

# NEW WORDS FOR AN OLD POWER TRIP: A CRITIQUE OF BEHAVIOR MODIFICATION IN INSTITUTIONAL SETTINGS

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I am a former mental patient; I have a unique point of view of behavior modification which differs from the "professional" viewpoint expressed in Dr. Ayllon's article.<sup>1</sup> While the professional interest lies in the ways that control and technology can be applied to human beings, my interest and that of the mental patients liberation movement lies in the utmost freedom for human beings in a dehumanizing society. As an ex-mental patient and as a thinking, feeling person with no vested interest in promoting one or another therapy or technology, I offer my views on behavior modification, backed up by the expertise of experience.

Underlying my statements is the unshakable conviction that all mental hospitals, as they are now constituted, should be abolished and all laws allowing for involuntary mental hospitalization eliminated. Dr. Ayllon's entire argument rests on the concept of a mental hospital as an institution designed to offer "treatment" to the "mentally ill." This public relations image of mental hospitals is a self-serving one, fostered largely by mental health professionals, and Dr. Ayllon never questions his powerful position in the scheme.

Mental hospitals and prisons are, by nature, closed institutions. They are not open to scrutiny, and they consistently resist efforts by outsiders to make them truly accountable for what goes on inside their walls. The hospitals use a self-policing system which makes them, in practice, accountable to virtually no one but themselves.<sup>2</sup> Anyone

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This Commentary has been edited for publication. For further details on the author's view on psychiatry and mental hospitalization, see J. GOTKIN & P. GOTKIN, *TOO MUCH ANGER, TOO MANY TEARS* (1975).

1. Ayllon, *Behavior Modification in Institutional Settings*, 17 ARIZ. L. REV. 3 (1975).

2. Within this system it has been impossible to provide even the simplest protection for inmates. We cannot, at present, either prevent the rapes and assaults that are all too common or provide adequate redress through impartial hearings for these victims of staff brutality.

New York has established the Mental Health Information Service [MHIS] as a pa-

who has been confined in a mental hospital can tell you that the purpose of the institution is not to provide "treatment" for the "mentally ill," whoever they may be. Mental hospitals are bins for society's refuse—poor people, the minorities, old people, children, women, the peculiar, the radical, the sad, the nonconforming, the eccentric. These human garbage dumps, masquerading as hospitals, are instruments for social control. Mental patients are deprived of freedom until they act the way a small, powerful, socially-sanctioned group claims it is proper to act.<sup>3</sup> They are confined only because their differentness is a threat and an affront to society. Mental hospitalization itself is, and always has been, the ultimate in behavior modification. It is extremely important to realize this and to understand that without involuntary commitment there could be no institutional behavior modification programs.<sup>4</sup>

The central fact of life for an institutionalized person is a pervasive and abiding sense of total powerlessness. Just as small children are at the mercy of their parents, mental patients are at the mercy of their keepers. The analogy to a child is appropriate. Mental hospitals foster complete dependence and seek to infantilize inmates who, by their incarceration, have already been discredited as total human beings.<sup>5</sup> The people involved in Dr. Ayllon's programs are not private individuals seeking help or surcease from pain or problems; they are not going to a behavior therapist of their own free will. They are a captive client-

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tient advocate system working through the courts. A recodified Mental Hygiene Law has been enacted, requiring, among other things, that patients have access to MHIS counselors, that they receive written notice of their rights, that they be allowed access to telephones, paper, and pencils, and that their privileges not be rescinded for disciplinary reasons. N.Y. MENTAL HYGIENE LAW §§ 15.01 to .15, 29.09 (McKinney Supp. 1974-75). Yet the law does not provide for policing the police—aides, nurses, doctors—and patients are often denied access to the MHIS representatives, to telephones, and to paper and writing materials. They often have their rights read when they are so drugged by thorazine that they can barely see. Patients are beaten and brutalized under this admirable system of patient advocacy which was designed to protect them.

3. Dr. Ayllon speaks of the inmate's "right to be different." I can only say that if the patient had, in fact, any right to be different, he or she would not be in a mental hospital in the first place. As anyone who has been inside or worked in a penal institution or mental hospital should know, the goal of such institutions is not, in fact, rehabilitative. The goal is punitive. Perhaps some professionals would prefer it otherwise, but to ignore the facts, pretend fantasies are reality, and proceed to fashion plans and programs based on pretty untruths ultimately is extremely harmful. The essential experiences of incarceration are helplessness, rage, and humiliation. The oppressed inmate comes, very often, to view himself or herself as an impaired, debilitated, and bad person. "Why else," the mental patient asks, "would they treat me this way?"

4. Dr. Ayllon's concept of the patient "doing, not being done to," Ayllon, *supra* note 1, at 10, is patently false. The mere act of having your liberty taken away, a prerequisite to all of Dr. Ayllon's plans, is an extreme form of "being done to."

