

# Social Pedagogy in Action

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## The Practice of Nonviolent Communication

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A commonly held perspective amongst Social pedagogical theorists is that Social Pedagogy is difficult to describe. This is possibly so on a theoretical level but I am a Care Worker and theories only apply to me on the practical level **if** I can see the benefits they bring for me, my colleagues **and** the young people we care for.

My perspective as Care Worker is simple. What applies to me is the practical application.

I'd like to begin by giving the description of Social Pedagogy which makes sense for me.

Social Pedagogy aims to facilitate learning which allows the young person to develop that which already lies within them, as opposed to imposing an external learning upon them, recognising that we are all unique but, at the same time, equal. Everything, from the most profound theoretical framework to the mundane experiences and objects of the everyday, is a potential tool that can be used to facilitate that learning and development.

The main purpose of my presentation is to talk about one of the tools which I observed at work in Danish Social Pedagogy: Non Violent Communication, giving an example of Danish practice and then telling you a story about how this has informed my own practice.

The young people we look after within Care Visions have often experienced repeated trauma and have their Fight or Flight reflexes on a high state of alert, ready to respond to the first indications that they are under threat. Thus, they are more sensitive to the way we communicate with them. For example, in everyday life, we often use sarcasm, usually meaning no harm and purely in a humorous context, even if sarcasm is known as the lowest form of wit. To a traumatised young person, sarcasm can be perceived as violent communication and cause them further stress and anxiety, making them feel unsafe. The Sanctuary training we receive highlights that traumatised young people display more challenging behaviours when they feel unsafe. Therefore, creating situations which make a young person feel unsafe are counterproductive.

We, as carers of traumatised young people, have a challenge, the entrenched defence mechanisms built from the bitter experience of repeated trauma, and an opportunity, to communicate in a different manner to that which they have normally experienced and help them to grow beyond the walls that they have built to protect themselves from further

harm. We cannot do this effectively if we keep triggering the alarm bells of their defences, so we have to consider our approach carefully and pay attention both to the way we are communicating and to the reasons for us doing so.








Non Violent Communication is a communications approach which was developed to address this by Marshall Rosenberg, who was inspired by the thoughts and works of the Humanistic Psychologist, Karl Rogers.

The aim of Non Violent Communication is to promote empathy between human beings. Non Violent Communication is a state of mind. You can communicate non-violently in both verbal and non verbal ways. Sanctuary uses Non Violent Communication to good effect and I will return to this with an example from practice later. You can also see it being utilised, both verbally and non-verbally within CALM.

I took part in the Leonardo Mobility Project: Social Pedagogy in Action, spending two weeks shadowing Danish Social Pedagogues in their work environment. At the beginning of my first placement, Rymarksvaenge, a residential care home, with extensive Throughcare and Aftercare support service, the Manager spoke about the importance of Non Violent Communication, as propounded by Marshall Rosenberg. Throughout the time I spent at Rymarksvaenge and, subsequently, Stockholmsgave forest kindergarten, I observed Non Violent Communication as an integral tool of the Social Pedagogue. I will give an example of the practice of a Danish Social Pedagogue in a short while.

When I returned from Denmark, I found myself looking at my communication with others in more depth and questioning my motives for the different communication approaches I used. In the simplest of terms, I have found that I use NVC when I am in the frame of mind to value my highest goals for the young person more than other motives. Violent communication can be seen as an attempt to take a shortcut to a lesser goal, usually influenced by one of the motives I have just alluded to.

What motives could there be which would result in violent communication?

-  Lack of sleep-
-  Feelings of superiority-
-  Feelings of inferiority-
-  Fear-
-  Anger-
-  Competition-
-  Guilt-

What do all these have in common?

They all shorten our view and narrow our perspectives. When we do this, we lower our aims and we lower our brain activity until our responses are increasingly dictated by the R-

Complex, the oldest and most primitive part of our brains. What happens then? I think that the R Complex would be better named the F Complex, because the only choices available there are Fight, Flight or Freeze. Once we descend into this state, we become trauma driven and become part of the problem, instead of part of the solution.

