

The SRV JOURNAL

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The SRV JOURNAL

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Statement of Purpose:

WE BELIEVE THAT SOCIAL ROLE VALORIZATION (SRV), when well applied, has potential to help societally devalued people to gain greater access to the good things of life & to be spared at least some negative effects of social devaluation.

Toward this end, the purposes of this journal include: 1) disseminating information about SRV; 2) informing readers of the relevance of SRV in addressing the devaluation of people in society generally & in human services particularly; 3) fostering, extending, & deepening dialogue about, & understanding of, SRV; & 4) encouraging the application of SRV as well as SRV-related research.

We intend the information provided in this journal to be of use to: family, friends, advocates, direct care workers, managers, trainers, educators, researchers, & others in relationship with or serving formally or informally upon devalued people in order to provide more valued life conditions as well as more relevant & coherent service.

Interested persons & 'servers' can do this primarily by helping devalued people to attain & maintain valued social roles. Over the long run, such efforts will improve the life situations overall of vulnerable people, increasing their access to the good things of life. We sincerely hope that this journal will contribute to such efforts.

The SRV Journal is published under the auspices of the SRV Implementation Project (SRVIP). The mission of the SRVIP is to: confront social devaluation in all its forms, including the deathmaking of vulnerable people; support positive action consistent with SRV; & promote the work of the formulator of SRV, Prof. Wolf Wolfensberger of the Syracuse University Training Institute.

Editorial Policy:

INFORMED AND OPEN DISCUSSIONS OF SRV, & even constructive debates about it, help to promote its dissemination, relevance, & application. Therefore, we encourage people with a range of experience with SRV to submit items for consideration of publication. We hope that those with

much experience in teaching or implementing SRV, as well as those who are just beginning to learn about it, will contribute to the *Journal*.

We encourage readers & writers in a variety of roles & from a variety of human service backgrounds to subscribe & to contribute. We do expect that writers who submit items will have at least a basic understanding of SRV, gained for example by attendance at a multi-day SRV workshop (see this issue's training calendar), by studying relevant resources (see for example the next page of this journal), or both.

We are particularly interested in receiving submissions from family members, friends, & servers of devalued people who are trying to put the ideas of SRV into practice, even if they do not consider themselves as 'writers.' Members of our editorial boards will be available to help contributors with articles accepted for publication. The journal has an academic peer review section for those who are interested.

Information for Submissions:

WE WELCOME WELL-REASONED, CLEARLY-WRITTEN submissions. Language used in submitted items should be clear & descriptive. We encourage the use of ordinary grammar & vocabulary that a typical reader would understand. The *Publication Manual of the American Psychological Association* is one easily available general style guide. Academic authors should follow the standards of their field. We will not accept items simultaneously submitted elsewhere for publication or previously electronically posted or distributed.

Submissions are reviewed by members of the editorial board, the editorial advisory board, or both. Submissions may be made on paper, or electronically with an e-mail attachment, to the address below.

Examples of submission topics include but are not limited to: SRV as relevant to a variety of human services; descriptions & analyses of social devaluation & wounding; descriptions & analyses of the impact(s) of valued roles; illustrations of particular SRV themes; research into & development of SRV theory & its themes; critique of SRV; analysis of new developments from an SRV perspective; success stories, as well as struggles & lessons learned, in trying to implement SRV; interviews; reflection & opinion pieces; news analyses from an SRV perspective; book or movie reviews & notices from an SRV perspective.

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A Brief Description of Social Role Valorization

From the Editor

AS THIS IS A SOCIAL Role Valorization (SRV) journal, we feel it important to print in every issue a few brief descriptions of our understanding of what SRV is. This by no means replaces more thorough explanations of SRV, but does set a helpful framework for the content of this journal.

The following is taken from: Wolfensberger, W. (1998). *A brief introduction to Social Role Valorization: A high-order concept for addressing the plight of societally devalued people, and for structuring human services* (3rd ed.). Syracuse, NY: Syracuse University Training Institute for Human Service Planning, Leadership & Change Agency, p. 58.

... in order for people to be treated well by others, it is very important that they be seen as occupying valued roles, because otherwise, things are apt to go ill with them. Further, the greater the number of valued roles a person, group or class occupies, or the more valued the roles that such a party occupies, the more likely it is that the party will be accorded those good things of life that others are in a position to accord, or to withhold.

The following is taken from: SRV Council [North American Social Role Valorization Development, Training & Safeguarding Council] (2004). A proposed definition of Social Role Valorization, with various background materials and elaborations. *SRV-VRS: The International Social Role Valorization Journal/La Revue Internationale de la Valorisation des Rôles Sociaux*, 5(1&2), p. 85.

SRV is a systematic way of dealing with the facts of social perception and evaluation, so as to enhance the roles of people who are apt to be devalued, by upgrading their competencies and social image in the eyes of others.

The following is taken from: Wolfensberger, W. (2000). A brief overview of Social Role Valorization. *Mental Retardation*, 38(2), p. 105.

The key premise of SRV is that people's welfare depends extensively on the social roles they occupy: People who fill roles that are positively valued by others will generally be afforded by the latter the good things of life, but people who fill roles that are

devalued by others will typically get badly treated by them. This implies that in the case of people whose life situations are very bad, and whose bad situations are bound up with occupancy of devalued roles, then if the social roles they are seen as occupying can somehow be upgraded in the eyes of perceivers, their life conditions will usually improve, and often dramatically so.

RESOURCE LIST

- **A brief introduction to Social Role Valorization**, 3rd (rev.) ed. Wolf Wolfensberger. (1998). (Available from the Training Institute at 315.473.2978)
- **PASSING: A tool for analyzing service quality according to Social Role Valorization criteria. Ratings manual**, 3rd (rev.) ed. Wolf Wolfensberger & Susan Thomas. (2007). (Available from the Training Institute at 315.473.2978)
- **A quarter-century of Normalization and Social Role Valorization: Evolution and impact**. Ed. by Robert Flynn & Ray Lemay. (1999). Ottawa: University of Ottawa Press. (Available from the Training Institute at 315.473.2978)
- **Social Role Valorization and the English experience**. David Race. (1999). London: Whiting & Birch.
- **A brief overview of Social Role Valorization**. Wolf Wolfensberger. (2000). *Mental Retardation*, 38(2), 105-123.
- **An overview of Social Role Valorization theory**. Joe Osburn. (2006). *The SRV Journal*, 1(1), 4-13.
- **Some of the universal 'good things of life' which the implementation of Social Role Valorization can be expected to make more accessible to devalued people**. Wolf Wolfensberger, Susan Thomas, & Guy Caruso. (1996). *SRV/VRS: The International Social Role Valorization Journal/La Revue Internationale de la Valorisation des Rôles Sociaux*, 2(2), 12-14.
- **A Social Role Valorization web page** can be accessed at: <http://www.socialrolevalorization.com/>

FROM THE EDITOR

CALL FOR PAPERS:

We will publish a series of articles in this journal on the themes of Social Role Valorization (SRV). The ten themes of SRV help one to understand and explain the reality of social devaluation and the power of social roles. The themes are based on the empirical realities and scientific evidence which support SRV theory. Our goal is to invite people from a range of backgrounds and fields (e.g., psychology, sociology, law, medicine, human service, philosophy, theology) to engage with the content of SRV by writing about specific themes.

We are putting out our first call for manuscripts on the SRV theme of **interpersonal identification**. We are interested in manuscripts which use contemporary sources, especially ones accessible to the general public. Many writers already familiar with SRV will reference standard SRV texts. We strongly expect though that most writers will make efforts to use other texts and sources as well. Part of our goal is to build up a body of papers and resources which show the relevance and utility of SRV, and to make connections between SRV and contemporary writing and research.

Suggestions for possible manuscript topics include: literature reviews; research; descriptive analyses **1)** of the theme, **2)** of a significant *aspect* of the theme of interpersonal identification (e.g., approachability, positive interpretation of people, shared positive experiences, helping others to experience the world the way another person does), **3)** of ways that interpersonal identification is facilitated or is blocked, and **4)** of similar and related ideas (e.g., empathy, compassion, role playing, peer tutoring); accounts of fostering interpersonal identification in specific settings or services (e.g., classrooms, doctor's visits with patients, jails, legal contexts, immigration); reviews of books, movies, and articles which illustrate the theme of interpersonal identification or certain aspects of it; accounts of people well known for being empathetic

and for acting on that empathy; and vignettes which illustrate the theme

CONFERENCE NOTICE:

The 5th International SRV Conference will be held in Canberra, ACT, Australia in October of 2010. The conference will be sponsored by the ACT Leadership Development Group of Koomarri and the Australia-New Zealand SRV Group. Information will be posted when available at www.socialrolevalorization.com and www.srvip.org. The 4th International SRV Conference was held in Ottawa in 2007. In past issues, we published several 2007 conference papers, and in this issue, we publish two more.

CALL FOR SPONSORS/UNDERWRITERS:

The production costs of publishing this journal are significant. Subscription revenue covers our printing and mailing expenses, but does not cover the substantial commitment of time of our managing editorial staff. This imbalance affects the long term survival of this journal. We have only been able to continue publishing because of generous financial contributions from supportive organizations. This issue was financially underwritten by the Southern Ontario Training Group in Canada. A generous contribution to publication of the *Journal* was also made by United Cerebral Palsy of Pittsburgh, PA (US). If you are able to make a grant to the *Journal* to help us continue to publish, please contact us. The December 2008 issue has already been substantially underwritten by Durham Association for Family Respite Services in Ontario, Canada, but we are seeking grants beyond that issue of course. We are truly grateful to our past and present sponsors.

Regards,
Marc Tumeinski

LETTERS

I WAS VERY INTERESTED IN the article in the December 2007 (Vol. 2, No. 2) issue of *The SRV Journal* titled “Implementing Social Role Valorization across a large human service organization: Lessons & learning.”

As someone who has worked in a large bureaucratic agency for the past 15 years, and who has had experience working in smaller organizations as well as with person centered teams, I continually grapple with how to implement Social Role Valorization (SRV) principles in a focused, directed, and efficient manner within a large organization. As people all learn differently, it has been a challenge to find a balance between the ‘book learners,’ the ‘doers,’ and those that do both; and then how to best utilize those people to encourage others and make positive, real change for the people receiving services. It has also been a challenge to teach and discuss the principles in a way that can be tangible across many levels and tasks of an organization.

Kudos to Keystone Human Services for their stated commitment to and focus on SRV. My thanks to the authors and trainers, Darcy Elks and Elizabeth Neuville, for their insight, teachings, and humble sharing of their successes and struggles.

Respectfully,
Karin Bonesteel
East Sandwich, MA (US)

• • •

I WORK FOR A STATE agency that funds services for persons with mental retardation. I have long been associated with SRV theory. So often in my contact with service agencies, I have tried to encourage the provider agency to consider, even embrace, SRV theory operationally, but with slight or very modest success. In their article “Implementing

Social Role Valorization across a large human service organization: Lessons & learning,” Elks and Neuville offered many points that were helpful to me in my own efforts with such organizations.

A most critical lesson I have faced relates to leadership. It is as if the individual in an agency’s leadership role can, as the result of his/her strength of character and personal will, create meaningful lives for those they serve. Instead, the leadership at Keystone Human Services (KHS) recognized the power and value of SRV theory, and used their position to support that teaching, rather than assume that through the leader’s character and position good things would come to those served. They backed up this commitment by placing resources into the effort. They created a sense of the importance of SRV to the people served and a sense of welcoming of the theory in the agency at all levels of both paid and unpaid individuals. Finding leaders with that commitment is unusual, possibly extraordinary. Too often I find that there are so many reasons offered for not pursuing SRV than for pushing through the many structural challenges in the way of going further with the effort. As noted in the article, KHS leadership understands that they are temporary stewards of the agency and are taking steps through the development of future leaders to continue this work into the future of the organization and particularly for the people served.

I was also impressed by the variety of opportunities for not just learning about SRV theory but internalizing the teaching. In addition to a thoughtful array of learning opportunities, there was an effort to provide equal access to them for anyone within the organizational structure who had an interest in fortifying their learning and increasing the likelihood that the people KHS serves would have fuller and more meaningful lives. I was impressed by their efforts to bring along clinical staff. In my experience this group is reluctant

to embrace SRV. I would have liked to have heard more about the work that is being done with families and friends in regard to the internalization of SRV in the organization. I think that in the end their support could provide an impetus to continuing the effort should new agency leadership rethink the commitment to SRV.

A few final thoughts about the lessons learned. Since human service structures are inclined to become larger and more formalized, I was not surprised to learn that there was ultimately a seeking of “fertile areas” where the progress would be most likely. It was interesting to note the efforts that went into trying to make the implementation work in such a large organization—more tracking, monitoring and communication—were not effective in bringing the whole organization along. This is an important implementation lesson. I imagine a lot of time was spent that could have been used on more fruitful SRV-related endeavors.

Additionally, the “silk flower effect” resonated deeply with me. We spend so much time, money and energy on what appears to make the service exceptional, such as nice locations, new furnishings, and individuals served being in the com-

munity. Often senior management and others in their agency hold onto these accomplishments as signs that they are better, maybe the best agency in the area, state, nation or world! Yet they are not fully understanding that many people do not have valued social roles and, therefore, do not have the full, meaningful lives promised through the implementation of SRV theory. It is a theme that is repeated over and over in my experience. I was grateful to the authors for sharing this lesson.

All said this article struck me as a detailed and useful reminder of the complexity and struggle that is part of introducing the promise of SRV into an operational structure. It underscores the importance of being organized and non-linear in thinking and approaches, and being undeterred by setbacks that will be confronted along the way. For the people served this effort requires no less than the commitment shown by Dennis Felty and his staff at KHS as well as the implementation efforts of Darcy Elks and Elizabeth Neuville.

Regards,
Randy Webster,
Carver, MA (US)

AN UPDATED DEFINITION OF SOCIAL ROLE VALORIZATION

The theory of Social Role Valorization (SRV) can be **described** in a number of ways, depending on one's context & purposes. Below is the most recent **definition** of SRV developed by Dr. Wolfensberger to be used in leadership-level (i.e., 4 day) training workshops on SRV theory. For background material on definitions, theories, etc., see the document referenced below.

The pursuit of the good things of life for a party (i.e., a person, group, or class) by the application of empirical knowledge to the shaping of its current or potential social roles—primarily by means of enhancement of the party's competencies & image—so that these roles are, as much as possible, positively valued in the eyes of perceivers.

REFERENCE

SRV Council [North American Social Role Valorization Development, Training & Safeguarding Council] (2004). A proposed definition of Social Role Valorization, with various background materials and elaborations. *SRV-VRS: The International Social Role Valorization Journal/La Revue Internationale de la Valorisation des Rôles Sociaux*, 5(1&2), 78-86.

What Keeps People Safe? An Exploration of Australian Historical Roots & Contemporary Expressions of Abuse

Sharyn Pacey

EDITOR'S NOTE: *This paper is based on a presentation given by the author at the Fourth International Social Role Valorization Conference held in Ottawa in May 2007.*

Introduction

PEOPLE WITH DISABILITIES HAVE BEEN abused, assaulted and neglected while living in institutions, residential facilities and group homes; while attending day centers; and while 'accessing' the community. This paper will examine why this is so and how this can happen. What leads ordinary people to believe that such treatment is acceptable, or is to be expected for certain groups of people? Given such treatment, what helps keep vulnerable people safe?

