

# POINTS OF VIEW

## BY THE BY: JARGON RULES OKAY

*Miss Angela Blessing was tall, slim and handsome, and had waist-length black hair. But her eyes were strained and her voice was peevish. She had asked if she could visit the hospital to see at first hand the sort of work we were doing. Even while we were shaking hands she said it might be helpful to me if she briefly described her occupation and background. Okay? The Okay? was querulous, as if she had just won a protracted argument with an oaf, and would brook no further comment. Not a promising start. I nodded, and she was off.*

*She liaised with innumerable people in different community residential facilities, and hoped to get accountable to someone or other; she hoped to progress some original rehabilitation plans now that management's attention was focused on viable alternatives; funds, buildings, staff and pets would come on stream in the foreseeable future; she was the co-ordinator designate of a multidisciplinary steering group with a remit to initiate, implement, develop and audit a pilot quality assessment field exercise which was underpinned by the valorisation principle; as a member of another group, a task force, she hoped to cooperatively consolidate the knowledge and experience gained by yet another group, but the aims and objectives had not been delineated in sufficient saliency to enable her to undertake a meaningful evaluation at this point in time. Okay? She was a manager of senior but undefined status, a smoking termination counsellor, a resource centre, a trained and experienced facilitator, a group counsellor who, when the occasion demanded, could become a person-to-person counsellor with Rogerian leanings, a supervisor, a researcher, a behavioural consultant and most puzzling of all, a certificated sex therapist with hands-on experience. Okay?*

*She was relentless.*

*Complicated needs assessment procedures could only be carried out by trained professionals working in harmonious reciprocity although one had, of course - here she gave me a razor smile - to allow for serendipity. This enhanced one to draw up individually tailored treatment and training packages. A proactive approach was preferable to a reactive approach, which in turn was superior to a retroactive approach. Okay?*

*Word salvos of that kind can damage the brain. An added problem was her habit of putting every twentieth word or so in quote-unquote, crooking her fore and middle fingers beside her ears, so that every twentieth word she looked like a rabbit. I started brooding. There was little point listening any more, or even pretending to. Not once during the monologue had a real, live mentally handicapped child or adult entered the scene, even at a distance. Miss Blessing had gone on about the 'client centredness' of her work, about*

*'maximising our clients' potential', but these clumsy terms or phrases had the curious (perhaps not, on reflection) effect of making the child or adult even more remote, more insubstantial.*

*After what seemed like a week (actually, it was only an hour, but an hour is a long time in monologues), she started to wind down. So I listened. The greatest gift any worker with persons with a learning difficulty can have is that of being a good, percipient listener with a non-judgmental framework. Okay?*

*She ran her tongue over dried lips and left.*

*Was Miss Blessing's contribution unusual? You might think so. But not really. Let me explain. One of the best texts on mental handicap is edited by Matson and Mulick (1992). It is big, it is, on the whole, well written, and is a good source of information on a wide range of topics. But the first chapter, by Jacobson (1992) gave me nightmares. Large chunks of it are ugly and impenetrable. What does one, what can one, make of this, for example?*

*Concerns about Medicaid policy have also been voiced with regard to the following: the potential for retrospective loss of revenues as a consequence of 'look-behind' reviews, the possibility for greater financial costs of ICF/MR services driven by more extensive active treatment requirements necessitating greater involvement by professionals in care provision, and the potential for federalization and decreased flexibility in service provision as the result of federal enforcement of standards of care through direct quality assurance activities . . .*

*If, on first reading an article or book, I find it incomprehensible, I usually don't try a second time, partly because I'm lazy, but mainly because I suspect it will remain incomprehensible and so prove that I'm stupid. This happened, for example, when I read House and Zeaman's theory of attention. I remember a 'wall-eyed' subject, nothing else. The first time I read Jacobson's chapter I became so bewildered, I started skipping paragraphs, reading only the odd sentence here and there. One was this:*

*It is becoming increasingly evident that the quality of developmental services is heavily dependent upon the adequacy and capability of the work force serving persons with developmental disabilities.*

*In brackets after it there are seven references. Strange. Does that mean we cannot infer that the quality of the London Fire Service is dependent on the adequacy of its work force? That, until research shows otherwise, we should suppress our disinclination to fly Aeroflot?*

*Another read, 'Ageing services are expanding slowly (in the USA)'. I was surprised they were expanding at all. What family of a mentally handicapped child would welcome a*

nonagenarian social worker and a forgetful 71 years old clinical psychologist with a starting handle in his pocket into the house? Seconds later I realised that the sentence would have made a lot more sense if it had read 'services for the ageing are expanding slowly'.

