

## The process of re-education from the point of view of adolescents in institutional care

In this paper, I will be focusing on interpersonal relationships among clients and carers in re-education institutions.

The impact of re-education programs on adolescents in resocialization institutions is to a large extent influenced by the quality of relationships among the clients and the staff. Due to the fact that clients do not usually have a positive relationship with authority and, as a matter of principle, they hold negative attitudes towards anyone who demands anything from them, it is very difficult to create relationships of mutual respect in these situations (Němec, In Jedlička et al., 2004, p. 338).

Janský (2004, p. 110) considers the creation of high quality, safe relationships as one of the prerequisites of successful re-education „[...] *The main objective of institutional correctional care is to provide positive emotional relationships which would enable the creation of a confidential relationship between a child in an institution and their adult carer.*” Respecting a child’s personal individual characteristic features and demonstrating positive emotional relationships with the child, while respecting rules and regulations and good behavior, are rightly considered to be the only realistic method of re-educating children with behavioral disorders. The current practice in institutions providing preventive and re-educational care frequently differs greatly from this.

So as to achieve high quality care it is necessary to reform interpersonal relationships in order to establish emotional relationships between children and carers. However, it is impossible to establish positive emotional relationships when the carers in the staff change very frequently, or when there is a wide range of carers taking care of a child. On the other hand, carers cannot create personal relationships with their clients, or on the basis of such relationships manipulate the clients, even though, after overcoming initial distrust, some adolescents become attached to their carers, looking for contact with them and trying to be close to them. (V. Labáth, 2001, p. 115).

According to the views of clients placed in resocialization institutions, a good carer should be calm, considerate and consistent. *“A carer who is interested in children, who is fair while assessing their behavioral problems and who does not use his power in a repressive way is a highly appreciated carer.”* (Stankowski, 2004, p. 64).

Clients who live in institutional care cannot be satisfied with merely formal and impersonal contact. They are often dissatisfied with merely following the rules and

regulations of an institution. They need an authority figure who states the boundaries, and they also need a partner who is able to provide an emotionally corrective experience. A carer's work cannot be professional without having the foundations of theoretical knowledge, but more emphasis should be placed on communication and the psychotherapeutic features of their work. It seems apparent that it is necessary to approach an adolescent as a partner, on the basis of an equal relationship, to treat him with the respect and dignity that he has not experienced in the past, and to offer him a feeling of self-respect and self-worth. He will appreciate such an approach more than the traditional subordinate position of an adolescent with severe behavioral disorders in institutional correctional care. (Janský, 2004, p. 104).

In conclusion, I would like to quote R. Vovsík (Vychovávateľ, 2000, p. 6): “[...] *if a lathe operator produces a faulty piece, he can throw it away and nothing happens. If we as carers make human errors in our relationships with children in our care, we will leave scars on their souls. These scars are deep and almost impossible to eradicate. We cannot get rid of them by throwing them away.*”

### **Relationships between adolescents and carers in re-education institutions**

A carer is the person who is closest to an adolescent placed in a re-education institution. He is a representative of power/authority, but at the same time, he can be one of the few people who can have a close relationship with the clients, who can support the clients and who can help them in difficult situations. Still, even though a carer may be kind and friendly towards a client, he is still viewed (by the client) to be „on the other side”. The questions raised in this section concern the issues of carers' communication with clients and carers' encouragement of appropriate conditions for the process of re-education and resocialization of clients to develop.

„**An engaged carer**” is a category which often appeared in our interviews carried out with adolescents in the re-education institutions we investigated. The adolescents spoke with praise about those carers who were interested in the adolescents themselves, in their needs and problems. They were helpful and kind and tried to accommodate the adolescents' needs. Such carers tried to understand the situation in which the adolescents found themselves and tried to understand the adolescent's feelings. They spoke with them about their problems and they asked questions about what troubled them. A carer who was ready to help the client, and who was also capable of helping the client to solve his problems, was considered to be a good person and a real professional, who had a right to support the client in the process of re-education. In general, he was highly appreciated. In the difficult periods of clients' lives, when they were placed in institutional care, an engaged carer was frequently the only connection with normal life and gave the clients hope that they were not so evil and that they were able to improve themselves. He was someone who was almost on their side, who understood them and who provided support. He communicated with them and he was open to their ideas and demands.

Question: *„I'd like to know what you appreciate most about your carer.”*

*„Well, I like him; he is a good man, a good carer, as simple as that. I don't know, now we have just been to catch fish, he takes us everywhere. Or he takes us for trips by car; and so on... he is interested in us.”*

*(Daniel)*

Still, the relationship between a carer and a client is very delicate. Even if the client assessed a carer positively, they remained wary of him. It was not easy for a carer to establish adequate contact with them because the clients were distant or reserved in their relationship to their carer. Very frequently, they were unable to express that they liked the carer or that they accepted him. Clients said that even if the carer was kind and helpful, they could not like him because he was on the other side; he was someone who kept them in an institution, and they could not be sure whether he really meant what he said. In general, the dual role of a carer is difficult for a client to understand. On the one hand, it is someone who is strict and requires discipline, while on the other, it may be someone who is understanding and helpful.