Beliefs and attitudes are formed in many ways. Many are not consciously formed, rather they develop from what we see and hear around us, the culture we live in and the values which that culture expresses. These unconscious beliefs affect how we perceive others and how we behave towards others. In today's Western cultures, we value and prize certain things highly: wealth, intelligence, beauty and youth, for example. People who appear to have these attributes are assumed to be more worthy and deserving. We place them in high esteem. We take notice of them and we aspire to be like them. We value them highly in the social order. They have access to the 'good things of life' (Wolfensberger, Thomas, & Caruso, 1996).

The converse is also true. People who are poor and uneducated—or perceived to be uneducable, unattractive, or old—tend to be viewed as undeserving and worthless. We ignore them and place them out of sight. We try to disassociate ourselves from them. We devalue them. This is what is referred to as social devaluation. As Wolfensberger has pointed out, devaluation occurs in all cultures in one form or another.

Social devaluation is a universal: that is, it is found in all societies at all times. There is no corner of the world, no province—no matter how isolated—that does not have devalued classes. The only thing that varies across societies is whom they devalue. (Wolfensberger, 1998, p. 5)

A Brief Historical Overview of Human Services in Australia

THIS PAPER EXAMINES THE EXPERIENCES of devalued people in the context of Australian society, culture and history. By Australian culture, I am referring to the social and political systems which Australia adopted at the time of European settlement in 1788.

This coast was to witness a new colonial experiment, never tried before, not repeated since. An unexplored continent would become a jail. In their most sanguine mo-

ments, the authorities hoped that it would eventually swallow a whole class—the “criminal class” ... Australia was settled to defend English property ... from the marauder within. English lawmakers wished not only to get rid off the “criminal class” but if possible to forget about it. (Hughes, 1987, p. 1-2)

Hughes points out that this experiment was intended to be quite the opposite of the ‘schemes of social goodness’ which were a hallmark of the Eighteenth century social revolution of the Enlightenment. This was Dystopia, not Utopia.

Yet today Australia is one of the most law-abiding countries in the world. Australia was founded as a continental institution; a place where England could send all those people who were viewed as a menace or as a burden on society to be discarded. Indigenous Australians did not even get a mention. Australia was considered to be *terra nullius*, a land where nothing (human) already existed. The people sent to Australia at that time were viewed as less valued and as undeserving by the society from which they had come. This view was not only common in England, but was probably also a view held by those who were transported. Not everyone was a convict of course. Some were sent to oversee the institution: a Governor to manage it; administrative staff to run it; prison guards; farmers, bakers, builders; and their families. This was probably not the best overseas post you could land!

Not only was a whole class of people transported to this continent; a whole culture, a set of values and beliefs, was as well. The political, cultural, legislative and social context of modern Australia was built on the traditional English/Irish/Scottish/Welsh cultural background. This included the belief that society needed to be protected from certain groups of people. Inevitably it was not long before Australia set up its own ‘schemes of social goodness,’ removing people who were ‘afflicted’ from prisons and placing them into institutions and asylums. This was seen as a more benevo-

lent and protective option. The following notice, proudly announcing the opening of an asylum, appeared in the New South Wales Government Gazette of 1811:

His Excellency (The Governor) commiserating the unhappy condition of persons labouring under the affliction of mental derangement, has been pleased to order an Asylum to be prepared for their reception at Castle Hill, whither they have been accordingly removed from their former place of confinement which was in the town gaol of Parramatta and every provision that humanity could suggest has been made for their accommodation and comfort.

This must have seemed like a good idea at the time. Many other asylums and institutions followed, including the New Norfolk Asylum (Tasmania, 1829); Tarban Creek Asylum (New South Wales, 1838); Easter Plains (South Australia, 1846); Yarra Bend (Victoria, 1848); Fremantle Asylum (Western Australia, 1857); and Woogaroo Asylum (Queensland, 1864).

These asylums were seen as places of benevolent protection for those considered less fortunate. A journalist, R.H. Horne, wrote the following in 1853 about Yarra Bend:

The situation of the Asylum at Yarra Bend is the perfection of selection for such a place (comparable with the Botanical Gardens): combining features of nature, beautiful in themselves, and admirably open to the improvement of art. It is at once airy and sheltered, especially picturesque and commodious, well-wooded, well watered, and removed from the turmoil and distractions of every day life, and its complex avocations.

Before long, these places of safety became places where terrible things were done to the people who lived there. The following is a list of some

of the inhumane treatment which was considered appropriate: bleeding and blistering; cold showers; administration of mercury, digitalis, quinine and opium; confinement in cages; being locked upright into racks or spread-eagled in box beds with irons; having one's head wrapped in scalding blankets; and caning.

With this treatment sanctioned as appropriate, it was not long before treatment descended into abuse. The authorities of the time set up commissions of inquiry to investigate why these 'benevolent and protective' asylums 'in idyllic settings' had become places where, as an 1852 Committee of Inquiry stated, the following kinds of abuses occurred:

... that the shower bath which should only have been used as a means of improving the physical and mental health of the patients, has been turned into an engine of torture, and cases have been brought before your Committee in which patients with their clothes on, have been locked in the bath ... the 'Strait Jacket', the 'Handcuffs', and the 'Gloves', have been applied at will by the Attendants, who left to themselves the entire day with the exception of a brief morning visit by the Superintendent, seem to have unlimited sway in the institution.

By 1887 a new 'scheme of social goodness' was unveiled. Sixty children were placed in three cottages (known as Kew Cottages in Melbourne) as an alternative to incarceration in a large institution. It was at least recognized that the needs of children with impairments were different from the needs of adults with impairments. By 1905, even this scheme had descended into nothing more than a means of control. The Inspector General of Asylums reported that:

Some of the inmates were difficult to handle and not many were able to face any at-

tempts at formal education. The staff became mostly concerned to keep control, and a variety of methods were employed.

In the twentieth century, new forces for change arose worldwide. The impact of two world wars, the emancipation of women, and the civil rights movement, all contributed to dramatic changes in social conditions for many marginalised and devalued groups within Western cultures, including Australia.

By the 1960s and 1970s, Australia was witnessing the growth of the Community Living movement, alongside the establishment of special schools and sheltered workshops for people with disabilities. While these programs were still largely custodial in nature, they challenged many of the prevailing assumptions about people with disabilities. They initiated a remarkable process of reform and a growing belief in community living for people with disabilities. The Community Living movement was based on assumptions that people with disabilities had rights and belonged in their communities. Early efforts at 'deinstitutionalization' began.

These initiatives were parent-led at first, but the State and Federal Governments soon began to establish small, purpose built hostels; sheltered workshops; and special schools; followed by early intervention programs and activity therapy centers.

Institutions continued to exist and many doctors still recommended that parents deliver their children into the lifelong care of local charities or, if desperate, the less local and less desirable government institution.

Internationally, the notion of rights for people with disabilities was cemented into history in 1975 with the United Nations (UN) Declaration of the rights of disabled persons. The reform movement gained momentum in 1981, with the UN-sponsored International Year of Disabled Persons. These were optimistic times with much evidence of highly-encouraging, positive reforms with admirable intentions.

It would appear that we have moved on a long way from the early 1800s—or have we? In an extract from an audit report into an institution in New South Wales (NSW) conducted in 1997, we can see that in one year alone, 3710 injuries were reported from one institutional setting. Of these, over one-third were serious injuries such as burns or fractures (New South Wales Audit Office, 1997).

In the State of Queensland in the 1980s and 1990s, as a result of strong independent advocacy, inquiries into allegations of abuse were held regarding a number of residential settings for people with disabilities: the Basil Stafford Training Centre, The Cootharinga Society, Maryborough Disabled Person's Ward, and Ward 10B of the Townsville General Hospital.

The Commission of Inquiry into the Basil Stafford Training Centre recommended its immediate closure, yet it remains open to this day. Nineteen people live there. The families of these remaining residents did not want them to move out into a home of their own. They live in cluster housing on the grounds of the old institution. In 1995, the government gave the assurance that no new residents would be admitted. In 2005 however, a nineteen-year old man was admitted. His subsequent treatment became of public concern when the media reported on his situation. Advocacy groups and others raised concerns with legal authorities about his treatment, yet his situation remains unchanged. The *Brisbane Courier Mail* reported that:

A teenager with an intellectual disability is being held in almost round-the-clock isolation at the notorious Basil Stafford Centre. The "inhumane" treatment of the 19-year-old, who sometimes exhibits challenging behaviours, was first exposed 12 months ago ... the young man [is] now subjected to 12-hour seclusion orders that frequently operated back-to-back, without a full assessment by doctors. ... he was being denied

face-to-face contact with residential care officer support workers for up to days at a time. "They put food in to his unit through a slot, or they buzz him out of the unit into the back-yard pen, while they put the food in," one source said. "There is no therapy and his only outing is a once-a-week drive when they bring a high-security van up from [the nearby mental health centre], reverse it up to the cage at the back of the unit, he then climbs into the van which is then padlocked and driven around. He is on no medication — the only treatment he's getting is solitude."

This brings us back to the questions: Why does abuse happen? How do these 'schemes of social goodness,' set up as places of safety, become places of torture? What leads ordinary people to believe that such treatment is acceptable, or is to be expected for certain groups of people?

We can see from this short history that people were sent to the penal colony of Australia, rejected and dismissed by the society which sent them. Once in Australia, further rejection took place. The most vulnerable were often institutionalized. Charitable impulses and a sense of benevolence certainly accompanied these reforms but the people who were put into institutions within the colony were perceived to hold negative roles. They were seen as menaces, as garbage, as a burden on society. They were seen as sick or diseased, as objects of pity or charity, and as less than human (Wolfensberger, 1998, pp. 14-16).

The culture of rejection and exclusion in the past continues in much of current practice in human services:

While the language may have altered, the parallels between the past and present are many. Where inmates were once institutionalised, clients are now serviced—the same principle of overtly and constantly distinguishing between the 'capable' and

the 'incapable' remains. People are still diagnosed and then served according to their impairments; their personal gifts, characteristics and preferences are secondary in determining how they live their lives ... Theory replaces theory, therapy replaces therapy, new 'models' of service delivery replace older models of service delivery. Treatment is different but the pattern remains the same. Perception of 'the disabled' remains firmly in an exclusionary paradigm. (Westcott, 2004)

We should not be surprised that devaluation and wounding are still carried out within these 'schemes of social goodness.' The current language of systemic reform uses phrases like 'promoting the rights of people with a disability' and 'encouraging participation in the life of the community,' yet the practice often falls far short of that rhetoric.

Social Roles, Social Devaluation, Wounding, & Heightened Vulnerability

PEOPLE WITH DISABILITIES ARE TYPICALLY SOCIALLY devalued and so are far more likely to be treated badly. Their experiences are likely to be both systematic and pervasive. SRV theory identifies major negative roles into which devalued people are placed, such as: sub human, menace, objects or ridicule or pity, child, sick, discard, dying or better off dead.

When people are perceived by others to hold one or more of these negative roles, it is likely that bad things will happen to them. People are rejected, seen as 'deviant,' perceived as a danger to themselves and others. The valued core of society seeks to place social and physical distance between 'them' and 'us.' People holding negative roles are subjected to brutalizing language and treatment (Wolfensberger, 1998, pp. 14-18).

When people experience wounding in this manner, they are pushed further and further outside of what is typically valued in our society. They become more vulnerable and are likely to be further

badly treated. This state, which SRV theory terms 'heightened vulnerability,' means that the person or group is more likely to have further bad things happen. The cumulative effect of further wounding has been likened to placing brick upon brick on the back of someone (Wolfensberger, 1998, pp. 124-126).

It is highly likely that people who experience wounding treatment are likely to experience further bad things. Their wounding weakens their resilience, damages their capacity to maintain or develop relationships, reinforces their existing devalued social roles, ultimately leading them further away from the 'good things in life' and closer to further rejection.

This heightened vulnerability means that people with disabilities are likely to be placed in circumstances of dependence, segregation, and social isolation. These are circumstances that not only increase the likelihood of abuse occurring, but also place limitations on the building of possible valued and protective social roles.

Overview of a Community Investigation into Abuse, Assault & Neglect Within Human Services

IN 2004, QUEENSLAND Parents for People with a Disability (QPPD), a parent-led systems advocacy organization in Brisbane, conducted a community investigation into the abuse, assault and neglect of people with disabilities within government-run or government-funded services. In its advocacy role, QPPD frequently encountered evidence of bad treatment of people with disabilities. This abusive treatment was all too often denied and discounted by the authorities to whom it was reported. QPPD put together the findings from this investigation in a report entitled *Papering Over The Cracks: The Veneer of Protection*, released in May 2005.

Approximately 120 people took part in the investigation, 72% of whom were either family members or people with disabilities. Some were service workers who had 'blown the whistle' on what was

happening in the service for which they worked. Over 80% said they had either experienced or were witness to abuse, assault or neglect. Alarming, one-third said that this was an ongoing situation. Nearly 75% had reported abusive incident(s). Most had reported problems to the service organization or to Disability Services Queensland (DSQ), the state government department which not only funds services but runs services. Some reported incidents to police, statutory authorities, and as a last resort to the media. Most people said that reporting the incident did not resolve the situation. Over half said that because the incident had been reported, someone was further badly treated. Many people with disabilities and their families found that they were also subjected to harassment and intimidation. Some people were denied further access to services or were moved away or threatened with removal or loss of funding.

The investigation found evidence that people with disabilities were physically and sexually assaulted. They experienced financial, verbal, psychological, and emotional abuse; and neglect and negligence. They were inappropriately medicated or restrained. Much of this maltreatment occurred in what is called community-based settings: group homes, hostels, nursing homes, day services, training centers, and respite centers. Many of these community-based arrangements kept the people they served socially isolated from the ordinary fabric of everyday life and economically impoverished. Most of their social contact was between those who use the service and those who work within the service. Little opportunity existed for people to develop any relationships with any other people. The exclusionary paradigm prevailed.

The investigation found that where poor attitudes and practices were pervasive across the organization, staff were less likely to challenge poor practice for a number of reasons. These included their own perceived sense of powerlessness, as well as fear of losing their jobs, being bullied or victimized.

When poor practice remains unchallenged, however, it becomes embedded in the service culture

and is no longer recognized for what it is. These practices become daily reality and are passed on to new workers as 'normal practice.' Such cultures of abuse are destined to occur again and again, when people served are perceived as having negative roles, are societally devalued, and are cast outside the valued core of society.

Two Stories of Devaluation, Abuse & Wounding

THE FOLLOWING STORIES ARE FROM the QPPD investigation. The families have given permission to relate their stories. By studying the stories of two people whose experiences left them deeply wounded, we can learn how we might keep people safe and provide some protection from abuse and neglect.

Peter: 'In the Long Days of No Hope'

THE FIRST STORY IS ABOUT Peter, who was physically and sexually assaulted while living in a residential facility in Queensland.¹ In 2002, Peter wrote these words.

In the long days of no hope, with the pain to help.

In the long days of no joy, he came to confuse.

In the long days of silence, he came to bellow.

In the long days of not talking, he came to push.

In the long days of no hope, he came to hit.

In the long days of my hurt, he came to laugh.

In the long days of my happiness, he is still there.

It is not difficult to gauge from these words the depth of pain and fear which Peter felt, and which he is still experiencing long after the events.

