature could be usefully bolstered by data that reveal how people are relationally interdependent in conversation, rather than self-sufficient (Lawrence & Maitlis, 2012) and how compassion may be a mutual linguistic achievement managed and performed by all parties involved (Clark, 2015; Pudlinski, 2005). This approach dovetails with communal coping (Afifi, Hutchinson, & Krouse, 2006), an interactional process in which problems, solutions, and coping activities are framed as being shared rather than the domain of an individual.

Iterative research questions

Based on this past literature and rationale, we entered the analysis with the following two orienting questions: How does this interaction conform to and/or deviate from patterns and characteristics identified in the compassion literature? What can we learn about compassion through a close discourse analysis of a single case? The analysis unfolded using a phronetic iterative approach that alternated recursively among these steps: (1) studying the emergent data, (2) referencing past research related to the data, and (3) examining how this past research illuminated the data (Miles, Huberman, & Saldaña, 2013; Tracy, 2013). Midway through the analysis, we realized that this case was especially useful for showing how compassion unfolded in a situation with a resistant sufferer. As a result of this iterative approach, we developed the following guiding research question: what do the conversational particulars of compassion look like in the face of fear and potential violence?

Methods of data collection and analysis

The data for this study came primarily from a 24-minute 911 phone call that records Antoinette Tuff, who served as an intermediary between the school intruder/would-be shooter Michael Hill, and the police representative, 911 call-taker Kendra McCray. Some might consider this an "extreme" or "deviant" (Spreitzer & Sonenshein, 2003) case due to its unique nature compared to school intruder cases that have ended in injury. Unlike the deadliest school shooting in the United States – the 2012 Sandy Hook massacre in which a mentally unbalanced young male shooter took 27 lives ("20 children among dead," 2012) – in this case, the mentally unstable intruder surrendered after a long conversation with a school employee.

We began the study by reviewing relevant literatures, examining related media stories, and studying Tuff's (2014) memoir that contextualized the call. We transcribed the call (available at https://youtu.be/s6mtcRnUGRg) using a simplified version of the Jefferson transcription system (Atkinson & Heritage, 1984). To best access the voices (some of which were initially unintelligible), we employed an audio professional who raised the gain, split the track into segments, and added various filters.

In stage one of the analysis, we examined whether and how the interaction reflected components of compassion (recognizing, relating, and (re)acting) and social support (emotional, informational, appraisal, and instrumental). We uploaded the transcript and codebook into NVivo qualitative data analysis software (Bazeley, 2007), and each of the authors connected chunks of data with one or more codes. The authors continually compared coding, shared insights, and talked through differences – a consensus coding practice that promotes rigor (Tracy, 2013). We found that the case demonstrated the primary components of compassion and social support as evidenced in past literature. Table 1 excerpts findings from this initial analysis stage.

A second stage of analysis was marked by our listening repeatedly to the audio recording and carefully studying the transcription. We paid close attention to conversational particulars (e.g., pauses, language intensity) and noted the timing at which they emerged. This analysis prompted our turning to additional literature. We turned to past research on conversational particulars of empathy during troubles talk (Pudlinski, 2005; Ruusuvuori, 2007), amygdala hijack and neural mirroring (Goleman, 2011; Iacoboni, 2009; LeDoux, 1998), communication accommodation and convergence (Giles, Linz, Bonilla, & Gomez, 2012; Soliz & Giles, 2014), politeness theory and face-threat (Brown & Levinson, 1987; Lim & Bowers, 1991), communal coping (Afifi et al., 2006), and the communicative construction of hope (Barge, 2003; Davis, 2013; Snyder, 2000). As a result, we created additional codes that captured new aspects of the interaction (excerpted in Table 2) and recoded the data with these additional sensitizing concepts.

In stage three, we wrote analytic memos (Charmaz, 2006) that fleshed out interpretations and articulated tentative claims. These interpretations were guided by action-implicative discourse analysis or AIDA (Tracy, 1995), a type of discourse analysis that

Table 1. Examples of compassion and social support.

Characteristic	How this is evidenced in the case	Example
Recognize suffering	Antoinette commenting on suffering she sees in Michael	"We all go through something in life."
Relate to suffering	Antoinette identifies with, feels for, and communicatively connecting with Michael	"My mom was a Hill." "Well, don't feel bad, baby. My husband just left me after 33 years."
(Re)act to suffering	Antoinette behaves and communicates in ways that are supportive of Michael	"We *not* going to hate you, baby. It's a good thing that you that you giving up. So we're *not* going to hate you"
Emotional support	Antoinette engages in loving, caring, and trusting communication	"I want you to know that I love you though, OK?"
Informational support	Antoinette offers advice, guidance and problem-solving	"Get on the floor."
Instrumental support	Antoinette provides direct concrete assistance, material goods	(lets him retrieve bottle of water)
Companionship support	Antoinette offers Michael sense of belonging and togetherness through shared social activity	"I'm going to sit right here."

Table 2. Codebook excerpt.

Code name	Definition	Example
Deference	Talk that shows deference, such as use of courteous terms or soft language. But not mimicking (that's another code), phrasing command as a request.	"sir" or "sweetie," please, "OK?"
Embodied presence	A type of instrumental support: being in a space where hearing and noticing the other is even possible; data that refer to using one's body to physically shield another.	Antoinette saying she would go outside with Michael
Positive intensity	Paralinguistic escalation (strong emphasis, louder) while using prosocial communication/care/optimism – the opposite of the intensity from hostage literature's "negative intensity"; supportive dramatic changes in intonation.	"Yes it DOES matter"

references contextual knowledge to aid interpretation. We analyzed the recorded talk while also referencing media reports and Antoinette's autobiography. AIDA does not make claims about what speakers intended or recipients inferred, but instead describes conversational actions and delineates consequences that are plausible given the situation and context, which together develop implications for action (Malvini Redden, Tracy, & Shafer, 2013).

