Non-violent resistance: a radically alternative mental health nursing practice?

Introduction

The advance of austerity has produced an environment in which mental health services are increasingly under threat (Coxon, 2015). Austerity is but the latest phase of a project of state restructuring which has rendered all public services as vulnerable to cuts, marketization and privatisation. The consequences are felt not only by service users, but public service professionals and workers whose day to day delivery of services made subject to the neoliberal values of competition, private ownership, and individual responsibility (Heywood, 2012, Harvey, 2005), runs contrary not only to their professional values, but also risks their own personal integrity and thereby well-being. By 'reclaiming radicalism' public service professionals in general, and mental health nurses in particular, can indeed 'promote our own form of positivity, anti-cynicism and belief in ourselves' (Coxon, 2015: 15) by developing new forms of practice based in radical ideas and alternative values. The outcome will not only be to empower service users, but also service providers who by practising what they believe to be right as well as what they believe to be effective can move beyond the 'bad faith' which can characterise supposedly 'good practice'. In this article, we will present and reflect upon one such new practice: non-violent resistance (NVR) with parents of adolescents displaying controlling and self-destructive behaviours. We will locate NVR within a contemporary socio-political and theoretical context and consider its application in relation to an NVR group in the field of substance misuse. We will also reflect on its implications for mental health nurses wishing to break from their conservative image and traditions (Barker & Buchanan-Barker, 2011).

NVR in theory: strategy or principle?

The wave of largely nonviolent protests, uprisings and revolutions that were generated by the global economic crisis triggered by the financial crash of 2008 has resulted in a renewed academic interest in NVR as a tool of political change. This literature has treated NVR mainly as a strategic choice, as an alternative means for 'engaging the state' in a political conflict (Chenoweth & Gallagher Cunningham, 2013). This perspective usefully demonstrates that NVR is not about conflict avoidance or conflict resolution, but is rather about bringing pressure to bear through non-physical means in a power struggle. Change occurs mainly not through converting the opponent, but largely through deprivation of

'resources, legitimacy, and ability to control the situation' (Schock, 2003: 706). This pragmatic perspective on NVR focuses on its efficacy and downplays its moral underpinnings. NVR does however have a powerful moral philosophy in the thought of Mahatma Gandhi, one of its leading proponents and practitioners. For Gandhi, NVR was not a tactic or a strategy but a principle. It was the practice of a particular way of life (satyagraha) (Bose, 1981) which suggested much more than a negative rejection of violence due to its harmful effects. Ahimsa encapsulated a commitment to constructive and positive action (Nojeim, 2004) with the goal of ending exploitation, alienation and inequality and the establishment of universal well-being. For Gandhi, NVR combined means and ends in a struggle for 'real liberation … which liberates both the oppressor and the oppressed' (Bose, 1981: 162) by transforming the opponent through resistance rather than overcoming them by using physical force.

NVR in practice: a new programme for working with families and carers

Our programme is a collaboration between two substance misuse services in the west of England. It is a structured, 10 week, clinic and community-based programme which is delivered in a group setting by substance misuse workers and mental health nurses. The programme is aimed at parents or carers of children who display violent, controlling or self-destructive behaviours. Families and carers are invited to join our course if workers notice a pattern of control/submission within the family.

The first part of the process involves helping parents and carers to alter their view of the problem behaviour, switching from blaming their child to acknowledging that something is remiss in the family dynamic. This can be achieved through 'behavioural sequencing' which involves transcribing an event or exchange, focussing on antecedents, behaviours and their consequences. Sharing and reflecting on this in a group setting enables families to recognise the function of the behaviour as well as the contribution of various influences from within the family network. Sequencing allows workers and the families to identify patterns of escalation and 'button pushing', which both lead to interactions in the family being characterised by conflict. The unsafe sense of power experienced by the child can be depicted through an exercise of power mapping. Families are encouraged to draw a floor plan of their home and identify areas in which conflict frequently occurs, or areas where they feel their child has too much control. For example a child who dominates the main family living space - taking control of the television, sprawling on the sofa and inviting friends over without permission or

consideration, forcing his siblings and parents to retreat to other parts of the house. Through this exercise parents and carers are able to begin to reframe their child's (functional) behaviour as an oppressive force to be resisted, rather than being inherently symptomatic of an undiagnosed illness requiring treatment or medication. This process of problem reattribution and the collective efficacy to address it is known in social movement theory as 'cognitive liberation' (McAdam, 1982). It suggests that the preconditions for collective action are an understanding that a situation is unjust and subject to change. By resisting and eventually overcoming the child's self-destructive behaviour, parents and carers are able to access and attend to the child's unmet needs. Consequently, parents and carers are coached to reconnect with their child through unconditional acts of love and kindness.

Once parents and carers have made progress with reframing the problem, they are encouraged to work with us on developing a new toolkit of different forms of effective action to address the situation. One of the first acts is composing a specific plan to respond differently to controlling behaviour by not submitting to or escalating it. Its effective implementation has left parents and carers feeling empowered as parental authority starts to be restored. This energy and enthusiasm is harnessed for the next stage in the programme of 'refusing orders and breaking taboos'. We encourage parents and carers to identify how they are coerced and conditioned into automatically obeying their child's orders. For example, a parent giving money on demand, for fear of aggressive escalation from the child. Taboos are activities that parents have surrendered in order to keep the peace. Examples might include avoiding entering a child's room or raising and addressing issues of concern directly with their child. Resisting orders and breaking taboos is not intended as a punishment but as a symbolic realignment of power within the family.