Peter was born in December 1964. For the first 30 years of his life, he could communicate only on a very restricted level. His speech is severely affected by Down's syndrome. His family

and those who knew him believed he had very little comprehension.

The family lived in a farming community in western Queensland. Peter lived at home with his parents. Eventually, Peter's parents began sending him for respite to a residential facility. His mother explains their reasons for sending Peter to a residential facility: "Because Peter was isolated, we would send him into respite because he needed socialisation and he needed company."

The centre where Peter went for respite was on the Queensland coastal island of Bribie, many hundreds of miles from where his family lived. The service provided centre-based respite, accommodation support, and day services to adults and children with a wide range of disabilities. It received funding for 11 individuals and additional funding for short-term respite beds.

In 2001, on returning home from the facility, Peter's parents noticed evidence that he had been both physically and sexually assaulted. "My son when he first came home said to me, 'Mum, is this ever going to happen to me again?'"

Peter's parents reported this to the service, which denied that sexual abuse occurred. His parents reported to the Complaints Division of DSQ, who failed to address their complaints. Subsequently it was revealed that complaints had been made about treatment of residents as early as 1999. In 2003, incidents were reported to the Office of the Adult Guardian, a Queensland Government Statutory Office. This Office wrote a confidential report in which they agreed that some of the incidents had clearly occurred, but due to lack of hard evidence of any misconduct, they were unable to follow up. The report was not released publicly. Peter's parents and a former worker appeared as witnesses in a Senate Inquiry on Crime in the Community, which devoted a whole chapter of its report in 2004 to Peter's case. Evidence related to the Queensland facility was presented to the Senate Inquiry by a woman who had worked at the facility:

The behavioural management was unreal. They were often denied food and had cold showers. They held someone down to cut their fingernails, using half-a-dozen people, until their fingers bled. Buckets of water were thrown over them. They had chillies put in their mouths. The Adult Guardian has also agreed with this. They were deprived of sleep. There was emotional and physical abuse. There was hitting residents with a broom handle and a fly swat. There was intimidation and harassment and there was extreme verbal abuse. Residents were often locked in their bedrooms and were often publicly humiliated in front of other people. The treatment for head lice was fly spray. The residents were often tied to chairs and toilet seats. One boy, who was an amputee who had been in a car accident and who was still going to school, often had his leg removed and he would have to crawl. The withholding of meals and food and water was a very common abuse. There was sexual abuse as well. (Senate Inquiry, Crime in the Community. Transcript of Evidence, Mrs. Kay McMullen. 18 June 2004, p. 1801)

Peter's story is evidence of institutionalized abuse within a facility. A culture of abuse thrived behind the walls of the respite center despite repeated complaints from residents and their families. It was not until 2004 that this was referred to the police. The Magistrates Court hearing which was held to determine if there was enough evidence to lay charges and take this case to trial took over fourteen days to hear all the initial evidence.

At the hearing, evidence was taken from two people who had worked at the setting. One worker stated that when she started work there, she was told people with autism were like wild animals and that like animals, they needed to be broken. Behavior management techniques were designed to control 'behavior' by deprivation and punishment.

Peter and the other residents in this facility were clearly seen to be holding a range of negative social roles of sub human, animal, menace, and burden.

After discovering what had happened, Peter and his parents are adamant that Peter would never go back there again for respite; in fact, never going anywhere for respite again.

Sarah: "We Were Unable to Report Abuse As Who Knows When This Happened & Sarah Was Unable to Tell Us"

THE SECOND STORY IS SARAH'S.² Sarah was born in 1977. She has two sisters and is the middle daughter. At age three, she was diagnosed and labeled as having autism, intellectual disability and with challenging behaviors. Sarah was verbal until the age of eight, although she did not communicate much verbally. The doctor who delivered this diagnosis immediately rang the autistic centre. Sarah took on the role of 'human service client.'

At the Autistic Centre, they tried to 'get rid of her autistic traits.' Eventually they decided they couldn't help her anymore, and Sarah was sent to a newly-opened 'special school.' When their youngest daughter began to mimic and copy Sarah's behavior, the family realized that they needed more than the odd bit of respite. Even at the Autistic Centre, they had been told that "children like Sarah end up in Basil Stafford." At that time in Brisbane, nothing else was available and the family was desperate. When she was 6 years old, Sarah went to live in the Basil Stafford Training centre. Sarah's mother describes their first visit:

We knew nothing about Basil Stafford and we went out to visit it. We were quite impressed because it was a lovely setting, nice houses, groups of four. Lovely big, old trees, tame wallabies hopping around, and Sarah was going to have her own bedroom. We just saw that and thought, OK, it's going to be homelike.

The family believed they would still have a role

to play in Sarah's life and be the main decision-makers about what happened for Sarah, but they quickly found that this was not so.

We were never part of any decision about who Sarah would live with and who would support her. We had no control over her money and in fact a large sum ended up with the Public Trust. We became resigned to the fact that Sarah's life was out of our (or her) control and her fate would be decided by faceless bureaucrats.

Sarah lived for thirteen years in the Basil Stafford Training Centre. In those years Sarah experienced abuse, assault, and neglect.

Not having clothing bought, even though there was money [...] for this, and we had been promised this would happen. Toys and other possessions rapidly got broken or disappeared.

Twice, to our knowledge, Sarah had falls, which resulted in stitches in her face. Slipping over on a wet floor in the bathroom when another resident was in the bath and hitting her head on the basin. Many more "little" accidents which were the result of neglect. Unexplained bruising on face and hands. One of the bruises on both sides of her hand was consistent with being slammed in a door.

... [Sarah's father] noticed behaviours which were indicative of sexual abuse. We were unable to report it as who knows when this had happened and Sarah was unable to tell us.

These are just some of the things we KNOW happened (or didn't happen). We are convinced that there were many other things that we will never know about.

The negatively-valued social roles which Sarah acquired over this period, and the wounding

which she and her family experienced, include rejection, segregation, congregation, loss of control and autonomy, being seen as a burden, waste, less than fully human, being ridiculed, discarded and trivialised. These experiences can only be described as truly devastating.

Valued Social Roles & The 'Good Things Of Life'

WHAT HELPS KEEP PEOPLE SAFE and protected from abuse and harm-doing? People are much more likely to experience 'the good things in life' (Wolfensberger, Thomas, & Caruso, 1996) if they hold valued social roles than if they do not (Osburn, 2006). This is a key premise of SRV theory.

Having **even just one** valued social role—neighbor, friend, co-worker, church member—is likely to bring an individual with disabilities into a valued activity with a valued person in a valued setting, all of which decreases the likelihood that bad things will happen, at least in that setting and with that person. It follows that **many** such roles will add further protection for that person. SRV provides a framework and strategies which help one to think about ways to assist a person to acquire and maintain valued roles.

Wolfensberger (2000) writes that "in the case of people whose life situations are very bad, and whose bad situations are bound up with occupancy of devalued roles, then if the social roles that they are seen as occupying can somehow be upgraded in the eyes of the perceivers, their life conditions will usually improve, and often dramatically so" (p. 105).

"The Lyricist, Peter, Who Cannot Communicate by Speech, Composes A Whole Concert of New Songs"

THE WOUNDING WHICH PETER REGULARLY experienced over a long time was clearly severe. When Peter first came home to live with his family, he was seriously traumatized by his experiences. Pe-

ter's family and his support workers looked for ways for him to express this trauma. They discovered that Peter had a real talent for music, art, and words. He got involved with musicians and poets. With encouragement from others, Peter began to perform with other musicians and singers. He plays regularly with two musicians as part of a musical group:

A musical innovation, a narrated story, a unique phenomenon. The lyricist, Peter, who cannot communicate by speech, composes a whole concert of completely new songs by tapping out words on a board imprinted with the QWERTY keyboard. Accompanied by the soaring vocals of (the singer and the musician) playing music via "live looping" on a WX5 windsynth and real time video mixing, the entire performance is entirely improvised. The process that occurs between the artists is a first in Australia, and more than likely worldwide. When (they) walk on stage they have no idea where the performance will go; no idea of the song content, the sounds to be used or the musical style, let alone such details as key or time signature. Audiences are taken on a journey; sometimes emotional, sometimes funny, sometimes philosophical, often intense and always musically eclectic.

In September, 2005 Peter published his first children's book, which he illustrated. In December 2005, he held his first art exhibition.

Clearly the change in Peter's life has been dramatic. He is engaged in socially-valued activities in socially-valued settings with people who are highly-respected and talented. In a short space of time, Peter has gained highly-valued social roles. He is a writer, a performer, an artist, a friend, a traveler, a source of inspiration, and a role model for others.

Some socially valued roles have been constant in Peter's life—son, brother, uncle, nephew. The

presence of these (primary) valued roles throughout Peter's life has provided a measure of protection. However, Peter's parents are concerned for his future (cf. Wolfensberger, 2003). He remains extremely vulnerable to being cast back into any number of negative roles, particularly when they are no longer around.

Since finding out what happened to Peter at [the service], our lives are just upside down. We have lost complete trust. We are frightened, along with Peter, to put him anywhere. We do not want to die because we do not know what is going to happen to him.

Peter and his family understand that it is ordinary relationships and social connections within the fabric of daily life that will assist Peter to develop and maintain more valued social roles.

"Now We See Our Daughter Happy, Enjoying Life, & Taking Her Rightful Place in the World"

IN 1984, JUST AFTER SARAH WENT INTO Basil Stafford, her mother Sally had become involved with Queensland Parents for People with a Disability (QPPD). She helped out in the office at first and then in 1988 started paid work. During this time, Sarah's father had become involved in the Parents & Citizens committee at Basil Stafford. As Sally learnt more about systemic change through QPPD, both parents tried to initiate changes at Basil Stafford. Finally they came to realize that they were never going to change the nature of the place. The system itself needed to change.

In 1992, Sally went to a training event with Nicola Schaefer, a parent from Canada, who talked about the life her own daughter led. Sally describes this event:

A day that will be forever burned in my mind. [...] She] spoke about the life of her daughter who had severe disabilities. She had her own home, she had people around

her who liked her and wanted to be in her life. How easy was that?

Shortly after this, Sally went to a training event with Marsha Forrest and Jack Pearpoint.

They talked about a lot of the kids being in the 'too hard basket' and I thought, 'Well that's Sarah'. They were saying that no kid should be in the 'too hard basket' and I thought that was interesting.

In 1995 the Inquiry into the Basil Stafford Centre recommended its closure, and the Queensland Government offered funding packages and housing to residents. Sarah received a funding package and housing. Sally recalls,

We didn't know which organisation was going to support Sarah to achieve her new life. There weren't many that were any good—I didn't want Sarah going from one institution to a service that carried out institutional practices in the suburbs. Then one morning the coordinator from Homes West, an organisation set up by families who didn't want the traditional controlling type of organisation, but one where the person was the focus and family and friends were welcomed, rang me and asked if our family wanted to be part of Homes West. That was one of the easiest decisions we have ever made.

Sarah moved into her own home when she was not quite twenty years of age. The first years were particularly difficult for Sarah and the family. Today Sarah does her own shopping and regularly invites friends over for dinner and other social occasions. Sarah is invited over to their houses on a regular basis. The whole family has dinner once a week at Sally's home. Sarah has a network of friends and family who share the same values and vision for Sarah. They want to be part of Sarah's life and are ready to support her in the years to come.

Sarah goes once a week to a service provider's office to deliver the time sheets of the workers she employs. Sally says that there have been many workers over the years and they have all brought something wonderful into Sarah's life. Some of the best workers have never before known a person with a disability, so they don't make assumptions about what Sarah can or cannot do. They see Sarah as a young woman who needs some support to have a decent life. Instead of saying, "Oh, Sarah can't do that," they say, "Why can't she?"

Recently Sarah ran into a young man whom she had first met in the Autistic Centre many years ago. There was an instant spark of recognition and a clear expression of mutual affection. Since then, they meet regularly. Sally says this relationship shows how false assumptions had been made about Sarah, based on the 'diagnosis' of autism.

Sarah hosted a party to celebrate the first ten years of living in her own home. Over 70 people came to the party. Sally described what the last ten years had meant for Sarah and the family:

For our family it has been a long road, but now we see our daughter happy, enjoying life and taking her rightful place in the world. We have a chance to put safeguards around her, in the shape of her network. Can you imagine that happening in an institution? We now feel that if anything should happen to us, Sarah won't be abandoned, her sisters will be there and her network. For her sisters, there is comfort in knowing they won't be doing it alone. For Sarah it means that she has people around her that care about her and she is less likely to suffer abuse. If the unthinkable happens (and no matter how carefully we vet workers we can never be sure) we know that her other workers will speak up quickly and make sure she is safe. She is now able to take risks, try new things, knowing she will be supported all the way. Sarah is facing and coping with amazing challenges—she continues to surprise us.

The last ten years have seen Sarah acquire some of the positively-valued social roles denied her for so long. Like Peter, her primary valued social roles of daughter and sister were maintained. She is a friend, a neighbor, a tenant. She has regained control of her life and has a higher level of autonomy and freedom. She has freely-given relationships. She has her own home and is an employer. She is a young woman with much to give and to bring to those around her. Her life now is filled with potential, the positive benefits of living in her own home, surrounded by family, friends and neighbors, going about the business of ordinary life.

Conclusion: What Does Keep People Safe?

GOVERNMENTS TEND TO RESPOND TO investigations and complaints of abuse and neglect with the kinds of measures which they can monitor, review and document. Governmental response is typically to start new inquiries, review policy and practice, and introduce new policies, regulations and legislation. Workers undergo criminal history screening. Quality monitoring systems are introduced.

Many people, especially human service workers, think that they can rely on these systemic and bureaucratic measures to protect people. Yet we know that generally these do not work or are overwhelmed by the social processes of devaluation. Although these measures can have some usefulness, alone they provide little protection from abuse and neglect.

What can services do to help keep devalued people safer? Much can and should be done. Devalued people living in heightened vulnerability are less likely to be harmed and abused when they hold valued social roles. We know that when people are connected and have mutual relationships with others, they are safer. They are more respected. They have greater opportunities and more enriched lives. People and families need to retain control over their lives and the authority to decide who they will live with, who will support them, and what those supports look like. People

who have more direct say over their lives are less likely to be abused and neglected.

The processes of social devaluation can be devastating. Sarah and Peter's stories tell us this. Human service workers do often struggle in understanding how to assist someone who has been deeply wounded. Acknowledging that the process of social devaluation has occurred can be overwhelming for service workers, leaving them feeling helpless, unable to see beyond the wounding or to envisage what they can do to assist a person into more valued social roles. It is helpful to remind anyone who is supporting a person who has been systematically devalued that it is sometimes the very ordinary, the very small, the very personalized strategies that will help to keep that individual safe and provide him or her with the opportunities to develop valued social roles. A focus on valued social roles can provide a measure of protection.

Strategies which are at the heart of personal service provision to a socially devalued person include finding ways to assist a person to develop more mutual, freely-given relationships, and to be involved and welcomed within their community. Efforts to ensure that the person lives near family and friends, maintaining close relationships and exploring possibilities to develop new freely-given relationships, will often bear good fruit. The person can be helped to be as much as possible the active decision-maker about his or her life. In addition, human services and workers must strive to find meaningful, fruitful roles and role-activities for the person, based on their skills and likes.