Question: *„And how can you tell that the carer really likes his job and that he cares about you?”*

*„I don't think I can tell that. A person may say whatever...how can I say this... I know that he behaves in different ways, but he can say something else to himself and I simply...how can I say this...I cannot see what he really feels in his heart, what he really thinks and so on. I cannot say whether he only appears to care or whether he really cares.”*

Question: *„And have you ever experienced it here that the carer really cared about you?”*

*„Sometimes it happens, a few times maybe. That he sometimes says, don't do this, do that, do it in such and such a way. As if...as if I knew that I shouldn't really do this or like this [...] yeah, yeah...that maybe that maybe I say to myself...yeah, this is a good carer, but I don't like him. Maybe...I don't like him, but he may be a good man.”*

*(Jindra)*

It may be observed that **“a confidential relationship with a carer”**, which clients described in detail in their interviews, goes hand in hand with the carer's engagement. The clients often did not understand why they should confide in their carers - they were alien to them. The clients appreciated it when the carer was engaged or involved, but they did not trust him because the information confided could be misused. In general, being confidential is a very difficult concept and hard to establish. It is not a problem for the clients to entrust the carers with everyday things related to the running of the institution, but on no account do they want to share personal information. They can only trust their parents because these are the people who take them seriously. Based on the interviews, the only thing which could persuade the clients about the credibility of the carer was when he offered help, but above all did not divulge the information he had obtained from the client. The adolescents felt the need to be wary and to protect themselves because the environment of a re-education institution was perceived as alien and hostile to them.

*“I admire him mainly because he doesn't talk to us as if we were sods and because he speaks to us normally and swears. Not that he would behave like us, but because, I don't know how to say it. That he is good. That he behaves well towards us.”*

*(Lukáš)*

The aspects of behavior „**respect, tolerance and fair play**” are assessed positively. At the same time, these are characteristic features which a professional carer is expected to possess. The carers, from the point of view of their clients, were to a certain degree able to respect the clients’ own views; they also helped the clients to get involved in leisure time activities. The carers were ready to listen to the clients’ views and to what the clients wanted to do; they respected the clients’ views about everyday activities and supported them in these activities.

It may be said in general that the adolescents consider mutual respect as something natural - if they are ready to pay respect to the carers, then it is fair to expect respect from their carers in return. It is natural for the adolescents to expect fair behavior from the carers if they themselves behave well. In many cases, this may really be true. The same could apply vice-versa. If the carer behaves well towards the adolescents, then, in return, they might behave in the way they are expected to behave.

„It is all question of fair play. They behave towards me in the same way as I do towards them...they try to stick to this, at least they say that themselves. When you are ok, so are we.” (Daniel)

In brief, this is an unwritten rule which is applied in institutions. Both parties expect the same type of behavior from each other - good for good, and in many cases it really works this way. It is a given, an unwritten contract, that they will meet half-way, that they will not do any harm to each other and that they will respect each other. However, the agreement is very delicate, and it is very easy to break.

Fair play operates on the basis of “bartering”. Both the carer and the adolescent anticipate that on occasion one or the other will break this agreement, and, if so, both will have an alibi for their inappropriate behavior. Even though this delicate agreement brings positives to each party, it is not an actual relationship. Rather, both parties keep each other at arm’s length.

Amongst other things a good carer is, generally speaking, also someone who provides fun and helps to fight boredom. This is “**a carer who provides entertainment**”. It is very important for the adolescents to have a wide variety of activities and experiences on offer, and they demanded this from their carers. Adolescents expected a carer to have a sense of humor and to be good fun. At the same time, the clients expected a carer to have a variety of interests and skills, and to be able to teach them to develop such skills too. Such a carer was usually respected and admired. The carer who achieved above average results in a certain activity was positively assessed by the clients.

“So he is like that, well I don’t know...he is able to teach us a lot of things, he is good fun, it seems to me, he is simply good. We know what to do with ourselves, we are not bored.”

(Erik)

On the other hand, the adolescents spoke of some of the carers as strict representatives of the rules and executors of power. This may be interpreted as „**misusing the power**” that the carers in institutions have. Such an attitude may be demonstrated by a lack of respect to the clients, by humiliating the clients and by requiring extreme obedience from them. Such carers often shouted and gave orders and punishments; they represented strict, and in many cases, senseless authority. The adolescents felt

that these carers only forbade them to do things and that they did not allow them to do something only because they wanted to demonstrate their power. As such this was not a matter of applying the rules of behavior in an institution. Furthermore, some regulations in an institution were perceived as nonsensically strict. The carers applied their power by means of so called „minus” points and punished the adolescents for minor faults. The carers had high requirements, sometimes too high, and impossible to fulfill; they sometimes gave out senseless orders. This feeling was aggravated by the fact that, very frequently, the carers did not play by the rules that they demanded from the clients. The adolescents felt that the carers abused their powerful positions and that they clearly indicated who held power in an institution. This power was seen by some of the adolescents as being misused and demonstrated by carers’ aggressive behavior in many forms. The carers sometimes provoked the adolescents, making them anxious, and they enjoyed the feeling when the adolescent was so frustrated that occasionally a minor matter provoked an attack on the carer, which of course was then used against the adolescent. The adolescents felt helpless against these displays of power; they did not have effective ways of defending themselves against such behavior. It is the carers who have more power in the institution than the adolescents.