Finally, in stage four, we named and delineated six narrative phases of the call based upon key conversational turning points and how various codes clustered together. These include: (1) the helpful and obedient hostage, (2) co-creation of an alternative future, (3) taking the lead and offering the hospital option, (4) public declaration of contrition, (5) supporting a surrender, and (6) aftermath. Similar to the way that chapters work in a novel, these phases provide breaking points that aid in interpretation.

Findings

In order to provide a gestalt of the case, we first recount it in chronological context using data derived from the 911 call, Tuff's (2014) memoir, and media stories. We use time markers from when the 911 call commenced (which began about 15 minutes after Michael entered the building). This representation strategy is designed to "show" the scene as it unfolded. In the interpretations, we "tell" how the case attended to the guiding research question: what do the conversational particulars of compassion look like in the face of fear and potential violence?

Phase one: The helpful and obedient hostage, pre-911 call to minute 10:23

Michael Hill slips into the front door of McNair Learning Academy dressed in black and weighed down by a backpack bulging with bullets. According to later courtroom testimony, Michael is depressed, off his medication, and hopes for suicide by police (Bracco, 2014). He strides into the front office, spots two women at the front desk, waves his rifle, and yells out, "This is not a joke! … This is real! … We are all going to die today!" (Tuff, 2014, p. 12). Michael commands one of the office staff, Belinda, to run and tell everyone about his shoot-out plans. Bookkeeper Antoinette stays frozen, undismissed, behind the front desk.

Over the next 15 minutes, Michael paces from the front office to the hallway, intermittently shooting out the school's front door at police officers and also firing a ground shot

two feet from Antoinette's feet (Tuff, 2014). He tells Antoinette to call the police. She dials 911 and call-taker Kendra McCray picks up.

[0:02] 911:	DeKalb Police. What's the address of your emergency?	
[0:04] Antoinette:	Yes, ma'am, I'm on 2nd Avenue in the school and the gentleman said tell them to hold down the police officers are coming, he's going to start shooting. So tell them to back off.	

Michael wanders from the office to the front door of the school. Antoinette's instinct is to run.

[0:48] Antoinette:	Oo, can I run?

Michael unloads a full magazine of bullets at the police (Redd, 2014; Tuff, 2014).

[0:49] 911:	Where? ((gunfire)) Can you get somewhere safe?
[0:52] Antoinette:	Yeah, I got to go. No, he was going to see me running. He's coming back. Oh, hold on.

Michael returns to the front office and begins barking out orders. During the first 12 minutes of the 911 call, Antoinette repeats Michael's commands almost verbatim and mirrors his vocal tone, pitch, and intensity.

[1:18] Michael:	STOP ALL MOVEMENT NOW.
[1:20] Antoinette:	Stop *all* movement now on the ground. Stop a:ll movement on the ground.
[1:25] Michael:	If it's not an emergency, don't (use the) radios.
[1:27] Antoinette:	If it's not an emergency, please do not use the radio. If it's not an emergency, do *not* use the radio.

Antoinette also repeats to 911 that Michael is not mentally stable.

[7:20] Antoinette:	He said, he don't care if he die, he don't have nothing to live for.
[7:23] Michael:	(unintelligible)
[7:24] Antoinette:	And he said he's not mentally stable.
and	
[10:43] Antoinette:	He said that he should just shoot himself.

Saying these things suggests that Antoinette is beginning to notice that Michael is suffering; indeed, recognizing pain is a key component of compassion (Way & Tracy, 2012).

About this time, Antoinette is feeling overcome by the need to use the bathroom and asks Michael if she can go relieve herself (Cooper, 2013). Michael grants her permission to do so. Nonetheless, Antoinette foregoes this opportunity and stays put in the front office – explaining later that she was afraid that if she left his side, Michael would have rampaged the school (Tuff, 2014). Michael returns to shooting out the front door at the police. Antoinette again has the opportunity to run away, but instead, she beckons him back inside to the office, saying:

> Come back in here. Bullets don't have no names. And those bullets are gonna kill me and you. I need you to come back in here, and it's gonna be you and me, and we will work this thing out together. (Tuff, 2014, p. 113)

By inviting Michael back inside with her, Antoinette chooses to share her physical space. Michael does exactly as told. He stops shooting and returns to the front office.

Antoinette gets back on the phone with 911 and mirrors Michael's orders without pause (as indicated by the "=" signs):

| [7:56] Michael: | With an unarmed officer= |
| [7:57] Antoinette: | =With an unarmed officer. |

and

[8:12] Michael:	But if they come armed, I'll start shooting again=
[8:15] Antoinette:	=He said, but if they come armed, he's going to start shooting again.
[8:18] Michael:	One officer=
[8:18] 911:	=OK.
[8:19] Antoinette:	=Only one officer.

Antoinette did not hesitate a moment when relaying these instructions.

Phase two: Co-creation of alternative future, 10:24–14:11

In the next three and a half minutes, Antoinette transitions from being an obedient hostage who is following directions to being a leader who calmly co-creates an alternative future. At 10:24, Antoinette goes from exact linguistic mirroring to de-escalating Michael's vocal intensity.

| [10:24] Michael: | Tell them to STAND DOWN |
| [10:25] Antoinette: | TELL THEM TO STAND DOWN NOW. TELL THEM TO stand down now he said ((starts out yelling, but slowly lowers volume)). |

After this downshifting exchange, Michael does not raise his voice again.