It is helpful to take on the challenge of assisting the person to develop new competencies, habits and skills. Services need also to be conscious of how the individual presents him or herself, making efforts to minimize the possibility of stereotypical assumptions being formed about the person because of their appearance. Support provided to the person should be flexible, so that their individual lifestyle is honored and respected. The service should openly encourage the provi-

sion of information to the person and the family about how the service hopes to support him or her, based on knowledge gained from the person, their family and close allies. Advocates should not be pushed out by services.

SRV assists us to think about how to counter social devaluation and the impact of marginalization and wounding. It helps us to understand why people are treated badly and how institutionalized settings and thinking which place people outside of the valued core of society will lead to further wounding. SRV also provides a framework and a range of strategies that will assist us to understand how to meet the needs of the person, to support the person to develop and maintain valued social roles. There is no simple, quick, or easy-to-achieve solution. It takes time, commitment and energy.

Sarah and Peter, despite acquiring many negative and devalued social roles over the course of their lives, never lost the primary valued roles of son or daughter, brother or sister. These valued social roles provided a measure of protection during some of the most terrible experiences of their lives. Living in the community now, further protection has been developed for both Sarah and Peter by those in their lives who care deeply about their futures. Other people, including human service workers, have been sought out who share this deep concern.

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ENDNOTES

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This event is intended for two kinds of people: (a) those who perceive that death "is in the air," so to speak, in the sense that there is a gathering momentum that works towards "deathmaking" of several classes of people, including those with impairments, the debilitated sick, and lowly people without defenders; and (b) those who are uncomfortable with a pick-and-choose approach that endorses some deathmakings and objects to others, and who would like to work toward a more coherent position on the sanctity of human life. It is especially relevant for any such persons who are on the side of societally devalued people, e.g., as family members, advocates, or service workers.

BRIEF OUTLINE OF THE GOALS OF THE WORKSHOP:

The content of this event attempts to accomplish four aims:

a. Awaken people to the fact that there is growing support in our society for various forms of "deathmaking" of people who are impaired, debilitated, handicapped, poor, elderly, unwanted, etc., and that such deathmaking has already begun on such a large scale that the term **genocide** is warranted to describe it. The term "deathmaking" refers not only to any practices which outright kill people, but also to those that greatly hasten death, or which lead other people to act so as to increase the risk of death for a person or group, or even to inflict death on a person or group.

b. Orient participants to the deceptive disguises and interpretations ("detoxifications") that are given to deathmaking so as to make it less obvious and less repugnant.

c. Spell out the societal dynamics and values which are leading to these developments.

d. Help people to see the validity of a coherent moral stance in defense of all human life, what such a stance would entail, and to work towards such a stance for themselves.

Using SRV Theory to Promote Valued Social Roles for Looked After Children

Eileen Oak

EDITOR'S NOTE: *This peer-reviewed article is based on a presentation given by the author at the Fourth International Social Role Valorization Conference in Ottawa in 2007.*

Introduction: Social Role Valorization & New Conceptual Frameworks

RECENTLY, A SMALL-SCALE EPISTEMOLOGICAL REVOLUTION has been underway. Race et al (2005) called for a 'dialogue' between Social Role Valorization (SRV) theory and the 'social model of disability' (cf. Barnes and Mercer, 2006) to develop coherent strategies to address the devaluation of learning disabled service recipients.¹ By re-evaluating the tenets of SRV theory and highlighting its contribution to the real lives of learning disabled people in the twenty-first century, these writers have forced health and social care practitioners and academics to examine the often crude portrayal of Social Role Valorization as normalization. In doing so, Race et al have uncovered a series of conceptual frameworks with potential for developing valued social roles beyond the realm of learning disability.

Social Role Valorization can be used specifically to develop services for Looked After Children—children living within the public care system. **First**, to promote, support, and enhance valued social roles, in this case for Looked After Children. **Second**, to promote valued social roles on

the individual, community, and wider societal levels. **Third**, to conceptualise practical supports and services which can help learning disabled service recipients get greater access to the 'good things of life' (Wolfensberger, Thomas, & Caruso, 1996). **Fourth**, to deconstruct the negative effects of devalued roles. SRV moves the analysis beyond a simple dichotomy of 'impaired/abled-bodiedness' and the oppression that is caused as a result. It examines the role of health and social care professionals in perpetuating devalued social roles. **Fifth**, to systematically evaluate the consequences of the devaluation processes, including psychological, economic, social, political, ideological, and linguistic consequences.

Moreover, Wolfensberger (1998) refers to the overtly politicised nature of any attempts to challenge devaluation. He points out that such attempts are undertaken from the position of a specific standpoint or epistemology regarding one's views of the devaluation. This alerts us to the dangers of a hierarchy of oppressions where we prioritise challenging some forms of devaluation more than other forms, and then rationalise this choice. By recognising this as a political act, we can be aware of its subjectivity and its oppressive dimensions. The covertly political and oppressive dimensions of any idea of empowerment need to be reflected upon in the development of a human service.

The International Dimensions of Devaluation & Social Role Valorization

A REPORT BY L'INSTITUT ROEHER (1999) showed the limits of inclusion of people with disabilities in Canada, despite the impact of SRV. Lakin and Prouty (2003) highlighted the number of people with disabilities living in institutions in the US. In New Zealand, Hartnett (1997) reported on the lack of progress on disabled rights, a target identified in the New Zealand Disability Strategy (2005). In the UK, four years after the White Paper *Valuing People*, the Valuing People Support Team (2005) identified a lack of progress on the White Paper's prescriptions for good practice, by reference to the valued roles which disabled people still do not hold. Goggin and Newell (2005), in *Disability in Australia: Exposing a Social Apartheid*, use the social model of disability to identify the extent of inequality as a result of devaluation in the Australian welfare system.

Given the versatility and power of the multidimensional analysis provided by SRV in deconstructing the processes of devaluation, SRV has an international influence in social policy initiatives for developing human service provision to promote the well being of people with disabilities that is not surprising. The Swedish model of welfare provision is underpinned by normalisation (Hessle et al, 1999). SRV's implications are included in EU social policy, though not applied everywhere (Freyhoff et al, 2005). The UK policy initiative *Valuing People* (Department of Health, 2001) and its New Zealand counterpart the *New Zealand Disability Strategy* (Minister for Disability Issues, 2001) are both strongly influenced by elements of SRV theory. Many academics and disability rights social reformers use SRV theory either to critique existing provision in the human services or to support models of good practice to develop valued social roles (Goggin & Newell, 2005; Morris, 2005; O'Brien & Murray, 1997).

Yet in the ongoing critique of SRV, questions need to be addressed. Does SRV contain theoretical and epistemological flaws which mean that its principles cannot be transferred to the practical challenges and realities facing human services seeking to address devaluation? Is it the complex interplay of socio-political and structural dynamics of service provision that are the issue? Arguably, it is the latter that requires closer scrutiny. In an analysis of human service provision, SRV has proved to be both methodologically powerful and epistemologically sound in the way it has systematically scrutinised devaluation processes and the commonality of wounds which devalued groups experience in various societies. It is these two interlinking aspects of the theory that enable SRV to develop structured frames of reference to develop coherent models of service.

For instance, disabled people around the world experience a commonality of devaluation, despite differing cultural contexts. They are socially excluded in various forms. Their primary individual needs too often are not met or addressed by human services. Though there are various dimensions of social exclusion for disabled people, they often take the form of impoverishment, deprivation, and exclusion from high status employment, training or educational opportunities. Often, devalued people's accommodations are marginalised on the periphery of towns, cities or neighbourhoods that are run down and have few nearby resources such as clinics, dentists, schools, hospitals, banks or shops. These are all familiar experiences described by SRV (Wolfensberger, 1998; Byrne, 2002).

The Impact of Devaluation for Looked After Children

PEOPLE WITH DISABILITIES and Looked After Children share a commonality of experience of devaluation and its consequences. The forms of devaluation which Looked After Children experience have resulted in long term

poverty, high rates of unemployment, long term illness or poor mental health (McCarthy et al, 2003), as well as placement and school instability (Jackson, 2001). Looked After Children are more likely than children outside the public care system to be excluded from school, less likely to go on to further or higher education, more likely to be sent to prison, and more likely to see their own children received into care (Horner, 2006).

In a way similar to people with disabilities, Looked After Children are often cast into major devalued roles (Wolfensberger, 1998, pp. 14-16). One of these is as *alien* or *pre-human* entities. This occurs through the normative assumptions about child development within the documentation of the children's public care system, such as the Assessment and Action Records (AAR). As Garrett (1999) points out, AARs undermine Looked After Children's competence and regard them as 'human becomings' rather than 'human beings' (p. 38). Looked After Children are often conceptualised as a *menace* or *object of dread*, through continual references to the correlation between public care experience and later juvenile crime (Berridge, 2001) and through repeated government references to the number of former Looked After Children in the prison population (Department of Health, 1998). This is reinforced in the AAR questions which ask if a 'young looked after person' over the age of ten has had any convictions or have engaged in theft, arson, or drug misuse.

The financial provision for foster placements or residential care has been a source of controversy. Most Looked After Children live at a bare subsistence level, reinforcing the idea of Looked After Children as a *burden of charity*. The infantilisation of older Looked After Children is reinforced in care arrangements where even minute decisions are taken out of their control. These include decisions about attendance at their annual reviews, the clothes they are permitted to wear, what they can watch on TV, and who their friends are (Thomas & O'Kane, 1998). Infantilisation also occurs through the undermining of Looked After Chil-

dren's competence. Research findings continually highlight their lack of literacy, innumeracy, and lack of social and employment skills, once they leave the care system. These are especially significant compared to children who live outside the care system (McLaughlin et al, 2004). These negatively valued roles are critical, as Wolfensberger (1998) points out, because being cast into socially devalued roles seriously impairs a person's capacity to access valued roles.

Devaluation is also reinforced through the experience of discontinuity in living arrangements and in possessions, because of frequent placement breakdowns (Jackson, 1987; Department of Health, 2004). These occur so frequently in the experience of Looked After Children that the AARs record the number of placement breakdowns a child experiences in any one year (Oak, 2005). Such discontinuity results in distantiation and relationship discontinuity. Children in public care experience frequent changes of carer. Looked After Children also experience 'boughten' relationships. They have to pay for what are normatively freely given relationships, in the form of carers, helpers, befriending services or family support workers. Their de-individualisation is manifest in the 'one shoe-fits-all' model of service provision that embodies the Assessment and Action Records.

Model Coherency Through the Assessment & Action Records

ACCORDING TO WOLFENSBERGER (1998) model coherency is a situation

where the right services are provided using the right materials, staff, methods, language, and settings in order to do the right things for the right recipients who are grouped the right way. (Wolfensberger, 1988, p. 116)

In other words, the above elements are harmonious, and the service fits or is coherent with the service recipient's primary needs and characteristics. Model coherency, as taught in SRV, also re-

lates to the concepts of service relevance and service potency. Given the international prominence of the AARs, it is worth reflecting critically on the capacity of these documents to be part of a modelly coherent approach to crafting valued social roles for Looked After Children. Assessment and Action Records were developed in the UK in 1995 to address perceived concerns about the problems facing children and young people living in the public care system, as manifest in their poor health, lack of educational attainment, and employment disadvantage (Stein & Carey, 1986; Jackson, 2001). Further identified problems included loss of contact with birth family and friends, as well as the failure of the public care system to provide protection from abuse (Staffordshire County Council, 1991; Utting, 1996). According to Garrett (1999), the AARs have been constructed to enable human services to track a child's development across seven key areas—health, education, emotional and behavioural development, family and peer relationships, self care skills, identity, and presentation. Their main objective is to assess progress, from birth to adulthood, and to identify support and services which facilitate progress in intellectual and social development.

Between 1999 and 2004, the Looked After Children system, particularly AARs, were adapted and implemented in Australia and Canada with varying degrees of success. In Australia, Owen et al (1998) evaluated the piloting of the AARs in five territories and states. They discovered that the initial concerns regarding professional work overload did not materialise, and that professionals, Looked After Children, and foster carers reported improved outcomes in communication and planning. In contrast, Wise (2002) in her study of an AAR implementation in Victoria, found only 'slightly improved' outcomes with higher self-esteem and fewer behavioural problems. The structured planning mechanism of the AARs resulted in improvements towards specific health and educational attainment targets. She stresses, however, that hers was a small sample of only 51 children

and young people, so was hardly representative. The children, young people, and their carers who took part in the focus group reported ongoing problems in working collaboratively with social workers, and a sense of alienation from the decision-making process during the completion of the AARs:

Discussion with youth after implementation indicated that messages from training as to the most effective method for engaging children and young people were not always adopted in practice. Moreover, some young people who helped complete the records lacked an understanding of how the records were used, and the role they were to have in the planning process. (Wise, 2002, p. 11)

Wise concludes her research by asserting that many of the young people indicated that the AAR approach had improved aspects of their care, mainly in their relationship with carers. There was no evidence that completing the AARs gave the young people a sense of power and involvement in the decision-making process.

In Canada, the AARs were implemented in British Columbia in 1999 (CanLAC, 2002). Research findings (Ghazal & Lemay, 2002; Kufeldt et al, 2003) following pilot implementation commented on a consensus that the Looked After Children system resulted in positive outcomes for both Looked After Children and their carers, with better inter-collaborative working and communication. This resulted in better planning and outcomes for the children and young people concerned. Victoria Norgaard, project team leader for the Canadian Looked After Children's Project, commented:

While we can all agree that the CanLAC tools and resources with their emphasis on fostering resilience cannot provide, in themselves definitive solutions to the challenges of ensuring good outcomes for children and youth in the care of child welfare

systems, there is resounding agreement and strong preliminary evidence that does afford a good investment towards this end.” (Norgaard, 2002, p. 2)

The benefits and positive outcomes identified in the Canadian experience of AARs are not found everywhere. The lessons of the English experience have practice relevance by giving us a critical appraisal of the AARs. Garrett (1999) and Knight and Caveney (1998) are highly critical of some of the main assumptions in the AARs' formulation of 'good parent' models of child development. Another difficulty is that the complex issues of race and ethnicity are conflated and simplified. In SRV terms, these criticisms have considerable implications for the potency, relevance and thus model coherency of the Looked After Children system.

Garrett, and Knight and Caveney, argue that the AARs embody a view of parenting which ignores the structural constraints and inequalities that limit parenting capacity and aspirations. There is a tendency to blame those parents who fail to conform to this model. Garrett (1999) goes further and argues that such discourses on parenting are predicated on a white, middle class-ideal typology of effective parenting. According to him, this leads to greater regulation and social control of children in poor income families, who constitute the majority of children in the public care system. Thus, AARs are not the most efficient method to assess LAC needs.

The Lack of Potency in Looked After Children Services

THESE DISCOURSES HAVE IMPLICATIONS FOR the potency of services (Wolfensberger, 1998, pp. 111-118). Within the AARs, there are several levels or dimensions leading to a lack of service potency. **First**, the normative model of parenting can potentially work against social workers' ability to ensure that children in public care retain a sense of their family, culture and community. The lack of emphasis on retaining contact

with birth family is symptomatic of this service inefficiency and hence lack of potency. This often occurs where there is an assumption that the birth family cannot provide 'good enough' parenting (Knight & Caveney, 1998, p. 33).

Second, a lack of service potency is reflected in the poor communication methods that the AARs generate. Not only do they marginalise children's perceptions of their own needs (Garrett, 1999) but the AARs are dependent on a normative view of child development, which is separated from the context in which development takes place.