„So what drives me mad is when you have a bit of dirt on the floor and you get minus points straightaway and they quarrel with you that you haven’t cleaned the floor. They shout at you that you shouldn’t do it, and sometimes it is for nothing. Sometimes they provoke you, he takes a chair, sits down on it and stares at you...and starts bugging you about, beg your pardon, that you should move on, that he wants to go home. So this drives me mad sometimes.

(Marek)

In one of the investigated institutions, aggressive forms of some of the carers’ behavior reached the level of “**physical aggression/threat**” in some situations. The adolescents complained about the physical punishment used in the institution; they even asked the author of this paper for protection and for a statement of disapproval with the current situation. It is obvious that the adolescents could not accept such an attitude; they found it hard to accept. The adolescents themselves had witnessed such behavior from some of the carers on a few occasions; sometimes they were themselves the victims of such behavior on the part of the carers (in one case by the director of an institution). The adolescents claimed that the physical punishment was in some cases very severe, and that they were left with bruises and scars. The adolescents found such behavior unacceptable, both in relation to others and to themselves. They pointed out that they had sometimes been punished for very minor faults.

“Yes, yes, when you run away, they don’t take it that you want to get home and you are here all the time, you can’t go anywhere, but stay here,... it is an escape and you are right in the shit. When you simply run away from a carer, he then takes you aside: Why did you run away from me? If you don’t give him a reason, any reason, then you’ve had it...you get a king-size slap and that’s it. Once a boy was beaten with a hockey stick because he ran away.

But I think that they cannot beat us like that, can they, missus?

(Jan)

Despite the sad perception above, concerning a severe problem in the relationships between adolescents and the staff in investigated re-education institutions, positive reflections regarding the clients' relationships to the staff prevailed in the interviews. The respondents mostly appreciated a real human interest in themselves, which was combined with respect and confidence. On the other hand, they perceived it negatively when they were being treated as people not enjoying full human rights. It appeared that even if the carers were on „the other side”, they tried, at least in some cases, to be competent guides of adolescents in the process of re-education and resocialization.

## Conclusion

To sum up, the carers play a very important role in the process of re-education of adolescents because they are in primary/immediate contact with them. In our investigation, we found out that the relationships between adolescents and carers were extremely contentious. It became obvious that only in the case of fair and clear relationships between an adolescent and a carer was there a chance for the process of re-education to be successful. Nevertheless, it seemed very difficult to achieve this target. One of the reasons might have been the position of a carer. He was primarily the representative of an institution and he was a professional. He was the one who had power over the fate of his clients (and he was the one who could also have misused that power), he was not an equal partner. Even if there were cases where the carers behaved in a friendly and accommodating way and they showed an interest in their clients' problems and respected them, the clients still experienced confusion and uncertainty about whether the carers' interest was genuine. It may be concluded that despite some occurrences of mutually acceptable relationships, both sides remained alien to each other.

In conclusion, I would like to mention a few paradoxes/abnormalities regarding the process of re-education which emerged from our investigation:

1. The clients are placed into re-education institutions on the basis of their behavioral disorders, yet these disorders become reinforced while they are in re-educational care.
2. Juveniles at risk are punished for some occurrences of aggressive behavior, and yet this type of behavior is bolstered by some procedures and activities applied in institutional care.
3. Institutional care is applied by a court order for the adolescents' inappropriate behavior, i.e. for theft, truancy, vagrancy, etc., but the main re-educational method is sport.
4. Many of the clients placed in re-education institutions suffer from social deprivation, yet in re-education institutions they are expected to live in teams, experiencing indifferent attitudes from the staff.
5. One of the aims of re-education is to change adolescents' manipulative attitudes and purpose oriented behavior, yet one of the most frequent systems of assessment in re-education institutions is the discrete point system of assessment.

6. Children with less serious behavioral disorders are placed into those institutions with stricter discipline than adolescents with anti-social behavior, who are much less able to adapt to the social norms of behavior.
7. The educational staff and experts speak about the process of re-education, yet the re-education institution is only an imaginary „waiting-room” for release. The only reason for its existence is in providing isolation and surveillance.
8. The clients should learn to live according to the generally accepted norms of social behavior, yet a re-education institution creates a so called „ivory tower”.
9. The problems of a child in institutional care emerge, in the majority of cases, from an unsuitable family environment, yet it is only the child who is punished for their behavioral disorders.

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