Michael pauses and calls a family relative on his mobile phone. Antoinette overhears Michael say he's done something very bad – after which Antoinette says to 911 call-taker McCray, "He said he should have just went to the mental hospital instead of doing this (.) because he's not on his medication." Then, Antoinette suggests to Michael that she could tell the police to let his relative come pick him up (e.g., [12:20] "You want me to let them (.) let her get by?" and [12:56] "You want me to tell her to let (.) let her come, sir?"). These questions, marked by tentativeness (pauses and talk repairs), subtly begin to disrupt the frame of the incident from one of Michael's earlier declarations that "We are all going to die today" to one where Antoinette is going to get Michael some help.

Also noteworthy is Antoinette's use of the word, "sir." Antoinette refers to Michael as "sir" four different times – all in the first half of the call – at 1:40, 7:06, 12:56, and 13:30. In the interpretations section of this paper, we discuss the use of this and other deferential language.

Michael continues talking to his family member on the phone, and Antoinette overhears this person repeat anxiously, "*Don't do it! Please don't do it!*" (Tuff, 2014, p. 80, emphasis in the original). Although details of this conversation were impossible to decipher fully from the audio recording, the data available clearly indicate that Michael and Antoinette are not the only two players involved in this interaction; there is at least one more person who is providing support and helping Michael cope. Antoinette highlights this fact, saying, "She sounds like she loves you a lot." In saying this, Antoinette sediments the idea that Michael is lovable rather than scary, and just as past troubles talk research would suggest, "the focus of the subsequent discussion builds on this formulation" (Pudlinski, 2005, p. 275).

In the next talk-turn [13:45], Antoinette creates movement toward a nonviolent resolution saying, "Well, do you want me try (.) I can help you. Want me try – I – we (.) do you want to talk to them? Want me to talk to them and try … " This utterance is characterized by many more hesitations, disfluencies, and talk repairs than Antoinette's earlier talk. Disfluencies such as these cue emotional arousal, stress, anxiety, or added cognitive load (Erard, 2007) and "meaning in motion" (Tracy & Rivera, 2010, p. 7) in which participants cognitively create and linguistically verbalize not yet fully developed ideas (Way, Kanak, & Tracy, 2014). In the next few talk turns, below, Antoinette confidently crafts an alternative future – and does so without a single verbal disfluency.

[13:53] Antoinette:	OK. Well, let me talk to them and let's see if we can work it out so that you *don't* have to go away with them for a long time.
[13:58] Michael:	It doesn't matter I'm already on probation.
[14:01] Antoinette:	No, it DOES matter. (.) I can let them know that you have not tried to ha:rm me or do anything with me or anything. That you want ((pause for Michael's interjection)) but that doesn't make any difference. You didn't hit anybody. So …
[14:11] Michael:	I don't know that.

In this excerpt, Antoinette begins to positively emphasize certain phrases: "so you *don't* have to go away" and "No, it DOES matter." Her language intensity contrasts with Michael's resigned tone of voice and represents a distinct shift from the beginning of the conversation where Antoinette echoes Michael's intonation. Although past research suggests that negatively intense language moves people away from bargaining (Lewicki, Saunders, & Minton, 1999), Antoinette's positive intensity suggests an alternative hopeful future.

Phase three: Taking the lead and offering the hospital option, 14:12–15:53

Fourteen minutes into the call, Antoinette transitions from tentative stumbling speech to directly proposing an alternative resolution to 911 call-taker Kendra McCray:

[14:12] Antoinette:	Okay. Let me ask you this, ma'am. He didn't hit anybody. He just shot outside the door. If I walk out there with him …
[14:18] Michael:	(unintelligible)
[14:20] Antoinette:	If I walk out there with him so they won't shoot him or anything like that. He wants to give himself up. Is that okay? They won't shoot him?
[14:27] 911:	Yes, ma'am.
[14:28] Antoinette:	And he said he just want to go to the hospital.
[14:30] 911:	Okay.
[14:32] Antoinette:	She said=
[14:32] 911:	=Just hold on one moment. Okay?
[14:34] Antoinette:	Okay. She said hold on and we (.) and she's going to talk to the police officer and I'll go out there with you.

In this exchange, Antoinette again offers to stay physically present with Michael.

McCray leaves the 911 phone line to speak with the police. Meanwhile, Antoinette transitions from calling Michael "sir" to addressing him with terms of endearment. She says, at 14:42, "Well, don't feel bad baby" and addresses him as "baby" or "sweetie" four more times in the interchange [15:36, 16:14, 18:09, 19:37]. These pet names, quite common

in the speech of those living in the southern region of United States, linguistically frame Antoinette as a maternal figure who is in charge and frame Michael as a young man who deserves care and protection.

Antoinette also begins to disclose her own problems. She says, "Well, don't feel bad, baby. My husband just left me after 33 years," and "I got a son that's multiple disabled" [14:42].

This type of self-disclosure effectively expresses identification and indicates that she shares Michael's problems and pain; if she can get through something horrible in life, he can too. Antoinette reassures Michael, saying, "It's all going to be well."

Phase four: Public declaration of contrition, 15:55–16:51

According to Weick (2001), people learn about and make sense of their environments retrospectively by taking account of their actions, a theory often summed up in the question, "How can I know what I think until I see what I say?" (p. 189). Weick's sensemaking reinforces how action and talk sediments cognition. In this phase of the interaction, Michael declares contrition and surrender, and Antoinette acts as his mouthpiece. Over the school intercom, she announces, "Everybody, this a- this is still a continual lockdown. (The boy) wants to let everybody know that he is so:rry. He does not want to ha:rm anybody. Everybody stay in place until the lockdown is over with" [16:28]. The announcement publicly states Michael's commitment to give up. Furthermore, it puts Michael and Antoinette together as a team. Antoinette is acting on his behalf.

Phase five: Supporting a surrender, 16:51–22:49

Despite his declaration to surrender, Michael is still agitated and armed with an AK47 (Tuff, 2014). Antoinette now focuses on keeping Michael calm as they wait for the police. During this time, Antoinette repeatedly queries 911 (e.g., "What do you want him to do with the gun?" and "Do you want to send a police officer in?") and tells 911 that Michael is unarmed and compliant.

