

ANOMY

ANOMY (an-'e-mi).n:
Disorganization,
Lack of purpose,
identity, or
ethical values in a
society or
institution.

CONFESSIONS OF AN OPERANT INTRUSIONIST

by Thomas E. Pomeranz

Having spent a significant portion of my professional life training crisis teams to "control" outbursts of aggression, designing time-out rooms that met the technical standards of State Licensure and Medicaid Standards, refining techniques for "take downs" and "basket holds", writing behavior "management" plans which utilize four staff to conduct an over-correction procedure of two hours duration, I now look back with a great deal of sadness and regret. I was doing what I was trained to do, doing what at that time was the state of the art. I was doing something.

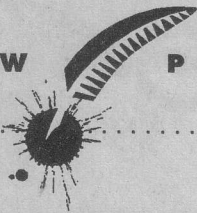
I was surrounded by men and women engaged for endless hours in self-injurious behavior, lying on terrazzo floors in their own excrement. Seeing untold numbers of individuals injured from the aggressive behaviors of their peers, behaviors that were allowed to go unchecked, for whatever reason. By doing something, something that would prevent self-injury, aggression and property damage, I had the opportunity to show that I cared for these individuals.

Not unlike many others, what I failed to understand at that time, was that my response to the inappropriate behaviors became at the very least a contributor to the behavior, if not the cause: it was a vertiginous process — a vicious circle. These were men and women living in stark and barren environments, individuals denied even the basic opportunities for choice and decision-making. Neither I nor other staff ever asked whom they would like to have assist them in their most private moments of

being bathed or toileted. Their input for preferred foods was not sought — we as clinicians were satisfied that the food that was placed before them met their nutritional requirements as assessed by the dietician. The individuals with whom they shared the ward or residence were "placed" there, we did not ask "would you like this person as your housemate?" Schedules of reinforcement were designed and applied by behaviorists, such as myself, to control those behaviors that we thought undesirable. Furniture was purchased, clothes provided, activities scheduled, etc. — all without the input and involvement of the individuals affected.

Obviously, though retrospectively concluded, individuals residing in environments who are denied all opportunity to control their lives, live in a life of *anomy* — that is, "if my life has no value, if my life has no meaning, I will behave in a way to cause your life to not have meaning or value either." *Anomy* is not a phenomenon restricted to environments where persons with mental retardation reside. We saw *anomy* in Los Angeles, in the early summer of 1992 when men and women who felt they had no control over their lives, no power to make decisions and choices to influence their destiny suffered from *anomy*. We all know what happened. They behaved in ways to cause the lives of others to have no meaning or value — buildings were burned and looted, violence and rioting ensued.

The men and women I served then did not burn our buildings or rob us of our belongings. They did, however, demonstrate behaviors



that caused my life and that of the lives of the people around them to diminish in value. It took its toll on everyone. I now think about all the effort which I expended in an attempt to control the behavior of others, when what was really needed was an opportunity — many opportunities — for these individuals to control their own lives, to have a say-so.

nity to engage and participate with those valued others in desired activities — choir, bike riding, work, walking, cooking, etc.— are free of anomy. For having valued relationships and personal

The application of universal enhancement is not easy; it requires creativity and most importantly, a belief that the men and women whom we serve regardless of their capability, can participate as full members of the community, with the availability of supports. It is that participation that promotes the opportunity to develop meaningful relationships with others and enhance the values of activities in one's life.

"I have come to realize, it was the treatment that caused the disease"

I have come to realize, it was the treatment that caused the disease. The therapeutic environment —with its schedules, menus, assignments, structure, anormalized rhythms, etc., that caused the very behaviors that I was so fervently trying to eliminate. It was nosocomial behavior. Not unlike nosocomial infections (infections that are hospital based), nosocomial behaviors emanate from the habilitative environment. Aggression, stereotypical behaviors, self-injury and property destruction are not symptomatic of mental retardation, they are causal to environments where individuals have no control over their lives.

belongings in one's life precludes anomy and thus prevents nosocomial behavior.

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What then, as a behaviorist, is my response to all this? I have spent many years structuring a system that I can share with others to support appropriate behaviors in the individuals whom I serve: universal enhancement. Simply stated, individuals who have the opportunity to develop significant and valued relationships in their lives, with others who do not get paid for the relationship, and individuals who have the opportu-

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