

The
CATASTROPHE
of
COMPLIANCE

Lorraine E. Fox, Ph.D.

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ABSTRACT

The author's career observations of the lack of real change in coping patterns and dysfunctional behaviors resulting from treatment programs which focus on compliance, coupled with a pivotal encounter with "system" youth about to be released from the child welfare umbrella, led to a critical analysis of the use of compliance-oriented programs masking as "treatment". Components of victimization are reviewed, and measured against the value of notions such as "getting along by going along", "obedience to authority", and conformance to program expectations as measures of success in treatment. The dangers of "learned helplessness" and compensatory reactions to helplessness are considered. Empowerment for children and youth is explored as a more ethical and helpful form of treatment intervention, especially for those children/youth who come to treatment situations with histories of exploitation and victimization.

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Introduction to the Disaster

A few years ago I had an experience that put a new spark in my belly - which began a process of observation and reflection that has now become a fire in the belly! I was asked to work with a group of young people who had been in substitute care and who were now almost ready to "emancipate". The youth ranged somewhere close to 17 years in age. All of the youth knew each other at least somewhat, since they were going through the "Preparation for Independent Living" training series together. Some knew each other fairly well. The group was ethnically mixed, and included some "skin heads", some blond-haired-blue-eyed former incest victims, some former "druggies", and many run-of-the-mill "system"-type kids. They had all been placed outside of their homes, most for abuse and maltreatment. The assignment I was given, as part of a series of classes in Independent Living Skills, was Assertiveness Training, which was to cover a few sessions.

After an introduction to the basic concepts of assertive beliefs and behavior, I began some experiential exercises with the young people. The group was divided in half, with girls in one group and boys in the other. Each young person was given a number of slips of paper, equal to the number of people in the other group. The two groups were then instructed to fill out a slip of paper for each person in the other group, and to write on the paper a specific request: it could be trivial or important, it could be for something material or for a favor or for information, and it could be reasonable or unreasonable. I expected this part of the exercise would take no more than ten minutes.

My "life change" began as soon as I began to observe the youth struggle with this first part of what was designed to be a multi-part exercise. Most of the girls just sat there; some giggled; some

looked away from the other group and away from each other; many appeared quite anxious and uncomfortable. The boys also sat there, pencils still, and began talking about what a stupid assignment this was. Some began laughing, others began talking about how they weren't going to "ask no chick for nothing". They appeared equally uncomfortable. I told them that if they were having trouble, they could ask others in their groups for help, and reminded them that it was just an exercise. More sitting, giggling, staring, nervousness and annoyance. Eventually, long after the planned ten minutes, and with the help of staff who sat with them in their groups, they each had their requests prepared.

The next instruction was to get up from your chairs, go to each person in the other group and read your request out loud to them, and then give them the slip of paper with the written request. At least half of the group tried to slip the paper to the other person without reading it out loud. I interjected humorous, light-hearted reminders that they were to speak their request as well as give it, as I discovered the covert activity. The reading of requests was done with considerable mumbling and giggling. Only a few of the youth actually looked directly at the other when delivering their requests.

The exercise continued with additional instructions. After receiving all of their requests they were asked to return to their group (same sex) circle and look them all over, reflecting on how it felt to be asked for so many different things, deciding which they would like to give, and whether or not they were reasonable. After this review, they were instructed to **turn down** each request - in writing - regardless of whether they wanted to grant it. They were to find a way to say "no", which could include a reason, but which didn't have to. Many, especially in the girls group, tried to get me to allow them to grant the request. "I don't care if he gets it", they said. "What if it's Ok, and you don't mind"?, they asked. "Do we have to say no?" I told them they could ask for help from others in

their group, but indeed, I wanted them to say "no"! This part of the exercise also took four to five times longer than I had expected. They were then to get up again, find each person who had asked for something, read their refusal out loud and then give them the refusal in writing. Typical among many of the boys were refusals such as "no way", "forget it", "N.O." or "you're not getting it". Some of the boys mumbled, looked away, and said "she told me I couldn't". Most of the girls provided reasons why they said no, many blamed it on me, a few said they really wanted to and felt bad they couldn't, some said they wrote no but told them they could have it anyway.

The exercise continued.

A little more than half way through, some of the girls and some of the boys said they didn't want to do this anymore. A couple of the girls got tears in their eyes. One girl started to cry. Many couldn't write anything on their papers, and had to be helped by adults who were participating as support workers. One of the girls started to fall apart. She had to be excused and went off with a staff person, who told me later she started to deteriorate so badly she thought she might have to hospitalize her. She had been an incest victim.