[17:11] Antoinette:	He said, he'll be on the ground with his hands behind the back and *I'll* take the gun from him and put it over here on the other side by *me*.
[17:17] 911:	Okay. One moment.
[17:19] Antoinette:	Okay. Put (.) here, put all that over here so that way they won't see it. Okay? Come over here and put it over here on this.
[17:26] Michael:	(Unintelligible) so they don't think I got it.
[17:29] Antoinette:	Okay (2) Put it all up there. Okay.
[17:34] 911:	He's put the weapons down?
[17:34] Michael:	Tell the=
[17:35] Antoinette:	=Yes. So hold on before you come. He's putting everything down.
[17:38] 911:	Okay.
[17:38] Antoinette:	So he's going to get on the floor so tell them to hold on a minute (.) so let him get everything together. He's getting it all together. (.) Okay. Tell me when you ready, and I'll tell them to come on in. (.) Okay. He wants to drink his bottle of water so let him drink it.

Antoinette helps Michael get a last gulp of water – something that indicates the "action" component of compassion. Similar to when Michael granted Antoinette's request to use

the bathroom, this situation highlights the poignant nature of one human recognizing the base needs of another. When we have played this part of the call for audiences, many people are moved to tears. Antoinette treats Michael not as a violent predator, but as a thirsty, defeated, and troubled young man, laying face down, spent.

Antoinette also engages in emotional social support and positive intensity saying things like, "We *not* going to hate you, baby. It's a good thing that you that you giving up. So we're *not* going to hate you." Furthermore, she promises to stay by Michael's side.

[19:10] Antoinette:		Okay, he's on the ground now with his hands behind the back. Tell the officers don't come in with any gun- don't come on shooting or anything, so they can come on in and I'll buzz them in.
[19:18] 911:		Okay.
[19:20] Antoinette:		So hold on. Just sit right there, I'm going to buzz them in. Okay, so you know when they coming. Okay? (.) Okay. So just stay there calm. Don't worry about it. I'm going to sit right here so they'll see that you trying not to harm me. Okay? ((Michael says something)) Okay.
[19:34] 911:		Okay.
[19:36] Michael:		(Unintelligible)
[19:37] Antoinette:		It's going to be all right, sweetie. I just want you to know that I lo:ve you though, Okay? And I'm pro:ud of you. That's a good thing that you're just giving up and don't worry about it.

Antoinette, for a third time, emphasizes that she will stay physically close and provide safety. Through the sing-song repetition of "Okay? Okay" and continued reminders that Antoinette and Michael are a team working together, she indicates care, affinity, and love. She also offers an idiom: "We all go through something in life" – something that discourse analysts suggest indicates closure (Drew & Holt, 1988). Antoinette also shares more about herself.

[19:51] Antoinette:		You going to be okay. ((Michael says something)) I thought the same thing, you know, I tried to commit suicide last year after my husband left me? But look at me now. I'm still working and everything is okay.

Antoinette says all this in an optimistic and surprised tone of voice, as though she herself is amazed that she has survived.

Michael finally discloses his last name, which is Hill. Antoinette responds, "Guess what, Michael? My last name is Hill, too. You know, my mom was a Hill." This reciprocal self-disclosure reinforces their relatedness (a key component of compassion). Michael asks whether she remembers when he visited and played drums for a school festival. Although Antoinette later admitted she had no memory of this, she pretends:

[20:36] Antoinette:		Oh, for Red Ribbon Week? So you was actually in there doing all of that with them? Oh, how awe:some. So that means (.) I se:en (.) so that means I *seen* you before then. Oh, okay. You all play them drums and stuff *real* good (.) Okay.

The positive intensity in this utterance is exaggerated compared to past talk – perhaps because Antoinette is doing everything possible to keep Michael placated and calm (Tuff, 2014). Michael has now been lying on the floor for more than five minutes and eventually asks in an agitated tone of voice, "What's taking so long?" Antoinette responds, talking simultaneously to both Hill and 911 call-taker Kendra McCray.

[22:20] Antoinette:	She said, she's getting to them now. They're *coming* (5). They're *coming*. So just hold on, Michael. Go ahead and lay down. Go ahead and lay down. Say don't put your phone=
[22:30] Michael:	=I've just got my phone, how 'bout that?
[22:32] Antoinette:	Okay. You just got your *phone*? Okay. That's fi:ne. Tell them to come on. Come on. ((Michael says something)) Okay. He just got his phone. That's all he got is his phone.

Antoinette repeats that Michael is unarmed, with nothing in his pockets, and lying with his hands behind his back.

The aftermath, 22:49–24:17

Ten armed SWAT officers burst into the front office, three of them smothering and handcuffing Michael (Tuff & Tresniowski, 2014). Their voices are loud, gruff, and overlapping, with Antoinette's voice soft and reassuring.

[22:49] SWAT:	((CROSSTALK)) (DO NOT MOVE) (ON THE GROUND)
[22:53] Antoinette:	[It's just him.
[22:53] SWAT:	((CROSSTALK))
[22:53] SWAT:	WE GOT HIM. WE GOT HIM. WE GOT HIM. WE GOT HIM.
[22:56] Antoinette:	Okay. It's just him.

When live audiences hear this part of the audio, their eyes open wide with alarm. The marked uproar as the police storm the office stands in drastic contrast to the calm, vulnerable, and loving conversational bubble that had been created between Antoinette and Michael. It is almost like a balloon is popped. Antoinette said later:

> I can't say I felt relief when the SWAT team came crashing in. If anything, I felt more fear. I'd never been around so many drawn and loaded weapons in my life, and it was not a comfortable feeling. At least the officers had shields and helmets and riot gear. (Tuff, 2014, p. 195)

Sounding emotionally exhausted yet relieved, Antoinette finishes her conversation with 911 call-taker Kendra McCray.