In their work with young people, I saw SPs using both verbal and non-verbal NVC. One of the most profound examples of this, which I saw mirrored in the relationships between other SPs and young people, took place between a Through Care Social Pedagogue, Birgitta, and a teenage girl, Britta, who had moved from the care home into her own flat. When first given the task of being Through Care Social Pedagogue for Britta, Birgitta made appointments to meet with her at her flat. Britta would not let her into the flat and would take up to an hour to get ready and come downstairs to meet her. Once this pattern of behaviour had been identified, Birgitta arranged her schedule so that Britta was always her last client of the day. She did not tell Britta this, or attempt to influence Britta into coming to meet her sooner. She then went to meet Britta at the agreed times and waited patiently until Britta came to the car. At first, Britta still made her wait for up to an hour but, when she did finally come downstairs, the Social Pedagogue was able to spend time with her and do her job. Gradually, the waiting time began to decrease until, 6 months later, Britta was ready and waiting when she arrived. On top of this, Britta now felt able to trust the Social Pedagogue enough to invite her into her home, a great honour from a young woman who had always struggled to trust anybody throughout her 14 years in care. When I met with Britta and the Birgitta, the relationship between them was obviously strong and I could see the trust that Britta had invested in her SP. It made the story of the early stages of their relationship more profound and moving, and emphasised the value of the approach taken by the SP in building this trust.

In the process of this piece of work, the SP used empathy to identify the challenges that Britta faced. She used non-verbal Non Violent Communication to communicate that she understood and respected that Britta struggled with new relationships with adults and she also did so to give the message that she was prepared to offer her support for Britta on the young person's terms. It took patience and commitment but the nonviolent approach of the SP bore a precious fruit, with Britta coming to trust her enough to lower her carefully guarded defences and accept the relationship and valuable support which was being offered.

Within a month of my return, a new young person, Katie, came to live in the Residential Care Home where I work. Initially, this was to be a respite placement over a weekend. In the Home in which she had previously resided, she had spent the majority of the last, eight days either being violent to staff or being physically restrained. In the beginning of her placement with us, she was quiet and polite. I listened to her and allowed her to talk. She spoke clearly about her recent experiences, about how she felt that she was not listened to and had

sought to get attention by any means necessary, identifying that there is a threshold within her, beyond which she loses control and becomes violent.

A few weeks after Katie had arrived at the care Home, I and a Sessional Care Worker went out cycling with her. At first, Katie was happy and the interaction was positive. We had been cycling for about 45 minutes and I was aware that the light was soon going to fail. We had no lights for riding after dark, so I mentioned to Katie that we would have to turn back soon, so that we were back before sunset. Katie did not accept this. I explained about the law concerning bike riding at night, how cyclists must display lights after sunset. Katie insisted that she wanted to cycle a further two miles, to a junction and return. I explained that it would be after sunset by the time we returned home and said that I was concerned that car drivers would not be able to see us. Katie disputed this, saying that she could see quite clearly, so car drivers would be able to see her. She got off her bike and told me clearly that she would not return to the Home until she had cycled to the aforementioned junction.

I could see that Katie was becoming agitated and beginning to withdraw from us. I thought through the options before us. Katie had made it clear that she was going to continue cycling until she reached the junction. If she continued without lights, her physical safety would be at risk. If we blocked Katie from continuing to ride, this would most likely lead to us having to use physical restraint. If we attempted to take the bike from her, this would have a similar outcome. Katie's body language, tone of voice and the language she was using suggested to me that she was retreating within herself and preparing for either of these approaches. I thought about something she had told me previously. Katie had told me about a restraint she had been in. One of the Care Workers had told her repeatedly during this time that she was not in control, that the Care Workers were, and she would have to accept this. In the telling of this, I could see that this forced removal of control was particularly distressing for Katie.