For those with a rustic bent, funding streams come to the surface at least four times. Note, however, that 'they can lack certainty, are often complex and place demands on providers'; at another point we find a 'more robust and integrated stream'; a little further on we come across 'dedicated funding streams'. There are other excruciating terms. Action, for example, has to be 'planful'. Did you know that in reducing institutional populations efficient management has to ensure 'minimization of . . . bumping'? I bet you didn't, not in that language anyway. But you are probably familiar with it in Jacobson's wooden translation: 'higher seniority staff displacing staff with lesser seniority'. Did you know that the criteria for strategic choices included 'vertical equity'? (As opposed to horizontal equity, or vertical inequity?) Are you aware that 'if further improvement and individualization of care is to occur, service systems must continue to unbundle services further'? That one isn't defined so I'm left with a vague picture of tumbleweed blowing across a semantic waste. We have to assure that communitization is a good thing. To achieve a 'goal' (the word is used 14 times) we have to implement 'aggressive affirmative action initiatives'.

To be fair to both Jacobson and myself, I did read the chapter several times but, if anything, I became even more confused.

After all the readings, one thing is clear: the run-down of the institution is a good thing. Because it is self-evidently a good thing, Jacobson has little difficulty with it, and wraps it up in three paragraphs. However, the alternative in the USA - community care - appears to be in a bit of a mess, if not in chaos. It's difficult to tell which:

. . . .despite the clear gains that have been made in enhancing the capability and responsiveness of community-based and institutional services, in reality, community-based or institutional service systems continue to touch the lives of most individuals with developmental disabilities in inconsequential ways. By any measure of probable prevalence, existing care systems are in contact with only a small proportion of the population for whom they are intended.

The first sentence doesn't make sense, to me at least. You increase the capability and responsiveness of a service and yet it doesn't seem to do the clients much good. Is it possible, then, that the service you have improved is meant primarily for non-handicapped individuals, and only tangentially for mentally handicapped children and adults? Apparently not, according to the second sentence. There is another possible interpretation of that first sentence. The 'clear gains' are paper gains, wishful thinking, because 'in reality' (my emphasis) they haven't had much effect. On top of all that confusion, we

*learn that institutional services have also improved. But does an institutional service mean what I think it means - a traditional hospital service? I just don't know.*

*Elsewhere it is confirmed that 'developmental services are fragmented nationally'. We learn that 'conflicts among expressions of priority must be resolved in an equitable manner', which suggests that the conflicts have a long and entrenched history. We are exhorted to take the long- rather than the short-term view, which suggests that we're being a little selfish perhaps. Finally, there's a problem about money - there isn't much of it around. Despite all this, Jacobson is optimistic. Things may now and again not look rosy but at least we have got over, or are getting over, that dreadful era of segregated care. Quite so.*

*There are a few similarities between Angela Blessing's monologue and Jacobson's chapter, despite the huge difference in scale. First, there is the sheer flabbiness of some of the concepts. Second, there is the remoteness of the very individuals they claim to represent, a remoteness which makes you wonder precisely how much a given mentally handicapped child will gain or benefit from as a result of their work. Third, there is the abuse of the English language, from bad grammar to terms or phrases so bloated, hideous and meaningless that they cannot survive for long.*

*I have read other pieces which Jacobson has written (usually with co-authors). They are on the whole well-written and quite understandable. It's a mystery, therefore, how he came to write the chapter I have referred to. He quotes quite a lot in it, so it's possible he simply wanted to convey something of the confusion in America's administration and policy as regards the mentally handicapped, and also something of the weird language in fashion. But, as Angela Blessing's monologue showed, our language can be pretty odd too. Perhaps we should set up a society for the prevention of cruelty to English. Okay?*

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## **References**

- Jacobson, J. W. (1992). Administrative and policy dimensions of developmental disabilities services. Chapter in Matson, J. L. and Mulick, J. A. (Eds.). *Handbook of Mental Retardation*. London: Pergamon.
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