This was not a therapy session. This was not planned with any "encounter-group" type agenda. No-one was being asked to "share" anything about their own lives or their past. This was an Independent Living Skills training group. These kids were about to be emancipated from the system; "set free"! We - the helpers and healers - were finished with them.

I shook all the way home.

At the end of treatment, **this** was the result of our work?! Our "protective" intervention?! Our treatment, our healing, our re-education?!

They - these hurt and troubled youth who had been given to us (i.e. The Child Welfare system) - were afraid to ask for anything, even if it wasn't for real. Those not afraid didn't like the

idea. Those willing to try weren't sure exactly how to go about it. (They were about to be sent out on their own to ask for jobs, apartments, dates, respect, help). They didn't know how to say "no", even if it wasn't for real. (They couldn't say "no" to their abusers, and now we were through with them and they couldn't say no to anyone, even a peer with no power over them.) They couldn't write, and they couldn't speak, and they couldn't look each other in the eye. And we were through with them.

Following this experience, I re-titled a number of my training workshops to include the word "empowerment". Although it has been a couple of years since this experience I still have a very visceral response when I recall it.

The Dilemma

The essence of "victimization" - and aren't most children/youth requiring therapeutic interventions victims of some form of maltreatment/abuse or injustice - is the inability to say "no" in a way that prevents another from doing as they will. Of course, before we met them many of our children often **said** "no, daddy, please", or "I don't want to mamma", or "please don't make me", or "I don't like this, I don't want to do this any more" - but their voice was either not heard (as is the case with many disadvantaged youth) or disregarded (the case with all abused youth). The essence of victimization is not having a choice. The essence of victimization is not getting or doing what you want, but what someone else wants.

The dilemma for our children/youth is that, in this compliance oriented society, they HAVE BEEN compliant! Their compliance, however, did not bring them rewards, it brought them unspeakable pain. Their compliance with the family secret did not result in a surprise party, but in days and months and years of suffering. You see, we talk about "rebellious", "non-compliant",

"disordered", "defiant" youth - but these are not - or were not -our youth. Our youth have been compliant - with keeping secrets, with demands for lies and misrepresentations ("I fell off my bike"; "we had fun"; "I'm ok"), with requests for silence while they were raped - and compliance has not worked out for them. When they come to us, we often discover that they become "oppositional". One of the recent diagnostic categories d' -jour is "oppositional defiant behavior disorder". Do we have to wonder why? Could it be that for many youth they are actually **afraid** to say yes - again?! While in general adults want and even demand "yes" behavior from children, for those children who have been abused, "yes" hasn't worked out. Rather than bringing rewards, it brought misery and continued mistreatment. Could it also be that "no" begins to have an intoxicating ring -after years of not being able to say it, similar to the thrill experienced by toddlers after they first experience the "power" of being able to control their bathroom behavior, if nothing else! All two year olds go through a period of "oppositional defiant behavior disorder" after their first experience of power.

In a recent brief article, Brinkmann (1993) related his experience with a young client who "spends his whole day aggravating anyone he comes into contact with, lying constantly and provoking people ALL DAY LONG". After providing a brief history, and a series of system responses to his miscreant behavior, and the child's consistent lack of "gratitude" to those trying to help, the author has a marvelous "a-ha!" experience, as he contrasts -upon arriving home - this client's life to that of his own young child who waits for him with excitement, and his contented family life. "I finally understood", says the writer; and then prays that God will help him to keep perspective, realizing that "the frustration and pain felt trying to help someone who hates himself is but a small fraction of what he (child client) feels. How easy it is to forget what came before us for our children and young people.

I am deeply concerned about our naive assumptions about compliance. It has worked out

well for many of us, and we then bleed our experience into the lives of others. We forget that while it's true that compliance gets and keeps jobs, compliance gets diplomas and degrees, compliance gets friends and mates, it's also true that compliance gets a penis forced down your throat or into your anus or vagina; compliance results in misery being kept private while it eats up your head and your guts, and compliance buys acceptance into families and situations that can drive you literally crazy. If children had the real ability to be non-compliant, they wouldn't get hurt!

The question, the dilemma, of course, is how we can help, "treat", heal, our wounded children and youth, physically and emotionally bruised and bleeding as a result of their compliance, with compliance-oriented programs!