5. When the simple amenities of life, the freedom to choose your abode, to move where you wish, to sleep, eat, shower, smoke, or to go to the bathroom when and where you wish—the rights that we, outside, do not even question—have been taken away, without due process, when you must beg, cajole, earn, or even steal these rights from your keepers, when "good," that is, docile behavior is rewarded and "bad," political or aggressive behavior is punished, when your day-to-day existence is a series of ritualized humiliations and degradations, it becomes clear that the inmate of an institution is not viewed as a human being entitled to dignity, due process, and protection from cruel and unusual punishment. "Inmate" and "human being" are contradictions in terms.

tele—mental patients, prisoners, and school children. They are among the most powerless and stigmatized groups in our society, and they cannot fight back.<sup>6</sup>

Cooperation by an inmate in a behavior modification program will always be viewed positively by the keepers of the institution, and it is this same cooperation which is inevitably an important factor in determining release and privileges. The pressures inherent in an institutional setting preclude free choice or informed consent. For free choice to exist, the inmate must first truly consent to incarceration. Further, the hospitalization and "rehabilitation" plan must be open to scrutiny and be capable of termination by the inmate. In other words, only an individual who is as free to leave an institution as he or she was to enter—a truly voluntary patient, nonexistent at present in this country—can be considered capable of making anything approaching a free choice or exercising informed consent.<sup>7</sup>

In theory, Dr. Ayllon's proposals and guidelines sound truly admirable. They appear designed to protect inmates and ensure that they are not abused in the course of their "rehabilitation." However, these guidelines are *totally* theoretical. They are based on a utopian environment which bears virtually no resemblance to the reality of a mental hospital or prison,<sup>8</sup> and cannot be applied to existing conditions with any security. They would not in any way provide real protection for inmates. If we cannot now control the abusive behavior of the keepers of institutions, how can we expect to implement Dr. Ayllon's complex guidelines? As a general practice, disorderly behavior and uncooperative attitudes are punished with drugs, shock treatments, isolation, and removal of basic decencies. The administrators of these institutions are aware of this and continue to sanction it. Dr. Ayllon leaves un-

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6. Dr. Ayllon presents us with a grand Orwellian vision of controlled environments and homogenized behaviors. But the changes he will bring about do violence to the people involved. He asks us to sanction this violence, sanction his power, saying, "It's really okay, you see, because we are making a supreme, unprecedented effort to protect our misfits, to give them their rights." But they would not have to be protected or given their rights if those rights had not been abridged in the first place.

7. Further, Dr. Ayllon says an inmate should be able to "jeopardize his health in the interest of science, perhaps as a way of repaying a debt to society . . ." See Ayllon, *supra* note 1, at 12. The inmate, Dr. Ayllon feels, should not be impeded or overprotected from making this so-called free choice. However, I believe you cannot overprotect a person as vulnerable to exploitation as a prisoner, mental patient, or school child, and that this position does not at all imply, as Dr. Ayllon suggests, lack of maturity or insight on the part of the inmate. In addition, I found it ironic that he, as a representative of the "healing-helping" professions, could sanction this particular form of self-destruction when it suits his needs, but vehemently condemn it, call it "maladaptive" or "sick," and imprison people for exhibiting this same behavior in another context—outside the hospital.

8. Thinking that these guidelines can be implemented may assuage our liberal consciences, but that belief creates an illusion of protection that is far more pernicious than no protection at all.

answered how he would ensure that patients or prisoners are not coerced or subjected to retaliation. Who would be watching to see that privileges are not taken away, that records are not falsified in the privacy of the locked ward or cell block? No one! It is not possible to control the activities of the petty tyrants who are so often given total power over the lives of institutionalized persons.<sup>9</sup> Dr. Ayllon's guidelines cannot work, and if we proceed under the assumption that they can, we are making a grave moral error.

Dr. Ayllon's paper poses many questions. What does it mean to say that a person's behavior is "maladaptive" or "inappropriate"? Who is to decide this question? Are we going to allow an elite group to have the power to determine who shall or shall not be free? Is anyone so qualified that we can allow him or her to do violence to another human being? Do the ends really always justify the means? Who are these people, that they would judge us and change us, manipulate our actions, determine our lives, and set standards for what is acceptable and what is not? Where is the individual in all this? The person in pain? Where is any consciousness that expresses love, compassion, concern, or respect for humanness, creativity, and eccentricity? It is not there. This is *total power*.

Dr. Ayllon would be a shaper of the future, a molder of lives. He does not greatly differ from the psychiatrists<sup>10</sup> who call their patients "sick" and then remove them from society for "treatment." Now, we hear, the sick are not sick; they are "maladaptive." Dr. Ayllon would remove them from society for education and "rehabilitation" with new, highly effective techniques. They really work, we are told. But at what expense? Our freedom? Our individuality? Our differentness?

As long as we look to individual therapies to cure our ills, we will never look at the nature of our society. We will never mobilize ourselves to change the poverty, racism, and sexism that foster the distasteful behaviors Dr. Ayllon would modify. We will pour our liberal monies into one new "scientific" hoax after another and perhaps wake up one day to find that we have become the stigmatized, the out-cast—the current candidates for behavior modification.

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9. Anyone who has worked in a mental hospital should know these facts. Why doesn't Dr. Ayllon?

10. Historically, it has been psychiatrists and psychologists who were the standard setters and the standard enforcers. Now, it is the behavior modifiers who are seeking to become our new arbiters of acceptable conduct. They would use new language, practical definitions, and new technology, but only the reins of power would change—the people affected would be the same.