We are concerned that the questionnaire format, together with some of the concepts used in the checklists, represent a strongly normative framework of development for children and young people. There is considerable debate about the danger of simplistic formulations that ignore the context of that development. Race, gender, social and economic factors are crucial constructive factors. (Knight & Caveney, 1998, pp. 31-32)

Third, the research that underpinned the AARs failed to include in its analysis the 9% of Looked After Children in the UK that were on Care Orders living at home with their parents. In the UK, the term 'looked after' also refers to this small proportion of children on a Care Order living at home. The local authority social service department has shared parental responsibility in these cases. The result is a model of the Looked After Children population that entails a dichotomy between those living in foster placements and those in residential care. Service potency is hampered by the fact that the AAR questionnaires and checklists have to be specially adapted for these children.

Further barriers to service potency are manifest in the ways the AARs fail to include Looked After Children and their carers in any real decision making over the development of services. Families maintain that the AARs will lead to the bureaucratisation of children's public care experience and

to further marginalisation of Looked After Children and their carers from the decision-making process with social workers. This will detract from any real partnership (Knight & Caveney, 1998; Wise, 2003). The problem of 'impotency' is exacerbated by the fact that no consideration is given to providing resources to carry out the Action Plans. This leads to the under-resourcing of key preventive services to maintain foster placements, such as family support, and respite foster or residential placements (Knight & Caveney, 1998). Moreover the 'tick-list' approach embodied in the checklists and questionnaires results in fragmentation and de-skilling of social workers. It is likely to lead to children within the public care system receiving poor quality or even damaging service (Garrett, 1999).

The Relevance of Services for Looked After Children

ACCORDING TO WOLFENBERGER (1998, p. 111), for any service to be relevant it must first address the primary or most urgent need of the service recipient. For services provided in a group context, the primary needs of *all* the group members must be addressed to achieve relevance. Consequently, the composition and size of the group must be carefully organised to address all member's primary needs. Wolfensberger (1998, pp. 112-113) notes that, traditionally within human services, service provision has often failed to address the relevance and grouping requirement. In this respect, services for Looked After Children have been no different.

Much of the research into the needs of Looked After Children (Heath et al, 1989; Jackson, 1987; Jackson, 2001; Stein et al, 1986; Aldgate et al, 1992) helped raise the profile of Looked After Children onto the political agenda. It compelled the New Labour government to incorporate Looked After Children's needs in its social inclusion agenda. However the research has also increased the tendencies within research and policy making to de-individualise the Looked After

Children population. A key dynamic in the problem of relevance in Looked After Children service provision has been what I term the assumption about the 'presumed homogeneity of Looked After Children' by policy makers, researchers and academics. This presumed homogeneity has occurred in several dimensions, such as that underpinning the AARs model of the Looked After Children population, in the perception of the 'black' Looked After Children population, and in the resulting reification of the concept of Looked After Children.

These dimensions have had serious implications for the relevance of service provision in addressing the children's primary needs. There are stereotypical assumptions made by some Looked After Children researchers and policy makers manifest in the crude dichotomy made between the 'white' and 'black' Looked After Children populations. For example, Comfort (2001) in her research into the adequacy of service provision for Looked After Children talks about the separate and individual need of black children within the public care system. She then de-individualises these children through her definition of 'ethnic minority.' She distinguishes between the 'white' or 'Caucasian majority' and the 'black' or 'non-Caucasian' 'ethnic minority' (p. 237).

Anthias and Yuval-Davies (1992) in their analysis of racism warn against the 'lumping together' of all white and all non-white populations in this way. Such an analysis ignores the complexities of ethnicity and the interconnections between ethnicity and culture. Such a crude dichotomy assumes a homogenous experience of racism and oppression, which is a highly diversified experience both within and among different ethnic groups. The failure to recognise such diversity leads to the failure to develop relevant service provision for the ethnically diverse groups of Looked After Children. For example, the requirements of the Children and Adoption Act 2002 in the UK have given primacy to the 'racial matching' of adoptive placements. In practice this has resulted in failure to acknowledge the prima-

ry need for many 'ethnic minority' Looked After Children of permanency in a stable adoptive family. Consequently, untold emotional and psychological damage has been inflicted on these children as they 'drift' within the public care system while social workers attempt to find 'racially appropriate placements' in a recognised national shortage of non-white adoptive placements.

The inability of the AAR system to generate service relevance is compounded by the way it socially constructs the concepts of 'race' and 'ethnicity.' In the piloting of AARs, Ward (1995, p. 46) noted that many of the shire counties were 'largely unaffected by immigration.' This had an impact on social workers' completion of the section on identity. Garrett (1999) notes that unlike other issues on health or educational attainment, neither the Looked After Children Project Team nor the Department of Health set up a working party to explore the issues of race and ethnicity, nor did they explain why they did not. Garrett warns against the document's potentially oppressive dimensions:

In the late 1990's this association of a black presence with 'immigration' is oddly anachronistic and jarring. More fundamentally the more liberal statements made in the LAC background papers that children live in a multi-racial society is rendered somewhat shallow by the Essential Information Record Part 2 which bluntly asks ... social workers to note immigration status if applicable. (Garrett, 1999, p. 38)

The presumed homogeneity of Looked After Children further undermines the relevance of services to address their needs, through the way the idea of Looked After Children both in research and policy making has become reified. Sibeon (1999) identifies reification as the cardinal sin of any theorising. He defines reification as 'an illegitimate method of analysis that attributes agency

to entities that are not agents.' An example is attributing agency to the **concept** of Looked After Children rather than to **individual** Looked After Children. Thus, psychodynamic child development theories tend to talk about all children as if they all have equal access to power and life opportunities to make decisions.

Commenting on the psychodynamic theories of child development which underpin child care social work (and incidentally the AARs), Thompson (2002) identifies the ways these concepts ignore the structural factors which shape individual child development and parenting capacity, and how they tend to result in reification. Child development theories such as Piaget's (1972) and Bowlby's (1969) tend to present children as a homogenous group, as if generalisations about their behaviour or development can be discovered from small-scale experimental samples, and then services matched to their needs, accordingly. In other words, it is assumed that by studying small groups of children, we can identify universal patterns of behaviour across all groups of children.

Thompson (2002) argues that this is a dangerous assumption for service providers to make. It can lead to not only the failure to provide relevant services but harmful ones. Reification in relation to Looked After Children is manifest in the UK government educational attainment target for Looked After Children that all those 16 years and up should attain a minimum of one General Certificate of Secondary Education qualification. Such a target generalises the educational needs of the Looked After Children population and makes no allowances for the 30% of UK Looked After Children with special educational needs for whom formal academic qualifications are not realistic or relevant. It ignores the 27% of Looked After Children who are permanently excluded from school and whose opportunities for employment related roles may be better served by vocational training and qualifications (Horner, 2006).

The Problem of Model Incoherency

ONE OF THE KEY BARRIERS to model coherency is the type of model which the service is based upon. The AARs are based upon a medical as opposed to a social model of disability. A medical model tends to pathologise disability as a form of sickness or deviance. Services are often geared towards making Looked After Children with disability 'more able-bodied' to fit in with the range of services available, rather than developing services to suit their needs. Similarly, the model of service provision generated by the Action Plans is consumerist and tends to be a model of service that the government will fund rather than what Looked After Children need.

The techniques for judging, measuring and comparing with others aptly characterises the AAR approach. The rigour of the format also illuminates what has been referred to as the 'enclosure of expertise' ... and its shaping and containing by market imperatives, evidenced here by the preoccupation with outcomes which are measured in the context of finite resources. (Garrett, 1999, p. 43)

Model 'incoherency' within Looked After Children service provision has created new needs and enlarged existing needs. As stated earlier, the normative assumptions about good parenting have led social workers to pathologise birth families and to end family contact or let it lapse. The educational attainment targets for Looked After Children, which are well below the national average, have highlighted another problem: the numbers of young people who leave the public care system with poor literacy, numeracy, and social skills (Martin & Jackson, 2002; Hannan et al, 2002; Oak, 2005).

Two potential signs of model incoherency are a model that does not make sense to the service recipient, or that results in an image cost to the service recipient. Wise (2003) noted that there

was confusion and scepticism among the fifty-one children and young people who took part in her research, in exactly how the AARs would improve outcomes for them. She noted that many were unsure of what purpose the documents would be used for, and they did not fully believe they would be involved in decisions relating to their care. The AARs can be accused of bringing a number of negative and stereotypical image costs to Looked After Children (Berridge, 2001; Sinclair, 1998). Garrett notes the continual reference made within the research literature on children in public care to the correlation between care experience and juvenile delinquency, and the link made between the idea of work and the emphasis on young people using their free time productively. This clearly has the potential to reinforce negative image costs:

An even more embracing work ethic, perhaps rooted in a more encompassing LAC project to produce the moral citizen also characterises the AARs by an implicit wish to shape, structure and regulate a 'looked after' young person's use of time: an attitude also connected to the principle of 'non-idleness' and fear that 'wasting time is also a moral offence' evidencing economic dishonesty (Foucault 1977:154) ... Social policy interventions such as these are driven not only by market competition ... but also by the assumption that children, left to themselves, idling with friends will inevitably drift into crime (Coward 1997) a notion ... which has resonance in relation to looked after children ... in 1990's. (Garrett, 1999, p. 42)

Services that are predicated on assumptions produced by the AARs and the subsequent Action Plans entail a number of image costs which reinforce the notion that children are objects of menace or dread, or burdens of charity.

Developing a Coherent Model of Service for Looked after Children

IN THIS PAPER, I have spent considerable space outlining the main weaknesses of the AARs within the care system, through the identification of the failure of these documents to generate potency, relevance, and model coherency. What needs to be remembered is the issue of whether it is possible, using the existing Looked After Children framework, to develop a coherent model of service. Using the principles adopted by Knight and Caveney (1998) and Garrett (1999), I argue that it is highly possible and necessary to outline the tenets supporting a coherent model of service for children in public care.

First, the potency of services can be increased by improving the training of social workers in developing new and varied methods of communication to engage children and young people. This can be achieved by appraising critically the normative assumptions of child development within the AARs, placing them within the context of the individual Looked After Children's personality, and examining the social and structural influences that effect that development. In this way it may be possible to:

re-frame the problems of children in the care system from an individual assessment model to a combination of wider analysis and action combined with ... (g)reater awareness of ... the environmental factors on Looked after Children to consider the impact of entry into new schools for those moving because of changes in care, the labelling of children with learning and behavioural difficulties and the problems of self esteem. (Knight & Caveney, 1998, p. 21)

Second, Knight and Caveney also recommend that practitioners reframe the role of birth parents, encouraging them to become proactively involved

in their children's public care experience, by becoming advocates for their children's needs. This approach can enable them to continue with their parental responsibilities. **Third**, there needs to be improvement in the professional status, funding, and quality of both foster care and residential social workers. This can be achieved by restructuring the training and roles of both. This would, according to Knight and Caveney (1998), make a significant improvement to the required 'personalised and committed approach' (p. 44) that young people need to develop valued social roles.

Fourth, they advocate critical reflection upon the discourses of 'good parenting,' improved communication mechanisms, and increased resources to improve contact arrangements for Looked After Children with their birth families. On a conceptual level, further training needs to be put into place regarding issues of child development and ideas of 'race' and 'ethnicity,' that not only acknowledges the impact of structural dialectics on child development but also the complexities and interrelationships between race, ethnicity, and nationality. This training would reduce the tendency to conflate skin colour with ethnicity, which underlies much human service provision for ethnic minority children in public care and often leads to oppressive and damaging practice.

Fifth, the basic principles of SRV would be a useful component of the professional curriculum for social workers, foster carers, and Looked After Children themselves, and could be incorporated within Looked After Children documentation. This may not necessarily address the power imbalance between professionals and service users as generated by the bureaucratisation of the care experience. Perhaps it would empower service users and their carers by providing conceptual frameworks to identify a coherent model of service. Use of SRV principles could inform not just planning, but advocacy strategies for better, more relevant, and more potent services.

Conclusion

THE IDEAS OF SOCIAL ROLE VALORISATION have considerable potential to become the theoretical basis for collaborative training on the Looked After Children documentation system. It could lead to the promotion of valued social roles for children within the public care system. This may increase the power and advocacy of young service users and their carers by giving them conceptual frameworks to identify a coherent model of service provision, enable them to reflect critically upon the relevance and grouping requirements for service provision and the barriers to model coherency and potency, and facilitate their ability to develop advocacy strategies to obtain services tailored to their individual needs. This links directly to the development of valued social roles by promoting the young person's competence as an autonomous and knowledgeable agent, rather than a passive recipient of a service. This re-conceptualisation has already begun and been reflected in the increasing number of Looked After Children who have obtained qualifications, employment, accommodation, further and higher education, and a range of valued social roles both professionally and within their families (Martin & Jackson, 2002; Hare & Bullock, 2006). In doing so, they have carved out and maintained positive social roles for themselves. This is a great improvement over being objects of menace or dread, burdens of charity, or infantile creatures incapable of independent thought or action and requiring state intervention on their behalf.

ENDNOTE

1. The term 'learning disabled' is equivalent to the common phrase 'mentally retarded' in the US.

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PEER-REVIEWED ARTICLES

THE SRV JOURNAL occasionally includes a section of peer-reviewed articles. Full-length manuscripts on research, theory, or reviews of the literature relevant to Social Role Valorization (SRV) are invited. These articles, with no identifying information about the author(s), will be sent by the Editor to appropriate experts for review of academic merit and relevance to SRV theory and application. Reviewers will be drawn largely, but not exclusively, from the editorial board. It is anticipated that the review process will take two to three months, at which time the Editor will communicate directly with the lead author regarding the outcome of the review process. Manuscripts may be accepted as submitted, may be accepted contingent on revisions, or rejected for publication. The final decision as to whether or not an article is published rests with the Editor.

The maximum length for peer reviewed articles is 6000 words. Authors should submit articles as an email attachment. All identifying information about the author(s) should be included in the body of the email that accompanies the attachment, not on the attachment itself. If at all possible, articles should be submitted in Microsoft Word. They should be double-spaced and in 12 point Times New Roman font.

Articles should be sent to the attention of Marc Tumeinski, The SRV Journal, journal@srvvip.org.

Haiku in PASSING

Jo Massarelli

foundation discussion
 who are the people?
 compels concentrated thought
 gives new set of eyes.

Osburn I
 stealthily silent
 “not much to add” resounding
 floater leaves the room.

first time team leader
 m and m’s scatter
 rating rules abandoned now
 pizza man arrives.

rating 1141
 team leader bereft
 floater nowhere to be seen
 chaos rules the room.

Osburn II
 srv trainer
 profound thinker wise teacher
 harley rider now.

EDITOR’S NOTE:

PASSING is an SRV-based tool used to evaluate services. It is often also used as part of a week-long workshop to teach participants about SRV by visiting actual service programs and comparing what they are doing with SRV principles. PASSING workshops are intensive, requiring long hours and working meals often.

During a foundation discussion, members of a PASSING team reflect on the identities of the service recipients as a way of understanding how a service might ideally help them.

A PASSING floater is essentially an external consultant available to the team throughout a PASSING workshop.

PASSING is divided into 42 ratings, each of which deals with a particular aspect of service. There are rules for assigning levels to a rating and, poetic license aside, these rules are NEVER ABANDONED!