The "Catastrophe"

I ask you to imagine that your medical doctor has diagnosed you with a serious infectious illness which necessitates immediate hospitalization and treatment with antibiotics. Your doctor tells you that s/he will arrange for a bed in an excellent hospital, while you go home and pack your things. You arrive at the hospital and are admitted with the correct diagnosis, but then placed in a bed in the cardiac unit, since that was the only bed available. Within minutes of being admitted you are put on a treadmill and your pulse is measured. Your dinner arrives with a complete menu of "heart-healthy" food. You protest that you are there because you have a life-threatening infection. The staff says they understand that, but that you are on the cardiac floor, and all patients on this floor eat this diet and engage in heart-related activities and treatments. While they are hooking you up to the EKG, you advise that perhaps you'd be better off if they hooked you up to some anti-biotics. The staff is now becoming quite irritated, and your doctor is told that you have a very bad attitude and are not cooperating with your treatment. Ludicrous? Consider this analogy as we review how social

workers often shop for "beds", place children in available beds, and then (after) ask us - if they don't already know - what the treatment program is. We tell them that "our program" operates on a point, or level, or whatever system, and that "residents" (i.e. ALL residents) can graduate by going along with **the** program. Ludicrous?

I write this story not as a diatribe, but as a challenge. I write to invite introspection and observation. Are we treating compliance problems with compliance? Are rewards given for compliance, and only compliance? Are all privileges granted in return for obedience? Do all residents move from level to level in exchange for unquestioning adherence to our program structures and rules? Do we thrill to the word "yes"! Do we rebuke and punish for attempts at non-compliance or for the word "no"? Do kids get along by going along? (Wait - isn't that the same rule that operated in their family?) Do we forget that kids who always say "no" are the same as kids who always say "yes" - unable to make real choices! Do we forget how badly compliance has paid off for our young ones? Do we wonder why they are **afraid** to go along with adults? Do we actually mistake a first sign of inner strength for a sign of rebellious defiance? Do we forget that if this child/youth could have been defiant at home they wouldn't have gotten hurt?

A colleague of mine wrote a very powerful story that stirred me in a way that my experience with the pre-emancipation youth did, and I've never been able to get it too far from the front of my consciousness when considering these issues. The story of "Michael" (Cima, 1992), a child who ended his sojourn through a variety of children's facilities by hanging himself, speaks powerfully to the ultimate tragedy of a focus on control, restriction, denial and forced compliance for children/youth who need to learn what to do with their pain, and how to live without hurting others or being hurt. It should be required reading for all workers, at all levels, in residential treatment programs. You can read it in a few minutes; you'll think about it the rest of your life.

Assertiveness and empowerment are nice words - they have a nice ring, a good beat and you might even be able to dance to them - but, in fact, we do not like assertive or empowered kids! Despite our increased sophistication around issues of abuse, we continue to like - and reward - the same kinds of kids and behaviors that are liked by child abusers, pedophiles, pimps, families with secrets, and others who are looking to victimize our children and youth. We like quiet kids; obedient kids; kids who "follow the program".

The "catastrophe" is that, in many cases, our practice doesn't match our rhetoric (VanderVen, In press.). We preach empowerment, but we reward compliance. We settle for short-term rewards like program stability, smooth running shifts, the ease of keeping track of points, and trade them in for the long-term disaster I saw being painted for me by girls who cried and broke down when challenged to ask for something they wanted, look someone in the eye and say no, and boys who simply stated that they would take what they wanted, or who were no better off than the girls (Hunter, 1990).

Having points and level systems which apply equally to all children/youth in a program is the same as giving identical medical treatment to all patients, regardless of their diagnosis. How is it "fair" to expect the same of all children, when those in the program come to us, in fact, with a very wide variety of issues and problems? Wolkomir (1992) quotes a 1732 English proverb: "Different sores must have different salves". Have we lost this simple, now ancient wisdom? Further, our focus on strict compliance for rewards has, as stated by VanderVen (In press) "bastardized" the essence of behavior therapy, which is meant to encompass a wide range of useful interventions, such as positive reinforcement, feedback, modeling, shaping, generalization and behavior rehearsal (Schinke and Wong, 1978). Armstrong (1993) suggests that much of what is actually being offered in so-called "treatment centers" cannot, in reality, be viewed as treatment for those abused children

and youth who are remanded there. Years ago Goffman (1961) posited that institutions ("asylums") were really organized around the needs of staff more than around the needs of residents. Is it less true now? Do we opt for easy ways to keep track of things? Do we not want to be bothered learning the specific treatment needs of each boy and girl in our care, and designing treatment interventions that meet them where they are and lead them to a more successful future? Do we fail to recognize that some of our kids are in trouble because they don't "obey", while others may be in trouble because they do?