I spoke to my colleague and included Katie in the discussion. I emphasised that it was dangerous for us to continue to cycle without lights but said that I had an idea how we could continue, whilst keeping Katie and ourselves safe. I asked if my colleague would be prepared to return to the Home and come back in the car. Katie and I would then put on the high visibility vests we keep in the car and continue to cycle until the junction, with my colleague driving behind us with the headlights and hazard warning lights illuminated. I explained to Katie about how this would address the issues of safety and visibility and allow her to complete her ride. I asked her if she thought that this would be a safe way to continue. Katie looked a bit surprised at this approach. She was still sullen but she agreed that this would be a way for the ride to continue. My colleague agreed to go back for the car and I sat down on the grass by the roadside to wait. Katie waited too and did not mount her bicycle during this time.

When my colleague returned with the car, he put the head lights and hazard lights on and we set off in our Day-Glo finery. We cycled ahead, with the car following, and I started to

talk about the wildlife and natural features that we passed, giving anecdotes about each of them. The aim of this was to allow a safe, non-threatening way for Katie to broaden her perspectives again. Katie began to take an interest and soon relaxed enough to take part in conversation. We cycled to the junction, at which point Katie turned her bicycle voluntarily and headed for home. A couple of cars passed us on the journey and I used these times as opportunities to speak about how difficult it can be for a driver to see an unlit object or person. Katie took part in this and conceded that it was dangerous to ride without lights at night on a country road. She was used to living in a city, where it never gets really dark and there are pavements everywhere. We returned to the Home without incident and made plans to buy lights for the bicycles.

As I reflected upon this interaction, I could see that the way I communicated with Katie had a direct bearing on the outcome. If I had insisted that we return and had refused to consider Katie's aims, I would not have been able to explore ways in which to accommodate them. My colleague and I would have had to physically restrain Katie from continuing to cycle and I would have perpetuated a cycle of violent interaction between Katie and Care Staff. Instead, I was able to show Katie that I would listen to her, that I did not consider myself the dominant partner in the relationship and that I would do what I could to support her right to be in control of the choices she makes.

Since that day, I have been able to build a trusting and respectful relationship with Katie and I have seen several occasions when she has been struggling with strong emotions but has felt safe enough in my company to explore them without resorting to violence. I feel that the approach I took, influenced by the principle of Non Violent Communication, was a key foundation stone in the building of this relationship. In the eleven months that Katie has resided in our care, there have been no occasions when she has been physically restrained by staff.

One of the observations that Care Workers had made about Katie was that she appeared to have a story to tell which was causing her deep distress but was struggling to do so and creating violent incidents to release the intensity of her pent up feelings. A few months ago, I was supporting Katie, who was really struggling during a visit to the family home. I was sitting quietly with her in the car, outside her house, and paying attention to my thoughts in the way I mentioned earlier. Often, I find that little things which I have been taught during my time at Care Visions turn out to have profound power and I remembered something that Joy Wakenshaw said to me during the first Sanctuary module. "Instead of asking the question, What's wrong with you? Ask instead, What has happened to you?" I realised that it was a perfect example of Non Violent Communication. I told Katie that I could see that she had really been struggling in recent weeks and asked her what had happened to her. This was like turning a key in a lock. Once again, I could see an internal shift of gears taking place. Katie's body language softened and she began to make eye contact. Then, she started to tell her story.

I awoke from a dream on Saturday morning which I think paints a picture of my own understanding of Social Pedagogy. In the dream, I was standing next to a river. I was told that there was gold in the river, if I looked for it. At first, I could see only stones but, then, I began to see glimmers of gold between the rocks and got into the water to pick them out. As I did this, I began to find bigger and bigger pieces of gold, until everything I found was gold.

What the gold represents for me is threefold. It represents the learning and development opportunities we can experience and share every day, it is the tools we can use to facilitate learning and development and it is the potential which lies within us all. This gold is everywhere we are prepared to look.