[23:03] Antoinette:	Yes. I'm gonna tell you something, baby, (ain't nothing so scary in all the days of my life.)
[23:07] 911:	Me, either. But you did great.
[23:09] Antoinette:	O::oooh::, Jesus.
[23:11] 911:	You did great.
[23:15] Antoinette:	Oh, god. Hhhhhh ((big sigh)) (3) hhh (3) Oh God.

In this last interchange, Antoinette references religious figures for the first time in the call (Jesus and God) – figures she later praised for giving her strength and guidance (Tuff, 2014).

Interestingly, in these final moments, 911 call-taker McCray addresses Antoinette as "Miss Hill" – perhaps because Antoinette had just told Michael that her mother was a "Hill." Even so, we find it curious that the 911 call-taker identifies both the shooter, Michael, and his hostage, Antoinette, with the same last name. Antoinette does not correct her.

[23:33] 911:   Miss Hill Miss Hill. You did great.
[24:11] Antoinette: Okay ma'am.
[24:12] 911:   Okay Miss Hill.
[24:13] Antoinette: Okay bye bye.
[24:13] 911:   All right bye bye, you have a great one.

Police cuff the silent and compliant Michael Hill and lead him out without incident.

Michael is later charged with and pleads guilty to a list of crimes, including aggravated assault, terroristic threats, and possession of a firearm by a convicted felon. His defense lawyer asked for leniency, citing that Michael had been a ward of the state most of his life, was admitted to the hospital for psychological problems more than 20 times, attempted suicide nine times, and that he attacked the school in order to commit suicide by police. Despite these pleas, Michael was sentenced to 40 years and is serving a 20-year sentence (Bracco, 2014).

Interpretations and implications

As noted in Table 1, this case evidenced the core communicative components of compassion and social support as conceptualized in past research. What we focus on in the heart of the interpretations is how the case provides insight about the conversational particulars of communicating compassion in the face of fear and potential violence.

Setting the groundwork for communicating compassion to an unreceptive target

One of the most readily apparent aspects of the Antoinette Tuff–Michael Hill interchange is that it began not with the active communication of compassion but, rather, with deferential and face-saving communicative actions that did the work of deference and face-saving, created conversational convergence, and bought time.

Antoinette signaled deference and a willingness to uphold Michael's face throughout the interaction. Face refers to people's desire to be included, liked, and respected (Lim & Bowers, 1991). Upholding another's face can be accomplished, in part, through politeness strategies and courtesies (Brown & Levinson, 1987). For instance, Antoinette followed orders without pausing (minutes 7:56–8:19). Antoinette may have answered quickly because of fear, but regardless of the intention, responding to others without pause has the effect of communicating empathy, acknowledgement, and identification (Pudlinski, 2005) – and, in this case, also communicated a willingness to fulfill Michael's orders without question.

Related to deference, Antoinette was communicatively tentative when she first tried to change the direction of the conversation. When she suggested a nonviolent resolution (at 13:45), she did so with disfluencies, stops and starts, and questions and also asked Michael what he would like her (Antoinette) to do. This linguistic structure put Antoinette in a one-down position and put Michael in the conversational driver's seat. Antoinette also used deferential terms of address, calling Michael "sir" four different times in the first 15 minutes of the phone call.

The early parts of the interaction were also marked by conversational mirroring. Antoinette continually repeated Michael, word-for word, without pause, and mirrored

his intonation and vocal intensity. We were particularly struck by this behavior, as repetition/mimicking/mirroring behaviors have not been examined in past compassion research. We asked: why might this mirroring behavior have been helpful for facilitating compassion? We learned important answers by turning to research on imitation and conversational convergence/accommodation.

Imitation is philosophically and scientifically linked to empathy (Iacoboni, 2009). Mirroring others – through facial posture, bodily posture, or tone of voice – triggers our neurological system in a way that allows for imagining the mental life of another (Spunt, 2013) and prompts the individual, at least momentarily, to adopt another's way of thinking (Ireland & Pennebaker, 2010). Emotions are especially contagious when people see, hear, or otherwise are physically proximal to one another (Hatfield, Cacioppo, & Rapson, 1994). In this case, Antoinette is physically proximal to Michael and mirroring his words. Because the empathic benefits of imitation are born from the human body simulating the emotional experience of the other, the effects from it occur even though Antoinette's mirroring of Michael was possibly an unintentional result of repeating his messages, and even though she was mirroring his words and intonation to the third party 911 call-taker. Without Antoinette's physical proximity and imitation behavior, Antoinette's recognition of Michael's suffering might have been impossible, and the interaction may have unfolded much differently.

Past research also suggests that the mirroring behavior might have increased the possibility that Michael would like, trust, and eventually follow orders from Antoinette. When one person notices another person mirroring him or her, the person being mirrored increases his or her liking, affiliation, and interpersonal rapport for the other (Iacoboni, 2009). This argument is bolstered by communication accommodation theory research that analyzes the effects of communication convergence – the phenomenon of one person making his or her speech similar to their conversational partner's accents, dialects, speech rate, slang, and idioms (Soliz & Giles, 2014). When someone converges his or her speech, the original speaker's perception of the converger's competence, attractiveness, warmth, and cooperation increases (Gallois, Ogay, & Giles, 2005), and, simultaneously, the converger's ability to gain the original speaker's compliance increases (Buller, LePoire, Aune, & Eloy, 1992). For example, when sales representatives conversationally mirror their customers, sales increase (Lyon & Mirivel, 2011), and when police officers converge their speech with civilians, this promotes feelings of trust and cooperativeness from the civilians (Giles et al., 2012). Exceptions to this are when someone views the other as overly accommodative – for instance, by exaggerating a slow rate or simple vocabulary – in which case the communication is heard as patronizing.