Applying Selected SRV Themes to the Eugenic Movement in Canada & the United States, 1890-1972

Thomas Malcomson

Introduction

THIS ARTICLE EXAMINES THE eugenics movement in Canada and the United States, from its first appearance to the 1970s, as it relates to several of the ten themes in Social Role Valorization (SRV) theory.¹ The present article can only provide a brief history of the eugenics movement in each country.² First, however, is an even briefer overview of the context in which eugenics theory and practice made its appearance.

The turn of the twentieth century found Canada and the United States immersed in a period of great change and perceived turmoil.³ The populations of both countries were growing primarily as a result of immigration. Rather than from Great Britain and Northern European countries, as in the past, both Canada and the United States drew immigrants from Southern and Eastern Europe and Asia. Viewed as significantly negatively different, concerns over the immigrants' potential corruption of North American society occupied the pens of the press and others. At the same time the urban centers, fuelled by great industrial development, were growing at an alarming rate. Unbridled urban expansion and overcrowding brought with it an increase in crime and outbreaks of contagious disease. No clearer is the overcrowding demonstrated than in the work of Jacob A. Riis, who reported on and photographed the horrid living conditions of New York City's working class poor.⁴ Various reformers presented solutions

for the identified social problems, from the incidence of prostitution and drunkenness to the apparent increase in people labelled 'feeble-minded.' Into this milieu came the idea of eugenics.

The Origin of Eugenics

FRANCIS GALTON COINED THE TERM eugenics in 1883, from the Greek words "eu" meaning well and "genos" meaning birth. Deeply moved by *The Origin of Species*, written by his cousin Charles Darwin, Galton set out to apply the principle of evolution to humans, quickly identifying superior from inferior races within the species.⁵ The differences Galton noted ran largely along class lines, with the middle and some members of the upper class being hereditarily superior to members of the lower class and those of the upper class who demonstrated characteristics deemed to be degenerate. This division favoured Galton and his supporters with the privileged position of superiority over the 'other.' Eugenics reflected the middle class values of late Victorian Britain, which labelled the socially devalued characteristics as 'degenerate.' The list of degenerate characteristics included many possibilities, from intellectual, mental or physical disability or instability, to poverty, alcoholism, and/or any sexual behaviour deemed aberrant. Eugenicists believed that degenerate conditions were inherited and would be passed on to future generations by afflicted parents.

Galton developed several definitions for eugenics over the years. He first defined it as the science of improving the human stock, with the focus on providing the “most suitable races and strains of blood” with every advantage to prevail over the “less suitable.”⁶ In his collection of essays on eugenics he defined it as “the science which deals with all influences that improve the inborn qualities of a race; also with those that develop them to the utmost advantage.”⁷ To obtain this end Galton encouraged the use of “positive eugenics” which involved promoting an increased birth rate among those people with superior stock or blood. The alternative action was “negative eugenics,” which called for preventing procreation among the people deemed to be of inferior stock or blood by various methods including institutionalization and sterilization. The impact of negative eugenics on the labelled human is all too clear: devaluation and subsequent multiple wounding of the person through the experience of institutional life and/or the experience and stigma of sterilization.

Few British academics and professionals paid attention to Galton’s ideas until 1900, when the famous statistician Karl Pearson made it his life’s work to spread the eugenic gospel.⁸ Pearson brought Galton out of a self-imposed retirement to deliver public lectures on eugenics. In one lecture, given to the British Sociological Society in 1904, Galton laid out the steps necessary to realize the goals of eugenics. Beyond continued research into the hereditary transmission of traits, the exploration of the “conditions” of eugenics, and the study of marriage, he encouraged an active program to inform the public of eugenic ideas. Concerning the public education in eugenics effort, Galton said,

Firstly it must be made familiar as an academic question, until its exact importance has been understood and accepted as fact; Secondly it must be recognised as a subject whose practical development deserves serious consideration; and Thirdly it must be

*introduced into the national conscience, like a new religion.*⁹

An Overview of the Eugenic Movements in Canada & the United States

SIMILAR PROGRAMS OF PROPAGANDA, to indoctrinate the professional and lay person to the necessity of eugenics, played a central role in the growth of the eugenics movements in Canada and the United States. The idea of eugenics came to North America in the late 1880s as a number of academics and physicians, influenced by Galton and other European writers on eugenics, began to apply the concept to the citizens of their own countries.¹⁰ The North American eugenicists used lectures, articles in both academic and the popular press, books, films and contests to advance their ideas of increasing the numbers of superior people, and removing and eliminating those judged inferior. The creation of national and provincial or state eugenic societies ensured a nation wide channel for conveying eugenic ideas.¹¹ The eugenic societies provided a base from which members could lobby government officials to enact eugenic laws. As in Britain, the eugenic ideals of Canadian and American eugenicists were built on middle class values.

Wolfensberger has stated that as a theory Social Role Valorization (SRV) is open to creating either positive or negative outcomes for people. A negative application of the ten central themes in SRV would create groups of devalued and vulnerable people.¹² With this in mind, seven of the SRV themes can help us understand how the various methods employed by the Canadian and American eugenic movements, to advance their ideas, promoted the acceptance and practice of eugenics. The seven themes are the role of unconsciousness, the dynamics and relevance of social imagery, the power of mind sets and expectancies, role expectancy and role circularity, personal competency enhancement and the developmental model, interpersonal identification between valued and devalued people, and personal social integration and

valued social participation.¹³

Eugenicists produced a mountain of papers, articles and books extolling the scientific grounds of eugenics, the necessity to engage in it, and the types of humans most in need of the restrictions, segregation and administrations which eugenics entailed.¹⁴ Dr. John H. Kellogg, in an 1897 pamphlet, assured his readers that the human race was “certainly going down physically toward race extinction.”¹⁵ The culprits he claimed were not only the physically disabled, blind and deaf but the criminal, indigent and pauper. All owed their “deformities” to hereditary factors, and were each unable to change their assigned lot in life. His solution was for individuals to eat properly, and develop good personal hygiene habits and morals. Kellogg promoted positive eugenics by encouraging society to focus on the strengthening of the healthy individual, instead of attempting to help the defective person. Dr. H. C. Sharp, of the Indiana Reformatory, published an eleven page pamphlet advancing the case for the sterilization of all degenerates.¹⁶ Sharp stated that more than half of all the people with any form of mental or nervous defect were so because of hereditary problems. He suggested sterilization as the most effective way to protect society from the growing numbers of people unable to care for themselves and who posed a threat to the safety of society. Marriage restrictions would be a second alternative, but Sharp lamented that marriage was not a naturally mandatory condition for procreation. Incarceration, to segregate the male and female defectives, offered a solution but would fail due to the high costs and frequent escapes. He then discussed the ease of performing vasectomies (without “anesthetic either general or local”) on the inmates of the reformatory in which he worked. Eleanor Wembridge in 1927 wrote a fantasy article for *The American Mercury* in which ‘Morons’ and ‘the Neurotics’, who hailed from ‘Moronia’ and ‘Neurotica’ (respectively), accounted for all the crime, immorality, and disability in the ‘Normal’s’ world.¹⁷ Historian Deborah Dolan states that in the early twentieth century the eugenic movement

and other progressive era reformers had created a pro-involuntary sterilization movement across the United States.¹⁸ Central to this movement was the concern over the social costs to society of supporting the people declared ‘defective.’

The two leading national figures in the American eugenic movement were Charles Davenport and Harry Laughlin. Davenport headed the Station for Experimental Evolution at the Biological Research Station at Cold Spring Harbor (1904-1939) and worked tirelessly at promoting the eugenic idea throughout the United States.¹⁹ Davenport raised funds, trained eugenic field research workers and conducted research.²⁰ Harry Laughlin, a former school principal, joined Davenport at the Cold Spring facility in 1910. Together they opened the Eugenic Record Office at Cold Spring Harbor in 1929 to coordinate eugenic research and the dissemination of eugenic information. Their mission reflected the same goals as Galton’s call for informing the professional and the public of the truth of eugenics. Laughlin focused on sterilization and immigration legislation. Serving as advisor to the 1923 House Committee on Immigration that wrote the Immigration Act of 1924, his eugenic ideas forged one of the most restrictive pieces of immigration legislation in the history of the United States.²¹ Laughlin’s venture into sterilization law is discussed below.

The family pedigree studies formed the central evidence for the American eugenics movement. In these studies a researcher(s) traced the ancestors of a particular group of people back several generations. In each generation they identified the health or illnesses of the various family members. The studies were used to show that defective characteristics (e.g., feeble-mindedness, alcoholism, immorality) were hereditary diseases. Providing social or financial support for these individuals and their families would only lead to an increase in the numbers of ‘defectives.’ The obvious answer to the problem of defectiveness was to prevent the procreation of these people. Nicole Hahn Rafter has brought together eleven family

studies in her book *White Trash*, providing some annotation and excellent analysis of the various reports.²² Common across the studies was the use of extremely negative language to describe members of the defective families. Language conveys valued and devalued roles to the audience.²³ The titles given to the studies alone clearly indicate the final conclusion; for example, “The Smokey Pilgrims,” “The Hill Folk,” and “Dwellers in the Vale of Siddem.”²⁴ None of these titles leave a positive image of the families they explore. Many family pedigree studies carried photographs supporting the negative labelling of particular study subjects as defective. Classic among these photographs was a picture of the ‘family’ home. The home of the alleged ‘degenerate’ was always a run down shack, while the good family had a neat, well maintained, whitewashed home.²⁵ Along with words, pictures can shape positive or negative ideas and expectations in the minds of the audience. The photographs of the Family Studies portrayed the targeted individuals in a negative light. The obvious biases and methodological flaws in the studies seemed to escape most contemporary readers.²⁶

In Canada, Dr. Helen MacMurchy was one of the main promoters of eugenic ideas and methods to deal with the pressing social problems of poverty, intemperance, crime, immorality, feeble-mindedness and insanity.²⁷ Her book, *The Almosts: A study of the feeble-minded*, demonstrated to the reader, through the review of the fictional lives of various characters in works by authors such as Shakespeare, Hawthorne, and Dickens, the hopelessness and threat to society of people judged to be not normal.²⁸ In the final chapter, she advocated for the segregation and isolation of all feeble-minded people. Institutionalization, with the separation of the males from females, would provide the safety both the feeble-minded and society required. It would also ensure the prevention of further generations of undesirable people by prohibiting their procreation. MacMurchy took her message from coast to coast in Canada attempting to influence provincial legislators to create laws to

support her views.

Psychiatrist Charles K. Clarke also wrote and spoke on the need to prevent the people he labelled ‘defective’ from reproducing. These individuals included many of the new immigrants from Eastern Europe who, he claimed, figured prominently among the growing numbers of the epileptic, the feeble-minded, the criminal and the insane.²⁹ Immigrants received a good deal of attention from Canadian eugenicists. Social Gospeller James S. Woodsworth proclaimed that the immigrant represented a threat to every part of Canadian society due to the immigrants’ inherent defectiveness.³⁰ Historians Jean-Pierre Beaud and Jean-Guy Prevost found a clear association between the eugenic movement’s concern over the degenerative influence of the immigrant on Canadian society and efforts to limit immigration by government bureaucrats.³¹ In British Columbia the province took matters into their own hands, deporting immigrants judged to be defective.³² The deportations are an extreme example of physical distastiation.³³ In some of these cases, the deported devalued person had no one to assist them on their return to their country of origin. The ‘casting out’ by deportation in these circumstances meant sending the person into severe deprivation, if not to their death.

But it was not only the Canadian physician or government official that advanced the idea of eugenics. A. R. Kaufman, who owned and operated the Kaufman Rubber Company in Kitchener, Ontario, also supported eugenics.³⁴ He belonged to the ‘Eugenics Society of Canada’ and was a key person in the local birth control movement. He found that many of his workers, when laid off, fell into poverty. Kaufman saw this as an indication of a hereditary weakness, so he instructed his factory nurses to discuss birth control with his employees. During the 1930s Kaufman offered sterilization to his workers whom he regarded as inherently inferior in intellect or character. As this was the depression and work was scarce, the pressure he held as an employer was significant. Between 1930 and

1969 he claimed 1,000 male sterilizations had occurred in his factory.³⁵

The broader eugenic appeals to the public were less academic in their content. Eugenic posters and diagrams at county fairs and public health displays portrayed the ideal marriage mate as strong, tall, healthy, and above all someone with whom you had “compatibility.” The poster might warn men “not [to] get married unless you are MAN enough.”³⁶ The ideal male and female were portrayed with stereotypical muscularity for the man and buxom beauty for the female. The less than ideal male and female figures in the posters were small, not well defined and given dialogue indicating a lack of self confidence as they gazed at the perfect human forms. The message in such images was plain for all to understand. The Fitter Family contests held across North America in the first half of the twentieth century allowed the eugenicists to promote proper family breeding among the general public. Families would compete for the title by performing physical feats of strength, providing a record of good health and presenting a flawless appearance. For Dr. John Kellogg the competitions were an important way to get the average citizen aware of and working toward improving their family stock. Those who came to watch might have felt moved to copy or imitate the eugenically good families.

Films also advanced the eugenic message. One such film was *The Black Stork* made by Dr. Harry Haiselden and journalist and writer Jack Lait. In late 1915, Chicago doctor Harry Haiselden encouraged Allen and Anna Bollinger, parents of a baby born with severe physical anomalies, to let the baby die.³⁷ While some of the anomalies could have been corrected with surgery and allowed the baby to live, Haiselden’s view that defective infants were better dead directed his advice to the parents. Haiselden announced publicly that he had allowed other ‘defective’ infants to die in the previous ten years and continued his withholding of care from various ‘defective’ infants through 1918.³⁸ The case garnered national news media attention as ques-

tions arose over the doctor’s actions. No legal action was taken against the doctor as it was considered the parent’s right to deny treatment for their child. The only medical organization to respond negatively to Haiselden’s stance was the Chicago Medical Society which removed him from the society for his being too public about the case, not for his withholding of treatment.

Dr. Haiselden made *The Black Stork* for theatrical release to convey his eugenic message to the public. In the movie a doctor, played by Haiselden, instructs a woman who marries a man from a family with a hereditary defect not to allow a newborn defective child to survive. Haiselden shows the woman and the movie viewers a number of people with disabilities, each highlighting a negative aspect of living with a disability. The woman then has a series of visions of the child’s future, again all very negative. She elects not to save the baby. As the baby dies, Jesus appears and carries away the child’s soul.

The film shows the other side of the hereditary debate as well. A woman refuses to marry her perfectly healthy fiancé because their children will inherit her mother’s epilepsy. In the end, they learn that the ‘mother’ is actually only a step-mother. The woman marries and produces a very healthy child. The imagery in the film clearly sends the message that defective children were an emotional burden, an unjust social expense, led a painful life, contributed nothing to society and should be killed. The film in several different edited forms played in theatres between 1916 and 1942. Haiselden’s pronouncements of killing babies born with disabilities and his film are examples of casting the devalued person into the roles of ‘defective’ and ‘better off dead.’³⁹

The eugenic movement offers a frighteningly vivid example of the power of images (both pictorial and literary) to convince the public and the professional in training of the validity of a particular theory. Eugenicists carefully used imagery to advance their cause. A constant stream of negative images reinforced the acceptance of the deviancy

of the targeted group and the necessity of using eugenic answers to solve the depicted eugenic problem. Images of parents with disabled children complying with the eugenic demands served to reinforce the eugenic movement's authority.

