



"LIVING IN NEW KINDS OF SITUATIONS"

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TRAINING FOR TODAY

Overcoming The Effect Of Anomy

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If my life has no meaning nor value, then I will behave in a way to cause your life to be void of meaning and value as well. When this statement was first shared with me I was struck by its profound implication relative to a variety of quality of life issues affecting persons with mental retardation. It was immediately evident that for the majority of persons with mental retardation living in highly regulated environments, their life lacks meaning—diminished of value.

Only recently have I come to understand that oppressed individuals, individuals denied opportunities to make decisions and choices, are subject to behave in ways to impair the quality of life of the oppressor. This phenomenon is called ANOMY. Anomy is a word of French origin that is the derivative of the word anomous. Individuals thwarted in their attempts to manage their

own lives experience anomy. Individuals prevented from developing relationships with others who do not get paid for the relationship "suffer" from anomy.

We observed a dramatic example of anomy during the summer of 1992 in Los Angeles, California when large numbers of individuals rioted and pillaged—that was a consequence of anomy. Those individuals believed that they had little or no control over their own lives. Those individuals who rioted felt powerless to control their destiny—they were subjected to the controls of others which from their perspective prevented any opportunity for economic or social justice, they were individuals just trying to survive, thus anomy.

The men and women whom we serve are not likely to riot and loot in response to anomy. Their intellectual and physical

limitations will influence the manner in which anomy expresses itself. For example, individuals denied the basic rights to select or influence who will touch their private parts when being assisted in bathing and toileting are suffering from anomy. Its manifestation may take the form of self-injurious behavior, stereotypical behavior or aggression toward staff. Individuals denied opportunity to determine the foods that they will eat or the social activities in which they will engage suffer from anomy.

It is abundantly evident that the lives of many of the men and women we serve are lives that are highly managed—managed by us as staff. The behavior management plans we write, the schedules of reinforcement that we impose, the token economies we implement, the planned ignoring devised are all examples

of our attempts to control and manage individuals with mental retardation; they are examples of our attempts to habilitate—DO TO.

Staff training for TODAY must directly and aggressively address this issue. We must include in our training programs an urgent plea to assure that the individuals we serve have every possible opportunity to manage and control their own lives. This expectation is a hallmark of Universal Enhancement. Universal Enhancement requires that staff constantly analyze and monitor the environment to identify intrusive approaches initiated by staff that contribute to anomy. Our training must be creative—it must cause staff to think and challenge old assumptions regarding habilitation. We cannot justify the restrictions and controls we place on individuals by passing them

off as regulatory requirements.

As administrators and trainers we must be problem solvers, we must initiate efforts to overcome the perceived imposition of regulation. The fact of the matter is that regulation is not so much the cause of anomy as is our failure to innovate and demonstrate creativity in developing alternative ways of meeting the regulatory requirements.

Unfortunately, anomy arises out of the same habilitative environment that we have celebrated as the means for improving the quality of life for the persons we serve. That's right—the "treatment" is the cause of the "disease." For example, the hierarchy of intervention so finely tuned to manage inappropriate behavior may now be seen as the cause of the inappropriate behavior. The

more inappropriate an individual becomes the more intrusive we are expected to be—and thus the more anomy we create resulting in more inappropriate behavior.

I have given a name to the behaviors which emanate from anomy. I call them nosocomial. Not unlike nosocomial infections, infections that occur in hospital settings resulting from the treatment procedure, nosocomial behavior is a consequence of our habilitative efforts. Please don't misunderstand, habilitative services need not necessarily cause nosocomial behavior any more than medical treatment in a hospital must result in nosocomial infection. Training for TODAY must provide staff with the sensitivity and insight that will allow the staff to support and assist the individuals they serve in enhancing their adaptive behaviors while supporting opportunities for the individual to effect change in their lives.