In short, this past research suggests that the mirroring communication evidenced in the first third of the Antoinette–Michael interaction had the potential for two key results: (1) through mirroring, Antoinette was better able to recognize and empathize with Michael's suffering; (2) through mirroring, Antoinette became more likeable to and better able to gain the compliance of Michael. These results set the stage for Antoinette to move from order-taking and communicative deference to taking the lead and creating an alternative future.

It is not until 30 minutes after Michael burst into the school that the conversation transitioned from Antoinette's following orders to her positing ideas about getting help for Michael and asking him to lay down his weapons. Neuroscience research may help

illuminate the success of Antoinette's transition from being a hostage to being a leader. In the first 25 minutes of their time together, it is likely that both Michael and Antoinette were in a state of an amygdala hijack (Goleman, 1995; LeDoux, 1998). The amygdala is part of our reptilian brain that triggers quick action when faced with threat. In hijacked states, people are flooded with adrenaline and other hormones that stimulate fast physical reactions and increased circulation, which can aid a response to a physical threat. However, these hormones also flood people's higher functioning cerebral cortex, which limits rational receiving or processing of information. In this state, people have great strength and stamina to fight, flee, or freeze. However, they may say or do regrettable things and are unable to engage in reasoned action, process simple requests, or listen meaningfully. Furthermore, extreme arousal states can be accompanied by the desire to void one's bowels (Davis, 1992). Upon Michael's initial appearance in the front office, Antoinette reported that she was overtaken by the need to use the bathroom (Cooper, 2013; Tuff, 2014), something which she eventually overcame.

With both Antoinette and Michael very possibly in a state of threat-induced amygdala hijack during their first minutes together, it is likely fortuitous that Antoinette repeated orders verbatim, upheld Michael's face, and generally placated him and bought time. After a high-stress trigger, in most people it takes about 20–30 minutes for adrenaline and other hormones to subside and for higher-order rational processing to be possible (Goleman, 1995, 2011; LeDoux, 1998). When facing someone who is hijacked – whether this person is a violent intruder, an angry colleague, or a panicked child – compassion and other types of communication that require reasoned action may be best processed only after cooling down. Based on this case and the preceding discussion, we advance the following proposition and its subparts:

> **Proposition 1:** Sufferers are more likely to accept compassionate action and perceive compassion when the potential compassion provider engages in:

a. Deferential face-enhancing conversational actions.
b. Communication convergence/mimicking conversational actions.
  i. These increase the likelihood that the provider can enter the emotional world of the target and recognize the target's suffering.
  ii. These increase the likelihood that the target will have affinity for the compassion provider.
  iii. These increase the likelihood that the target will comply with the actions and requests of compassion provider.
c. Conversational actions that will buy time and allow people to cool down from an amygdala hijacked state.

Co-creating hope

Past research suggests that the core component of compassion, setting it apart from empathy, is action. Action can come in the form of giving advice, providing information, physically helping, or strategically leaving someone alone (Way & Tracy, 2012). In most past studies, compassion providers – including people like counselors, nurses, physicians, pastors, psychologists/therapists, and funeral directors (Miller, 2007) – work with clients

who specifically ask for support. For example, homeless young adults (Huffman, 2013) specifically seek help from human services staff. However, as we see in this case, occasions for showing compassion also include those where a sufferer is angry, resigned, or even violent. In such occasions, providing compassionate action might be only feasible after the sufferer moves from a place of despair to a feeling of hope.

Phases two and three of this case showcase linguistic activities that moved the interaction from one of violence and resistance to one of co-creating an alternative hopeful future. Antoinette listened and followed upon hearing that Michael was not properly taking his medications and that he should have checked into the hospital. She minimized the negativity of the situation and emphasized that he had not yet hit anyone with gunfire. When Michael mentioned medication and hospitalization, he provided Antoinette with a window for noticing his suffering and an opportunity to modify the situation from one that framed him as a violent would-be killer to one that framed him as a hurting boy who needed help.

After following orders and mirroring Michael for more than 10 minutes, at 10:24, Antoinette imitates Michael's shouting but, over the same talk-turn, gradually lowers her volume saying, "Tell the police to stand down." Michael never raised his voice again. Hostage negotiators would categorize Antoinette's volume-lowering talk as "entrainment" – a linguistic downshifting commonly used in negotiation. Entrainment is thought to cause similar synchronized shifts in others (McGrath & Kelly, 1986), which brings the hostage taker to a more rational, problem-solving orientation (Taylor, 2002).

Antoinette also began to use verbal emphasis through word elongation and increased volume. This reinforced the possibility of surrender, suggested her affinity for Michael, and highlighted the ability to overcome adversity (13:53–14:34). Dramatic changes in intonation or use of profanity – sometimes termed language intensity – have been thought by some researchers to move people away from the bargaining process (Lewicki et al., 1999). However, language intensity, in this past literature, refers to negative intensity. In contrast, we name the type of intensity identified here as "positive intensity," something that includes pitch changes or use of words that show affiliation or positive emotion. Indeed, hostage negotiation literature recognizes that intensity may have integrative effects in crisis negotiation (Taylor, 2002).

Antoinette also engaged in a number of nurturing and face-enhancing conversational techniques that framed Michael as lovable. At 13:30, after overhearing Michael talk with a relative on the phone, Antoinette said that it sounded like she must love him a lot. Past studies of troubles talk argue that formulating the gist of a conversation like this indicate the listener's identification with the other and shows that "the deliverers' news has consequences for them" (Maynard, 2003, p. 147). When done early in the conversation, this type of reframing defines the other's "troubles in such a way that the focus of the subsequent discussion builds on this formulation" (Pudlinski, 2005, p. 275). Indeed, after Antoinette frames Michael as lovable, their future talk was not about Michael as a violent intruder but as a young man who needed care. At 14:42, Antoinette transitioned from calling Michael "sir" to calling him "baby" and "sweetie" – terms of endearment that put Antoinette in the role of maternal caregiver and Michael in the role of a vulnerable human who deserved comfort and protection.