All of these efforts to convince the professionals, politicians and lay people of the correctness of the eugenic movement's view of humans and the treatments they advanced had a profound impact on Canadians and Americans.⁴⁰ While there were people and organizations who opposed the eugenic movement, enough people were convinced of its correctness to see social policy and practice swing to support eugenics at various federal, state and provincial levels.⁴¹

The Eugenic Solutions

EUGENICISTS IN BOTH THE United States and Canada advanced three major solutions to the perceived problem of degeneracy. **First** was the incarceration of people assessed as defective, from the feeble-minded, the epileptic, the insane, and the alcoholic, through to the immoral. Dr. Helen MacMurchy campaigned for more funding to construct large institutions in Canada to eventually house all the feeble-minded.⁴² The cost of the institutions would be offset by the reduction of what she termed wasted spending to keep the feeble-minded in the community. Others suggested that many of the institutionalized could work at producing a good or at farming, raising money to offset some of the cost of institutionalizing them.⁴³ All provinces built more and larger institutions during the first half of the twentieth century to segregate labelled individuals from the larger community. Although not created solely on the grounds of eugenics, these institutions did at least support the eugenic ideas of segregation and the inhibiting of procreation. Some eugenicists rejected the long term feasibility of the institutions because of their ongoing costs. MacMurchy herself suggested that the only sure way to eliminate the threat of the mentally defective was through mandatory sterilization programs.⁴⁴

The **second** line of attack on the 'problem' people was via laws dictating marriage restrictions. Thirty states had passed marriage restriction laws by 1914 to prevent people considered defective from marrying. The 'defective' label was applied differently across the thirty states, with some banning marriages of people diagnosed as insane or as idiots, while others simply voided marriages of those considered physically or mentally incapable of understanding.⁴⁵ Lucien Howe, a leading American ophthalmologist and eugenicist, "led the charge to segregate, sterilize and ban marriages of blind people and their relatives" during the 1920s.⁴⁶ By the end of the 1930s, the eugenic message on marriage restrictions had spread across America, producing forty-one states with laws prohibiting mentally ill and feeble-minded people from marrying.⁴⁷ These laws denied the valued roles of husband, wife, and in-law to people already subject to devaluation through labelling. This increased their devaluation and added further wounding in the person's experience of life. The laws carried various penalties for those who broke the law, ranging from one to three years in prison, fines and even exile from the state. In Canada, the eugenic concern over marriage did not impact on law makers until the eve of the First World War. In 1913, the Ontario government amended the Marriage Act to fine or imprison for a year any minister or license issuer who authorized the marriage of "'an idiot or insane' or ... who was 'under the influence of intoxicating liquor'."⁴⁸ Eugenicists however were not convinced that marriage restrictions offered a sure guarantee for halting the procreation of degenerates.

The **third** solution concerned the use of sterilization to guarantee the absolute prevention of reproduction among those judged inferior. The first state to pass a sterilization law was Indiana in 1907. Sterilizations occurred prior to this law, but in 1907 the state felt a law was necessary to facilitate stopping "the procreation of 'confirmed criminals, idiots, imbeciles, and rapists'."⁴⁹ By 1920, nineteen states had laws concerning steril-

ization, but many states did not act on their laws as a result of issues over their constitutionality. Harry Laughlin entered the fray, creating a model law that would stand a constitutional challenge. Virginia legislators took Laughlin's model and created a sterilization law in 1923, challenged in the Supreme Court in 1927 (this story appears below). After the Supreme Court's decision, the number of states with sterilization laws rose to thirty. Almost all of the states with pre-1927 laws re-wrote their laws to conform to the new legal standard. By 1975, when the last sterilization law fell in California, the number of Americans subjected to state sanctioned eugenic sterilization had climbed to over 65,000.⁵⁰ The numbers of individuals sterilized outside of the state system, through private arrangements with consenting physicians, is unknown.

In Canada, only two provinces (Alberta in 1928, and British Columbia in 1933) passed eugenic sexual sterilization laws.⁵¹ The eugenic movement in Alberta firmly established itself in the years following the First World War. An investigation of the rising numbers of feeble-minded people in Alberta, by the Canadian National Committee on Mental Hygiene, pointed to the increase in Eastern European immigrants as the cause. Committee members believed Eastern Europeans were more likely to be feeble-minded.⁵² In 1922, the United Women of Alberta adopted a eugenic position towards 'the growing problem' of the mentally defective. They worked to educate the public and the politicians of Alberta on the need to adapt the eugenic theory and use segregation in institutions or sterilization to prevent the reproduction of mentally deficient individuals.⁵³ The United Farmers of Alberta, who formed the provincial government, passed a sexual sterilization law in 1928 based on the eugenic understanding of mental disorders and feeble-mindedness. The Sexual Sterilization Act created a commission of four people who reviewed the candidates' files and decided on which people to sterilize.⁵⁴ Inmates of institutions were the targeted group. At first the

people selected had to give their approval for sterilization to occur, unless they were considered incompetent, in which case a family member or court appointed guardian could give permission. In 1937, an amendment to the law loosened the necessity of getting the institutionalized person's permission, by allowing the compulsory sterilization of anyone deemed mentally defective.⁵⁵ In 1942, the category of candidates was enlarged to include mental patients with syphilis, epilepsy, and Huntington's Chorea (who had to give their permission).⁵⁶ During its forty-four years of operation the committee reviewed 4,785 cases. It never said no, but held judgement on forty-six cases and recommended 4,725 people for sterilization. Of those recommended, sterilization was performed on 2,822 people. Peter Lougheed's Conservative government repealed the law in 1972.⁵⁷

British Columbia followed Alberta's example in 1933 when it passed a Sexual Sterilization Act.⁵⁸ A commission of three people reviewed the files of those individuals put forward for sterilization by their institution's director. The arguments for the law included the suggestion it would be cheaper to sterilize and release people than keep them institutionalized during their period of fertility. The eugenic positions, that mental disorder and deficiency were hereditary, and the need to keep them from multiplying and thus destroying society, were front and centre. Women's groups, the medical community and input from American eugenicists convinced the government to pass the law. The numbers actually sterilized under the law are unknown as the records have been destroyed.

The Stories of Carrie Buck & Leilani Muir

THE STORIES OF TWO PEOPLE subjected to the eugenic theory and treatments reveal the impact of the unconsciousness of deviancy making and the creation of the supporting mindset and expectancies.⁵⁹ Carrie Buck was born into the family of Emma and Frank Buck in 1906.⁶⁰ After her husband left the family, Emma fell into hard times and frequent contact with

the local police. Emma lost custody of Carrie in 1909. Carrie went to live with John Dobbs (one of the deputy-sheriffs familiar with Emma Buck) and his wife. In 1920, Emma was committed to the Virginia Colony for the Epileptic and Feeble-minded for life. The grounds for her committal included prostitution (although not selling sex) and repeated lying. Her intelligence test revealed a mental age of seven years or the label of low grade moron.⁶¹ The Dobbs regarded Carrie as a house maid for the family, kept her distant from the Dobbs' children and even hired her out to clean houses for local neighbours. At age seventeen Carrie became pregnant. The father of the child was a nephew of the Dobbs. As the social mores of the 1920s in Virginia did not approve of single pregnant adolescents in the homes of 'respectable' families, Carrie needed to be gotten rid of. The answer was to have her placed in the colony where her mother lived. The grounds for Carrie's committal included "outbreaks of temper," "peculiar actions" and "hallucinations."⁶² At the time of her entry into the colony Carrie's intelligence measure indicated a mental age of a nine year old, a middle grade moron.⁶³ The Dobbs took in Carrie's daughter, Vivian.

As noted above, in the early 1920s many states with sexual sterilization laws did not enforce them due to a concern over their vulnerability to constitutional challenge. Harry Laughlin, a self-professed expert and strong advocate of sterilization, wrote a model law for legislators to follow when re-writing or creating new sterilization legislation. Laughlin suggested that sterilization laws needed four main elements to withstand constitutional challenges. **First**, they needed to establish a rigidly adhered to procedure that would be applied to all candidates for sterilization. **Second**, once chosen, notification of their selection and the process for an appeal had to be given to the patient in writing. **Third**, an appointed advocate would help with the appeal process as it moved through the courts, creating an adversarial system to protect the person's rights.⁶⁴ **Fourth**, the method used to

sterilize the person needed to be the least invasive technique available.

Dr. Albert Priddy, the director of the Virginia Colony for the Epileptic and Feeble-minded where both Carrie and her mother resided, used Laughlin's ideas to help draft a sterilization law for the state of Virginia, along with the colony lawyer Aubrey Strode. The Virginia legislature passed the act in June 1924. What eugenicists required was a test case to contest the law all the way to the Supreme Court of the United States. To do this Priddy needed to select an inmate from the colony who would perfectly represent the eugenicists' notion of the hereditary progression of degeneracy. Priddy selected Carrie Buck for this role when he put her name forward for sterilization in September 1924. A diagnosis of Carrie's seven month old daughter Vivian as mentally defective would prove the hereditary nature of the case.

Carrie's assigned advocate was Robert Sheldon who hired a lawyer Irving Whitehead to defend Carrie through the courts. Whitehead had had prior involvement with the colony's administration and was a supporter of eugenics and sterilization. Aubrey Strode acted as the colony's lawyer throughout the series of appeals. The Circuit Court of Amherst County heard from a social worker who assessed Vivian as having an odd look about her. It also had a deposition from Harry Laughlin attesting to Carrie's untrustworthiness, her inability to support herself independently and her potential inclination towards prostitution. Laughlin's deposition closely resembled portions of the letter Priddy had sent to him describing Carrie. Laughlin never saw Carrie, nor had access to any family information other than what Priddy wrote.⁶⁵ In court, Priddy gave a damning description of Carrie and her family, calling her the lowest of low grade morons. Whitehead apparently did not note the discrepancy between Priddy's diagnosis and that in Carrie's colony file. The court upheld the sterilization order.⁶⁶ The lower court's decision was appealed to the Supreme Court of Appeals for Virginia, where once again the judge

ruled to uphold the sterilization order. The stage was set for the Supreme Court.

Whitehead argued throughout the appeal process for the reversal of the order based on two arguments.⁶⁷ **First**, he offered that the state did not have the right to inflict any harm on a person's body without due process (a Fourteenth Amendment to the US Constitution issue). **Second**, he questioned the state's sterilization of only the feeble-minded people in the colony on two grounds; one, they were already unable to procreate by reason of segregation and two, sterilization did not apply to the feeble-minded in the state not living in an institution. This last condition noted that the law unfairly targeted a select group of citizens, constituting a violation of the Eighth Amendment to the US Constitution. Whitehead did not argue against eugenics or sterilization.

Aubrey Strode, representing Dr. Bell and the colony, argued that the sterilization was correct and the law proper. He offered the evidence again of the inheritance of feeble-mindedness, and that Carrie, her mother and daughter were feeble-minded. As to Whitehead's objections, Strode noted the new law's process to inform and defend the person selected for sterilization, and that sterilization was akin to the "compulsory vaccination" laws. As to the Eighth Amendment issue, Strode noted that any feeble-minded person in the state could be institutionalized and then subject to sterilization.

On 2 May 1927, Supreme Court Justice Oliver Wendell Holmes read the court's decision.⁶⁸ The Supreme Court upheld the order to sterilize Carrie Buck, claiming that due process was served, and sterilization was not a cruel or unusual request to make of a citizen. In his statement Holmes said it was not inappropriate for the country to call the weak members to sacrifice what he felt they would not miss, given the unselfish sacrifice of good men in times of war. He concluded with the plea that, "Three generations of imbeciles are enough." It is unfortunate that the Justice did not listen to, or understand better, the labelling system the eugenicists' advanced. Neither Emma or

Carrie were labelled imbeciles. Emma and Carrie were diagnosed as morons, which was indicative of a higher level of functioning than an imbecile. Vivian's 'defective' label hung on her having an odd look, for she was never diagnosed as moron or imbecile. This reveals how people, even Justice Holmes, did not have to understand the eugenic theory and evidence, but only believe the eugenic message was correct in order to act. Holmes' inability to relate personally to Carrie Buck's life is reflective of the natural tendency to reject and distance one's self from that which is perceived as an "unpleasant stimulus."⁶⁹ Carrie's sterilization took place at the Colony for the Epileptic and Feeble-minded in Lynchburg Virginia on 19 October 1927. When Vivian died of measles, at eight years of age, her school teachers claimed she was a bright normal student.⁷⁰

The story of Leilani Muir reveals the crushing influence and flawed nature of eugenics in a Canadian pro-sterilization province in the years after the Second World War.⁷¹ Leilani was born in Calgary, Alberta on 15 July 1944. With her mother in poverty, Leilani and her siblings frequently moved.⁷² Her mother tried to 'dispose' of Leilani three times before finally convincing the province to confine her in the Provincial Training School for Mental Defectives in Red Deer, Alberta. The early home life involved neglect and abuse, including the refusal to allow Leilani to eat with the family and at times to eat at all. As a result, Leilani stole food from other children's lunches at school. These incidents provided the rationale for her mother's third effort to remove her daughter from the family home. Leilani entered the Provincial Training School in the summer of 1955 on the eve of her eleventh birthday.

Her mother completed the application for admission, forging the required signature of the man with whom she lived. The legally required home visit by a social worker never occurred. The required medical and intellectual assessments of Leilani also did not take place before her entry into the institution. To the question concerning

any hereditary problems in the family the mother wrote “nil.” Leilani’s mother used the ‘prompting words’ on the application form to describe her daughter as “‘indolent,’ ‘bossy and impulsive,’ and ‘bad tempered’.”⁷³ Finally she forged her partner’s signature for the consent to sterilize Leilani if the Provincial Eugenics Board deemed it appropriate. This last strike against her daughter was a requirement for admission to the institution.

Dr. le Vann, superintendent of the Provincial Training School, recorded only two comments on Leilani’s assessment sheet, “Pleasant looking child. Talks easily and volubly.”⁷⁴ Two years later she appeared before the Provincial Eugenics Board for an order to have her sterilized. While her file revealed she was doing fine in school, able to read and do math well, it recorded an intelligence quotient of 64, placing Leilani in the “defective category.”⁷⁵ The file predicted that she would require long term strict supervision. The report also noted her Irish-Polish and Catholic background, quick temper, a frequency to be without privileges due to bad behaviour, and an interest in boys.⁷⁶ The board ordered the sterilization due to the “[d]anger of the transmission to the progeny of Mental Deficiency or Disability, also incapable of Intelligent parenthood.”⁷⁷ Leilani Muir was sterilized on 19 January 1959. She was told that she was having an appendectomy (which they also performed) and not told that she had been sterilized. She left the institution in 1965. Fifteen years later Leilani finally learned why she could not have children. Her adult life was fraught with difficulties, including failed marriages, depression and the deep wounding from the stigma of institutionalization, labelling as a moron, and the loss of her potential to give birth.⁷⁸

The Alberta Eugenics Board passed more people for sterilization prior to 1945, but saw more actual sterilization of the people passed for sterilization in the years from 1946 to 1972. In part, this was the result of limited resources due to the depression and the war, and the need to have the targeted person’s permission. In the post war years, with

consent no longer required from those labelled mental defective, the Board turned to the sterilization of the people living in the Provincial Training Schools, those who could not object.⁷⁹ In 1996, Leilani Muir won a lawsuit against the Alberta government and received an award of \$740,780 in damages and \$230,000 for her legal fees.⁸⁰

Selected SRV Themes the Eugenics Movement

THE EXPERIENCES OF BOTH Carrie Buck and Leilani Muir are symbolic of the impact on devalued individuals of the course steered by the eugenic movement. Segregation, stigma and physical mutilation were the primary outcomes of the eugenicists’ flawed effort to reach their warped sense of utopia. Along this course the eugenicists created a malicious image of people placed in the role of ‘deviant.’ The professionals whose training involved the eugenic theory, and many among the public exposed to eugenics, absorbed the negative images into their conscious and unconscious minds. The frequently repeated evidence created a mind set about the labelled individuals which produced negative expectations within the perceiver. The negative expectancies produced in the professionals cast their understanding of the labelled people with whom they dealt. Justice Holmes already believed before he heard the *Buck vs. Bell* case of the worthlessness of a defective’s life and the inappropriateness of society supporting anyone declared defective. His pre-orientation allowed only one hearing of the evidence presented, that which conformed to his mind set. Laws which institutionalized, sterilized and/or restricted the marriages of defective people appeared appropriate to legislative members who had accepted the mind set created by the eugenicists. The alleged ‘deviant’ individual faced institutionalization, sterilization or restrictions to relationship in order to prevent their further reproduction. In some cases (as with the baby *Bollinger*) they were killed at birth.