Commitment and resolve are strengthened at this point through support from within the family's natural ecology (friends, relatives, colleagues, neighbours) who are invited to take up roles in order to provide a collective presence in resisting the child's problematic behaviours. In social movement studies this is known as the 'mobilization of bystanders' and it serves first to break the secrecy and shame that often surrounds a child's oppressive behaviour. They might also be enlisted to: bear witness to challenging behaviour, provide emotional support for parents and be present in the home to validate and support parental action. One act of resistance is a co-ordinated collective response in which supporters contact the young person via various methods to convey their concerns and demonstrate their support for the parents' decision to resist.

The parents' commitment to non-violent resistance is consolidated by the delivery of an 'announcement'. This is a written declaration that they will no longer tolerate the most concerning of their child's behaviours. The behaviour is named explicitly and parents detail the impact of the child's behaviour on the family, as well as their concerns for the future. It is delivered both in written form and read aloud to the child by his parents or carers, usually in the child's bedroom. A response is not expected from the child and parents are coached not to enter into immediate discussion about the announcement. Whilst not intended as an intervention itself, the announcement can often prompt a change in the behaviour of the young person and further enhances the parent's sense of positive influence on their child.

If the young person continues to display self-destructive behaviours, a 'sit-in' may be deployed. Parents are encouraged to sit quietly in a resolute fashion in their son or daughter's room for a pre-determined period of time whilst their child considers a solution to their destructive path. This is often a challenging and anxiety-provoking prospect for parents and carers who are coached to avoid provocation and manage their own expectations. The sit-in encapsulates the ethos of self-regulation and role modelling. The outcome in terms of the young person's immediate reaction is of secondary concern. Sit-ins are an element in what social movement studies has called a 'repertoire of action' which is a 'set of means … for making claims of different types on different individuals' (Tilly, 1986: 2). NVR has adopted the means of protest for use in the family sphere as tools in a struggle focused on raising parental presence in the lives of the young people from which it is largely absent. We have noticed significant positive changes in family dynamics and behaviours, which will be detailed in the formal evaluation of the programme, yet the benefits are not limited to the family.

Reflections on Practice

Client Empowerment

NVR is a shift away from deficit models of 'inadequate parents' that translate into nurses instructing parents to abide by a manualised form of interventions, towards an asset model that encourages nurses to enable participants to interpret the principles of non-violent resistance for their own family context. This shift empowers families and carers to act in a way that is commensurate with their own values. This ownership means that interventions have been implemented and modified rather than abandoned in frustration as hurdles presented themselves along the way.

As we have worked with them in a common struggle to address the adversary of the problematic behaviour, we have noticed that the families and carers have increasingly felt more like partners in a therapeutic alliance than 'patients'. Participants have remarked that NVR feels less like a prescribed treatment and more like a journey of liberation from the shame of being cast as a 'bad parent' and some have returned to speak with passion and enthusiasm to prospective participants about their experience and to offer hope to those frequently beset by fear, hopelessness and scepticism. Families and carers commonly refer back to the experience of hearing from 'graduate parents' as a pivotal moment in their decision to resist.

Worker Motivation

We have found NVR to be a welcome break from the isolating experience of individualised counselling work. Our NVR programme was initiated and constructed by frontline mental health workers and we have been compelled to collaborate closely in order to plan and deliver the programme effectively. We have welcomed the change from being treatment specialists or empathic counsellors to organisers of collective action. This is moving us beyond 'colonised practice' by relocating the 'clients' within the social, economic and political context of their suffering and recasting them as having a key role to play in resolving the difficulties at hand. Delivered in a group setting, the NVR programme has produced a democratic space for ideas and strategies to seed and germinate. It has allowed us to practice in a manner that is more congruent with our values and beliefs grounded in social justice as well as producing better outcomes. NVR has therefore increased our motivation and effectiveness. It has enhanced our job satisfaction and generated an altogether more pleasant experience and environment of work, so much so that the risk of 'burnout' has been reduced significantly.

Appropriate service delivery

NICE (2017) guidance for substance misuse interventions for under-25s recommends that services should be family based and provide structured support, yet the National Drug Treatment Monitoring Service suggests that only one in ten referrals for this age group receive any kind of family work (Public Health England, 2015). Moreover, although systemic interventions are recommended for adolescents with complex needs including substance misuse (Royal College of Psychiatrists, 2012), national data indicates that such approaches are rarely implemented (Public Health England, 2015). NVR addresses these shortcomings through delivering services for young people that are based on a family focussed intervention that is systemic in outlook.

Professional Enhancement

Working in a conventional mental health system dominated by the medical model, nurses can at times feel rather deskilled and disempowered and increasingly like atomised workers who deliver treatments prescribed by more senior staff that also proscribe certain courses of action. Practising NVR has been a process of re-professionalisation in terms of developing a new set of craft knowledge and skills and of expanding our scope for autonomous action. Renewed professionalism can be an effective mode of resistance to austerity, marketisation and privatisation as it expresses an alternative set of values to those of the market and corporations, as the inspiration for this article suggests (Coxon, 2015). The wider implementation of NVR will inevitably be embroiled in this struggle which is increasingly over competing interpretations of the meaning of 'good practice'. If codified into a set of technical procedures it will become yet another 'best practice' to be disseminated from above on the pragmatic grounds that it is good practice because 'it works'. The radicalism of NVR is based on the idealist grounds that it is good practice because 'it is morally right' (Omer, 2004: 195). It also works.

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