Ultimately, the positive intensity, face-enhancing conversation techniques that framed Michael as lovable, and terms of endearment, coupled with tentative questions and

suggestions about how Michael could surrender and go to the hospital (minutes 13:45 through 14:34), resulted in an interaction that co-created hope. This co-creation emphasized the possibility for a future that was different than Michael's initial declaration that, "We are all going to die today" (Tuff, 2014, p. 12). A third party (Michael's relative on the phone) also held a role in this co-creation – bolstering the notion that hope is a communal interactive construction. Unlike the traditional version of hope that has been viewed as an individual psychological concept relating to cognition and goal attainment (Snyder, 2000), this case suggests that hope is a dialogic social construction (Barge, 2003) in which discourse, language, and collective social relational processes generate hope for people in community (Davis, 2013; Simpson et al., 2013).

In situations where the sufferer is resigned and cynical, co-creating hope appears to be a fundamental, and heretofore glossed, component for communicating compassion. Creating hope is, first, instrumental for opening up the possibility for compassionately relating and (re)acting. When someone is in despair and suffering is seen as permanent or fixed, then it is difficult for anyone to effectively relate or act on their behalf. Just as mirroring can create rapport that enables compassion to follow, hope limbers the affordances available for communicating care. This case shows that the co-creation of hope is one way to perform all three components of compassion; namely, identifying the lack of hope is part of "recognizing," co-creating a hopeful vision is part of "relating," and taking action toward a hopeful future is a way to "(re)act." At the same time, this case suggests an important addition to Way and Tracy's (2012) compassion model; namely, when working with a resistant sufferer, action – the core of compassion – is all but impossible without first recognizing resignation and relating in such a way that creates hope and possibility. Based upon the preceding discussion, we advance a second proposition and its subparts:

> **Proposition 2:** Sufferers are more likely to accept compassionate action and perceive compassion when the potential compassion provider(s) co-create(s) a hopeful vision for the future. Hope can be communicatively co-created in the context of compassion through:

a. Listening for cynicism and resignation and following up on more hopeful futures.
b. Minimizing the negativity or severity of the situation.
c. Employing positive intensity in language.
d. Using terms of endearment that frame the sufferer as respectable and lovable.

Generating trust through vulnerable self-disclosure

Multiple times throughout the second half of their interaction, Antoinette engaged in vulnerable self-disclosure. At 14:42, she shared that she was recently divorced and had a disabled son and, at 19:51, said that she had contemplated suicide. Past research suggests several effects of these disclosures. First, self-disclosing a similar experience or feeling can effectively express empathy; this "me, too" method serves to normalize problematic feelings and affirms partners' identities (Pudlinski, 2005). In fact, "one best way of saying 'I understand what you say' is to say 'I've been through it myself'" (Sacks, 1992, p. 260). Self-disclosure also effectively expresses identification with another's problems and pain. Past research would suggest that this type of communal coping served to create common ground and create a mutual bond from which the participants could

proceed collectively and assess how they were going to get through the shared trauma together (Afifi et al., 2006). In addition, Clark's (2015) research with grieving young adults would suggest that sharing suffering is a key way to collectively co-perform compassion and benefit all participants.

Indeed, this case exemplifies how vulnerability, coping, and self-disclosure are collective, mutually constructed, and recursive. Midway through their interaction (~11 minutes into the call) Antoinette revealed her own humanity by telling Michael she really had to use the bathroom. She later reflected, "When … he said yes. In that instant, in the unlikeliest of settings, the gunman had shown me a tiny bit of compassion" (Tuff, 2014, p. 100). Six minutes later (at 17:38), Michael agreed to lie face down on the floor and asked Antoinette to help him get one final gulp of water. In this case, Antoinette shared her own weakness and humanity first, and soon after the recipient dropped his defensive nature and asked for help himself. Based on the preceding discussion, we advance the third proposition and its subparts:

> **Proposition 3:** Sufferers are more likely to accept compassionate action and perceive compassion when the potential compassion provider engages in self-disclosure that creates a mutually relatable problem or vulnerability.

a. This increases identification and the ability to compassionately relate.
b. This increases the probability of a mutual emergence of compassion.

The role of physical presence for compassion

This case also highlights ways physical presence and proximity are important to compassion. Huffman (2013) notes in his study of homeless young adults that physical closeness appears necessary for compassion but is largely overlooked in the current compassion models. He asks:

> How can someone notice the suffering of someone they cannot see? How can a person relate to someone they are not with? And finally, how does one act to address a need held by a person who is nowhere to be found? (p. 84)

In the current case, physical presence emerged as salient several different times.

When faced with an angry, irritated, un-medicated, and violent young man, Antoinette could have fled or lashed out. Instead, she stayed with Michael. Early in their interaction, she beckoned him to come back inside, obediently took his orders, conversationally mirrored his words, and overheard him communicate to his relative that he was off his medication and just wanted to go to the hospital. In all these ways, Antoinette's physical presence was instrumental for her being able to attune herself to Michael's world, synchronize her own emotions with his, and recognize his suffering.

In co-creating a hopeful future, Antoinette framed herself as physically close to Michael and a member of his team. Antoinette says, "If I walk out there with him so they won't shoot him or anything like that. // … and I'll go out there with you." This offer of physical presence essentially served as companionship support and communicated a sense of togetherness through shared social activity (Wills, 1991). Further, through her physical

immediacy and listening to him talk to a relative, Antoinette recognized that Michael was open to creating an alternative future.