In these times when the national focus is on placement in "least restrictive environments", there's almost a lack of rationality in expecting compliance from boys and girls who are "disturbed", "disordered", "disabled", etc. enough to be approved for "treatment". If these kids could meet our expectations, without a lot of real help, they wouldn't need a treatment center! Are we caught up punishing kids for who they are - for the behaviors and feelings that brought them to us. Are we going to like them as soon as they get better? Are we withholding our approval and affirmation until they please us and "go along"? Could it be that we seem to them very much like those who made these requests before? Or, are we willing to ask them NOW, to engage in those behaviors that will mean they're ready to be discharged? Are we willing to let them "practice" those skills of independence, appropriate defiance, and **self**-control that will enable them to succeed in the world to which we will return them?

Unfortunately, we don't need a crystal ball and we don't have to guess about the future. There is a dismaying volume of literature and studies supporting the long-term effects of forced compliance in childhood. To document it would take a book, not an article (see Armstrong, 1993; 1976; Vanderven, in press; Ramirez et.al. 1992; Wood, 1993; Johnson, 1989; Wyatt and Powell, 1988). The theory of "learned helplessness", developed in the 1960's and researched and well

validated since then, provides us with dramatic, and unnerving, information about untreated problems related to traumatic passivity (Peterson, Maier and Seligman, 1993). We know that a large percent of prostitutes were molested as children, as are a large percent of battered wives. We know that while most girls molested as children do not grow up to be molesters, a large percent of them have children who get molested. (Unable to protect themselves, they become unable to protect their children.) The key features of “learned helplessness” - non-contingency between the person’s actions and outcomes, the expectation that the outcome will not be contingent in the future, and unusually passive behavior - are disturbingly evident in many of the young girls and teens (and in some boys as well) served by helping agents. An interesting phenomenon noted in many victimized adolescent girls is the defiant “**cover**” over their passivity - where they defy and rage against adults, while acting completely passive and submissive with their boyfriends.

The process of learned helplessness is beautifully described in the following story, shared by Janice Yena, an educational activity assistant in Winston-Salem, North Carolina. “In cultures that depend on elephants for labor and transportation, it’s common to tie untrained elephants by their ankles to a bamboo tree, using heavy-duty rope. After three or four days of trying to free themselves, the elephants give up. From that time on they can be restrained by tying one leg to a small peg in the ground - something they surely could escape from with minimal effort. But at the least resistance, the elephants don’t try to get loose; they have “learned” helplessness!

We also know that, without help, many boys forced into sexual or physical compliance will develop a “compensatory reaction”, becoming molesters and rapists (Groth, A. 1977; Groth, N. 1979). Professionals and foster parents working with abused boys frequently note the pattern of moving from a victim identity to becoming more aggressive and often even victimizing others, in an attempt to deal with and rebel against their own passivity. Lerner (1993) outlines a variety of

suffering encountered by those, particularly women and girls, who have incorporated compliance into their own lives to their own peril and suffering.

Are we, as treatment (i.e. change) agents willing to "suffer" a little now, so that our children can learn that they don't have to suffer later? Are we willing not only to teach them how to be assertive, but allow them to be empowered, and allow them to "practice" these skills while they are with us? Are we willing to tell them the truth - that "no" is **not** a dirty word! Believe me, I know it's not pretty. Compare it to allowing them to learn to play new musical instruments. Music to our ears it is not. Kids practicing assertion often sound aggressive. Kids learning to make choices often make difficult ones to live with. And it takes soooooo long for them to decide! I know. But these are the symptoms that point to the problem.

The reality is that after one turns eighteen nobody much cares anymore. Are we willing to care now?

The Cure

I know it is possible, because I've seen it done: kids can be loved(affirmed) - and managed(learn to operate within limits) - while they are becoming "empowered". Not by everyone, for sure. But I am convinced and convicted, by those beautiful Child Care souls I have been privileged to see and work with, who have been willing to challenge their assumptions and willing to live with the medicine that's good for kids. We can organize our treatment environments around concepts like "therapeutic contracts", which give them practice in negotiating, decision-making, practicing while providing the limits and structure they need to feel safe and cared for. We can teach kids how to speak for themselves: yes, those seemingly trite but terrific "I" messages that help us to stay centered, assume responsibility, and stop blaming others for our condition or feeling helpless to change things. We can give kids choices, REAL choices (not "you don't have to if you don't want

but you'll lose your points/privileges etc."). Sometimes we get so strange. Imagine that you want to have lunch with me. I suggest we eat Italian. You say that you don't like Italian food. Do I then say that if you don't eat Italian you can't have lunch? How many times do we present our so-called "choices" to kids as "do it this/my way or you can't do it at all"! Or, if a child/youth doesn't want to do what we want them to do we immediately to a negative consequence. Aggressive kids don't give other people choices, and passive-compliant kids give other people their choices. Empowered kids are able to make their own choices, and allow others to do the same. In real life, there are many choices to be made other than "go along or get in trouble".

