

Nonviolent communication in speech-language pathology: A proposal for humanizing relationships in the university environment

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Dear Editors-in-Chief,

Through this letter, we present Nonviolent Communication (NVC) as a proposal for humanizing interpersonal relationships within the university context of Speech-Language Pathology.

NVC is a communication approach centered on empathy, active listening, and the recognition of human needs. It is based on the premise that every form of violence (verbal, emotional, or relational) arises from unmet or poorly expressed needs. NVC proposes a language practice grounded in four components: observation without judgment, expression of feelings, identification of needs, and formulation of clear requests¹.

NVC has proven to be a powerful tool for promoting more ethical, collaborative, and healthy relationships. In Speech-Language Pathology education, this perspective becomes even more relevant. Training in our field requires students to develop essential relational skills that will sustain their future professional practice. As professionals of human communication, speech-language pathologists must be capable of expressing themselves clearly, listening with sensitivity, and building relationships based on respect, ethics, and empathy. We believe that these competencies need to (and can) be intentionally cultivated from the beginning of undergraduate training.

Therefore, we understand that NVC in Speech-Language Pathology education can be applied in a structured and continuous manner across at least four fundamental levels:

1. Relationships between students and professors/supervisors: Communication in this context is often marked by silencing and misunderstandings that generate psychological distress and insecurity. NVC can transform these dynamics by fostering environments of free expression, emotional support, and collaborative knowledge construction. Students need to feel safe to make mistakes and ask for help, while professors/supervisors should be recognized as individuals also in constant development. Mutual listening strengthens pedagogical bonds and supports a fair and humanized academic culture.

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2. Relationships among students: University life involves challenges such as group dynamics, practical activities, and assessments. Integrating NVC into daily interactions promotes a culture of listening, self-care, respect, cooperation, and peaceful conflict resolution – fundamental pillars for ethical and relational development.
3. Interprofessional and interdisciplinary relationships: Healthcare work requires ongoing dialogue among various professions and fields. NVC contributes to multiprofessional teams by fostering spaces of respect and cooperation, reducing communicative barriers that often hinder integration. Thus, students of Speech-Language Pathology and other health programs, as well as practicing professionals, can align their objectives toward comprehensive care, strengthening collaborative practice within Brazil's Unified Health System (SUS) and in other professional settings.
4. Relationships with patients and clients: Clinical practice in Speech-Language Pathology involves encounters marked by vulnerability, expectations, and emotions. NVC promotes more empathetic and humanized therapeutic relationships, supported by active listening, clarity of communication, and the acknowledgment of patients' and families' needs. This approach enhances treatment adherence, strengthens trust in the professional, and contributes to the overall quality of healthcare.
5. Active learning methodologies allowing students to experience conflict scenarios and apply NVC principles in interactions with colleagues, multi-professional teams, and patients/clients;
6. Encouraging internship supervisors to value the communicative dimension of clinical behavior through systematic reflection on the quality of interactions with patients/clients and families;
7. Development of reflective journals or formative portfolios in which students record experiences involving the use (or absence) of NVC during their academic journey, promoting self-awareness and critical evaluation of relationships;
8. Joint projects with other health programs to develop NVC practices within team-based care;
9. Periodic institutional assessments to monitor the impact of NVC in the academic environment and adjust strategies accordingly.

In Speech-Language Pathology, this discussion becomes particularly meaningful. How can we expect a professional dedicated to human communication to promote listening, support, and dialogue in clinical practice if they have not themselves experienced these values during their training? We invite the academic and professional community to ensure that the commitment to education extends beyond technical and scientific excellence to intentionally encompass the construction of more empathetic and dialogic learning environments. May NVC be recognized as a facilitator and an essential pillar of our professional formation.

Beyond theory, it is essential to consider feasible strategies for implementing NVC in Speech-Language Pathology undergraduate programs. Some of our proposals include²:

1. Regular workshops and discussion circles between professors/supervisors and students focusing on empathic listening, authentic expression, and emotional management within academic relationships;
2. Peer mediation groups offering restorative and empathetic approaches to conflict;
3. Incorporating NVC as a transversal theme across required courses;
4. Training for professors/supervisors, fostering an institutional culture attentive to communicational and emotional needs;
5. Extension activities linking NVC to healthcare practices, reinforcing its humanizing potential;

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