Finally, physical presence facilitated Michael's trust and identification with Antoinette. As Michael was laying unarmed on the floor, Antoinette reassured him (19:20) by saying, "I'm going to sit right here so they'll see that you trying not to harm me. Okay?" By sticking nearby, Antoinette communicated to the police that Michael was not trying to harm her and suggested that Michael had no reason to get up from the floor and resist. In short, her physical presence encouraged all parties to meet each other in peace rather than violence.

Although the choice to be physically present may seem to be an obvious prerequisite for compassion, models of compassion gloss over the role of physical immediacy (Kanov et al., 2004; Miller, 2007; Way & Tracy, 2012). Certainly, mere physical presence is not sufficient to provide compassion and, in some situations, presence can be intimidating or retraumatizing (Huffman, 2015, in press). Further, even if someone is physically close to a sufferer, a lack of emotional presence makes noticing suffering quite unlikely (e.g., Kanov et al., 2004; Lilius et al., 2011). That said, making one's body about another person, something termed "embodied aboutness" by Huffman (in press), can be integral for communicating compassion. This is especially true in situations where the lack of presence limits the ability to recognize suffering, co-create a hopeful future, or earn trust. Based on the preceding discussion, we advance the fourth proposition:

> **Proposition 4:** Potential compassion providers to sufferers who are initially resistant to compassion are more likely to recognize suffering, compassionately relate, and provide compassionate action when they are physically proximal to the sufferer.

Conclusions, limitations, and future directions

This study provided a detailed description of the conversational particulars that marked the communication of compassion with a sufferer who was initially resistant and not asking for help. In synthesizing the case with additional literature, we proposed several important components for communicating compassion in such a situation. These include: (1) setting the groundwork for compassion through deference, mirroring, and conversational actions that buy time; (2) co-creating a hopeful future through listening, minimizing the severity of the situation, positive language intensity, positive framings, terms of endearment and disclosure; (3) building trust through vulnerable self-disclosure; and (4) recognizing the role of physical proximity for communicating compassion.

In addition to its contributions, this study has various limitations that invite further inquiry. First, this single case is not sufficient for demonstrating that all people faced with resistant or violent sufferers will meet with the same positive outcomes demonstrated here. Future research should continue to collect extreme cases of compassion with resistant sufferers to see how or if they converge with or diverge from this analysis.

Researchers could also use controlled experimental designs to test this study's propositions. For example, investigations could examine whether people are more likely to accept compassionate action (or label the interaction as compassionate) when the potential compassion provider has mirrored the sufferer's communication, helped build hope, or has shared vulnerable self-disclosures related to their suffering. Experiments could

also test the extent to which those in amygdala hijacked states are able to effectively communicate or receive compassion and examine the role of physical proximity in communicating compassion, especially given the increasing ways people communicate virtually. Experimental research might usefully tease apart the various characteristics of Michael (e.g., violent, resistant, resigned) that were intertwined in this case. While we might tentatively propose that violence is a subcategory of being unreceptive to compassion, future research could seek to differentiate these phenomena.

Other limitations are born from the data set and its framing. A real-time transcript does not offer access into the actors' inner worlds or intentions, nor does it examine the role of other actors in impacting this situation. Talking directly with Michael, Antoinette, and Michael's family (something that we have initiated but have not yet been successful in achieving) has the potential to shed light on Michael's original intentions, how he made sense of Antoinette's actions, and the significance of his relative's phone call. Such an interview study would likely be especially promising for showing how coping and hope are collective constructions, shared and co-created among a team of actors.

Finally, future research could valuably engage in participant observation or interviewing other people who have engaged in compassion with people who may have first resisted it. Antoinette was framed by the media as extraordinarily compassionate and courageous (Sloane, 2013). We engaged in consensus coding to verify that this case did, in fact, exemplify components of compassion and social support as delineated in past literature. That said, it would be valuable to examine compassion with unreceptive sufferers in interactions that have not been labeled as especially heroic and compassionate. Potential good participants include the clergy, health providers who work with patients involuntarily committed to drug rehabilitation or psychiatric wards, first-responders in domestic abuse cases, or correctional officers in a prison booking rooms. This research might indicate that providing compassion to resistant sufferers is not always heroic, but can also be mundane or even problematic.

Practically speaking, this study showed how compassion, combined with conversational mirroring, hope, disclosure, and proximity, worked collectively as a method of effective hostage negotiation. As Clint van Zandt, a former FBI profiler and hostage negotiator said:

> [Antoinette] did all the things we try to teach negotiators. … She was a great "go-between," she identified with the aggressor, she offered help, she minimized what he had done, she helped develop a surrender ritual, she told him what to expect, and told the police what to expect, she offered love, said she was proud of him, she offered him a positive future – every one of those things is something we spend weeks teaching negotiators, and this lady did it intuitively. (Margolin, 2013)

Whether or not Antoinette engaged in this negotiation process due to her intuition, because of her faith background, or thanks to the school's organizational policies she had practiced (Simpson et al., 2013), this case poignantly illustrates how ordinary human conduct and small actions can have powerful results. Antoinette followed instructions, listened, shared her own struggles, asked questions, and told a troubled young man that she loved him. These are things that anyone can do, and none of them require extensive training, a firearm, or lots of money. In the words of Weick, Sutcliffe, and Obstfeld (2005), "smallness does not equate with significance … short moments can have large consequences" (p. 5).

Note

1. We highly recommend listening to the audio of this call, publically available via You-Tube, as a way to enhance the analysis herein. Our experience with live audiences suggests that hearing Antoinette and Michael's conversation in real-time provides a visceral and immediate understanding related to compassionate communication.

Acknowledgment

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