We can include kids in their own treatment, in (God forbid) meetings about them! We can teach kids to ask for what they want, and make some reasonable efforts to have it work sometimes. We can - and this is the hardest - teach them that it is not always "bad", or dangerous, to say NO. Sometimes it's the only way to be safe. Many of our kids will be going home. There are two ways a kid can be safe in her/his home. One way will be if parents change. But we all know that many kids are returned to homes where parents have not changed! However, another way for kids to be safe if they are returned home is for us to send home a different kid! Can we actually let them say "no" sometimes, and not get in trouble! It may not be pleasant, but it may be necessary practice. How can they be safe if they continue to associate saying no with danger?

The Ethics

I fear that what we're calling "treatment" is more often nothing other than behavior management. Are we satisfied with quiet because it's easy on us, even though quiet is what most abused kids are while they're getting hurt and keeping family secrets. Are the across-the-board, uniform expectations and consequences in place for the benefit of staff, or for the good and healing

of the children?

I'm startled as I travel in and out of various programs designed for the helping of children and youth to see how what are called "consequences" are designed, in a pre-arranged fashion, for those who present what are referred to as "problem behaviors". (I am startled, from the onset, that anyone would expect anything but problem behaviors from those who are deemed unable to manage successfully in more benign environments, and are thus referred for "treatment". The word consequence has as its root, of course, the word "sequence": that which follows. How many "consequences" for behavior actually have a direct relationship to the behavior that was demonstrated? If people are not happy with my training, would it be reasonable for me to arrive home and find that I am unable to watch television as a result? Would this be a consequence? or a contrivance? How often are "restrictions" given as a consequence for behavior that has nothing to do with coming and going? How is denying a child participation in the one activity that really matters to him/her "appropriate" for a behavior that is unrelated to that activity? What leverage is left for us if we deny a young person of their primary motivator? Don't these imposed punishments have more to do with our outrage at non-compliance than with treating or teaching? It is even true that sometimes the "consequence" for an unappreciated behavior (usually non-compliance in some form) is the actual denial of participation in **treatment** activities! How can this be "good" for children? Ethically, how can this be "right"?

The Challenge

The young people I introduced you to at the beginning of this discussion had all either "graduated" from a treatment program into a foster home, or had been assessed as not needing treatment, and were placed directly into a foster home. Is what I saw those days with these kids

evidence of system abuse? Did we participate? Are we still?

Most of us are collecting money to "treat": to heal, to help, to prepare for living more successfully than in the past. Are we collecting it ethically? Values are beliefs: ethics are behaviors. Do we really believe that our youth will only be served, and safe, when they can learn that sometimes it's a good idea NOT to go along with adults? Do we believe that skills have to be practiced? Are we willing to not only believe, but practice our beliefs? This will mean some words that are not music to our ears. This might mean hearing some truths - maybe about us - that cause discomfort. This might mean creative discipline: interventions which truly "teach". This might mean that the structure and order, essential ingredients in any group living situation, will be organized around individualized, long-range oriented skills and goals. This might mean that we finally come to terms with the most important treatment reality - that for emotional and psychological problems, "treatment" is not delivered through impersonal techniques and artificial reward and punishment systems, but through caring, skilled, hard-working, hard-thinking human beings who lend themselves to those who need nurturing, healing and teaching.

This also might mean we've done our job.

The Beginning.

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The book addresses the factors that cause an individual to become inappropriately passive and unable to effectively cope with the demands of a particular situation, to “give up”. The pioneers of this model reveal that when experience with uncontrollable events give rise to the expectation that future events will also elude control, disruptions in motivation, emotion, and learning may ensue. Although best known as an explanation for depression, the theory of

learned helplessness has been fruitfully extended in recent years to phenomena ranging from underachievement to physical illness and death. The authors chart the exciting developments from the first experiment in the 1960's in fascinating detail, providing vivid descriptions of experiments with both humans and animals. The authors guide the reader through the biological and cognitive underpinnings of the theory, and relate advances made with medication and cognitive therapy. A clearly written, concrete analysis of possible applications of the learned helplessness theory is offered, with impressive in-depth discussions of approaches to depression, various social problems, and physical well-being.

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