Images and the resulting mindsets established a set of expectations for the targeted group, leading people to see only the expected behaviours and to act in ways to elicit those behaviours from the targeted group members.⁸¹ This illustrates the SRV theme of role expectancies and role circularity.⁸² Acceptance of the eugenic theory, along with isolating and manipulating people with techniques based on the eugenic ideas, severely limited the behaviours in which the devalued people could engage. This offered further false verification for the eugenic theory, encouraging deeper commitment to it by the believer. In their analysis of Alberta's Provincial Eugenic Board's decisions, Deborah Park and John Radford found that poor "home environment" was just as likely to appear as justification for sterilization as inheritance of the alleged defectiveness.⁸³ In their zeal to fulfill the eugenic mission, board members looked for reasons to sterilize outside of the biological foundations of the eugenic theory. These theoretically incoherent pieces of data simply reinforced the eugenicists' belief in their quest to save the middle class, Anglo-Saxon Albertans from the supposed onslaught of defectives. The fact that the Alberta Provincial Eugenics Board never said "no" to sterilization, to even one of the nearly 4,800 cases put forward for their perusal, indicates the profoundly rigid eugenic mind set they held.

The family pedigree studies served as a major piece of evidence in the American eugenicists' efforts to convince people of the hereditary nature of defectiveness. With their repeated 'demonstration' of social cost, generation after generation, the eugenic solutions appeared mandatory. These sources of evidence took the dispositional perspective to its ultimate end, disallowing any influence of the environment to account for the behaviour and physical conditions that the eugenicists deplored. No matter what you were, if you were illiterate, poor, a single mother, and/or any other of the many characteristics they placed within the influence of the labels of feeble-mindedness or insanity, the only explanation was hereditary. The devalued person held the entire blame for their

assigned place in society, as no acknowledgement of the social construction of devaluation ever occurred. With eugenic lenses firmly in place, the eugenic researcher 'discovered' their data supported the eugenic theory. Their mind sets and expectancies did not allow for any other interpretation of the conditions in which these families lived. In the process they wrote and displayed photographic images in a way that reinforced the readers' mind set of and expectations for people labelled defective or degenerate. The eugenic researcher cast the targeted person into a vicious cycle of 'role circularity,' resulting in the labelled person's devaluation and abuse by the eugenicists. The believers in eugenics lost themselves in a closed cycle of 'belief circularity,' unable to see that their mind sets interpreted the data in front of them in a way to support their beliefs, which in turn served to enhance their confidence in the correctness of their mind sets and expectancies.

Since eugenicists held the idea that hereditary endowment explained all human development, the developmental model as understood within SRV did not apply. Furthermore, the environment and especially modelling was not the behaviour shaping force that Wolfensberger has clearly demonstrated it is.⁸⁴ Although eugenic theory was critically flawed, the evidence manipulated and distorted, it persisted as a result of the deep unconsciousness among professionals and the public of the deviancy role assigned to people perceived as negatively different or as problematic to society. Eugenicists could not see any competency whatsoever in the degenerate person. The labelled person would never develop any socially redeeming or economically valuable qualities, although many eugenicists advanced the idea that they could work to offset the costs of the institutions in which they lived. Eugenicists repeatedly stressed the inability to enhance defective people. In this way they worked directly against what SRV would offer within the theme of personal competency enhancement.

In both Canada and the United States, eugenic approaches to dealing with individuals with intellectual, physical or mental problems squashed any

possibility for social integration and the holding of valued social roles. Institutionalization of people completely denied them social integration and severely reduced the opportunities for holding a valued role. Marriage restrictions socially isolated the individual in the community, by denying them the valued role of spouse and in-law. Sterilization socially isolated the individual within the fabric of society in the twentieth century, as mother and father were esteemed social roles sought by most people. All these interventions created a profound wounding of those who fell under the eugenicists' glare.

Conclusion

THE STORIES OF THE Canadian and American eugenics movements' efforts to become the authorities for the understanding and treatment of people with a wide variety of devalued qualities and conditions demonstrate the processes for creating negative images and experiences for devalued people. This lesson illustrates the power and utility of SRV, and how the ideas described by SRV can be used to create either positive or, sadly, negative outcomes for people (a point made earlier). The eugenic movement in both countries was predicated on middle class values and the false assumption that the so-called science of eugenics could solve the perceived problems that both countries faced at the turn of the twentieth century.

The dominant middle class that led the eugenic movement claimed professional control over those with intellectual and physical disabilities, addictions, behaviour considered immoral and those experiencing economic difficulties. Their use of imagery, both written and visual, presented the targeted groups of individuals in the most negative light possible for the general public and their fellow social reformers. Their rhetoric of impending national doom at the hands of an out-of-control degenerate class of 'others' was meant to raise fear and hurry the eugenic techniques into practice.

The singularity of direction, taken by the institutionalized eugenic mindset, placed all who came

under their gaze into the same treatments: segregation, isolation, and physical mutilation (institutionalization, restrictions on marriage, sterilization). The decision of the Supreme Court of the United States, in *Buck vs. Bell*, and the Alberta Eugenics Board's failure to say "no" to any of the cases put before it, demonstrates this single mindedness.

Eugenics' assault on the lives of Carrie Buck and Leilani Muir provides a small window of insight into the profound wounding of those individuals subjected to the theory and technology of the movement. Baby Bollinger experienced the extreme of eugenics, the desire to kill those born with supposed dysgenic qualities. Yet those eugenicists who promoted institutionalization and/or sterilization also worked to make the targeted individuals dead, through isolation and depersonalization, and the destruction of their ability to participate in the creation of life.

Afterword

MUCH OF THIS ARTICLE has been 'historic' in orientation. Some of the stories, like Carrie Buck's, occurred over eighty years ago. Leilani Muir's experience with eugenics appears finished, as she received compensation for what happened to her. There might be a tendency for the reader to think that this is all behind us and that this piece was an academic exercise in applying SRV themes to past devaluation; but this would be a mistake.

Eugenics is alive and proliferating. The 'new' eugenics distances itself from the 'old' eugenics use of family pedigree and its failure to comprehend the complexity of genetics.⁸⁵ The 'new' eugenics suggests that it will serve our society well if we remove people it declares are unwanted. The unwanted are those born with intellectual, emotional or physical disabilities, whose lives the 'new' eugenicists portray as filled with pain and suffering, as a burden to others, and/or as an economic drain on society.⁸⁶ Thus, the people targeted by the 'new' eugenic movement are the same as were targeted by the 'old' one. The reasons for their

elimination are also the same. So what is different to warrant the title of 'new'? The science offered to explain and justify the present eugenic effort, the experts claim, is far more accurate than the science of the old eugenics. The new science is the science of genetics.

The mapping of the human genome has been heralded as the beginning of a new era in understanding human behaviour and disease. Newspaper and popular magazine articles have informed the public that the gene(s) involved in various 'terrifying' conditions from cancer to Alzheimer's, schizophrenia, manic-depression, through the spectrum of autism, have been located.⁸⁷ Reporters suggest that eradication of the disease is the next goal for researchers. The materialism of the genetic orientation makes all aspects of humanness biological and thus open to physical alteration or elimination.

The other shift in the 'new' eugenics from the 'old' is the supposed removal of the state in directing eugenic activity. The individual is said to be in charge of the decision, of whether or not to take eugenic choices offered by the professionals.⁸⁸ The invocation of the individual right to decide to prevent people being born with the targeted devalued condition is an effort to keep the discussion of the 'new' eugenic approach from the public forum, as it is said to be a private matter. This stance appeals to people holding the current belief that individual rights will provide them with a life free of any 'unwanted burden.'

The 'private matter' argument is voided however with the United States government funding research to prevent children from being born with a 'devalued condition,' such as is the case with the funding for research, treatment and *prevention* of autism.⁸⁹ With government funding, eugenic decisions are a matter of state policy and thereby of public concern. The public pronouncement of the Canadian Society of Obstetricians and Gynecologists calling for the testing of all fetuses for Down's syndrome, followed with the 'option' of abortion if diagnosed, further erodes the argument that the 'new' eugenics is private not pub-

lic.⁹⁰ Since the group has appealed to the public, to hear and accept their stance, the issue is open to public debate. It is also an example of a professional group claiming the place of determining the devalued characteristic that requires denial to be born and the ones to perform the technique to carry out the denial.

The eugenic movement has not ended. Instead, it has taken on a new guise, under the name of genetics, and continues its attempt to eliminate people through 'preventative' measures. The same methods employed in the last century are being redeployed in this one, to convince the public, the relevant professional groups and the politicians of the necessity to follow the eugenic mandate, as are the methods to address the 'perceived problems.' Using Social Role Valorization to enhance the perceived value of individuals at risk for devaluation seems ever more critical in light of the history and the continued story of eugenics.

ENDNOTES

1. This article will deal with seven of the SRV themes, not including the conservatism corollary, model coherency, and the power of imitation.
2. For a more detailed exploration of the eugenic movement the reader is referred to the following: McLaren, A. (1990). *Our own master race: Eugenics in Canada, 1885-1945*. Toronto: Oxford University Press; Kevles, D. (1985). *In the name of eugenics: Genetics and the uses of human heredity*. Berkeley: University of California Press; Perkins, D. (1968). *Eugenics and the progressives*. Nashville, Tenn: Vanderbilt University Press; Rose, C. (2004). *Preaching eugenics: Religious leaders and the American eugenics movement*. Oxford: Oxford University Press; Allen, G. (1989). Eugenics and American social history, 1880-1950. *Genome*, 3(2), 885-889; Selden, S. (1999). *Inheriting shame: The story of eugenics and racism in America*. New York: Teachers College, Columbia University; Weikart, R. (2004). *From Darwin to Hitler: Evolutionary ethics, eugenics, and racism in Germany*. New York: Palgrave MacMillan; Friedlander, H. (1995). *The origins of Nazi genocide: From euthanasia to the final solution*. Chapel Hill, NC: University of North Carolina Press.
3. For a significantly more detailed exploration of the period referred to as the 'Progressive Era,' see Perkins (1968); Chamberlin, E. & Gliman, S. (Eds.) (1985). *Degeneration:*

- The dark side of progress*. New York: Columbia University Press; Davis, A. (1967). *Spearheads of reform: The social settlements and the progressive movement, 1890-1914*. New York: Oxford University Press.
4. Riis, J. (1901; 1971). *How the other half lives: Studies among the tenements of New York*. New York: Dover Publications.
 5. Darwin, C. (1859). *Origin of species*. London: J. Murray. Galton applied his understanding of Darwin's work to study the genius and ability that was found in families of 400 men deemed to have made significant contributions to British politics, military, science and the arts, in the 1869 book, *Hereditary genius*. London: Macmillan & Co. Darwin published his own ideas on the hereditary nature of humans in 1871, *The descent of man*. London: J. Murray.
 6. Galton, F. (1883/1907). *Inquiries into human faculty and its development*. London: J. M. Dent & Co., p. 17, footnote 1. The 2001 electronic copy of the full text in the online Galton archives was used in this article; available at <http://galton.org>.
 7. Galton, F. (1909). *Essays in eugenics*. London: The Eugenics Education Society.
 8. For a fuller discussion of the British eugenic movement see Kevles (1985); Mackenzie, D. (1976). Eugenics in Britain. *Social Studies of Science*, 6, 499-532; Soloway, R. (1990). *Demography and degeneration: Eugenics and the declining birthrate in twentieth-century Britain*. Chapel Hill, N.C.: University of North Carolina Press.
 9. Galton (1909), *Essays in eugenics*, p. 42.
 10. Sebastian Normandin attributes the first lecture on eugenics in Canada to Dr. Alexander Reid, January 1890, in Halifax, Nova Scotia. See Normandin, S. (1998). Eugenics, McGill, and the Catholic Church in Montreal and Quebec. *Canadian Bulletin of Medical History*, 15, 59-86.
 11. Researchers have focused exclusively on studying the national and state or provincial eugenics societies. We have no research on eugenic societies with a more local community focus.
 12. Thomas, S. & Wolfensberger, W. (1999). An overview of Social Role Valorization. In Flynn, R.J. & Lemay, R. (Eds.), *A quarter-century of Normalization and Social Role Valorization: Evolution and impact*. Ottawa: University of Ottawa Press, 125-159. Thomas and Wolfensberger demonstrate this point at the end of the article by posing a series of "if-then" statements predicting devalued roles and negative outcomes; see 156-157.
 13. These seven SRV themes can be reviewed in Wolfensberger, W. (1998). *A brief introduction to Social Role Valorization: A high-order concept for addressing the plight of societally devalued people, and for structuring human services* (3rd ed.). Syracuse, NY: Syracuse University Training Institute for Human Service Planning, Leadership & Change Agency, 103-127.
 14. Numerous pieces are available for view on the websites of the Disability History Museum found at <http://www.disabilitymuseum.org> and the Image Archive on the American Eugenics Movement located at <http://www.eugenicsarchive.org/eugenics/list3.pl> operated by the Dolan DNA Learning Center at Cold Spring Harbor New York, which is the same location as the former American eugenic laboratory.
 15. Kellogg, J.H. (1897). *Are we a dying race?* <http://www.disabilitymuseum.org/lib/docs/797card.htm>. Accessed 12 January 2008.
 16. Sharp, H.C. (n.d., probably early 1900s). *The sterilization of degenerates*. IUPUI Digital Archive <http://hdl.handle.net/1805/1058>. Accessed 12 January 2008.
 17. Wembridge, E. (1927). Dwellers in Neurotica. *The American Mercury*, 10, 460-465. <http://www.disabilitymuseum.org/lib/docs/1746card.htm>. Accessed 12 January 2008.
 18. Dolan, D. (2007). Psychiatry, psychology, and human sterilization then and now: "Therapeutic" or in the social interest? *Ethical Human Psychology and Psychiatry*, 9(2), 99-108. See 100.
 19. The Carnegie Institute financed the Cold Harbor facility after 1921 and reviewed the Eugenic Record Office's (ERO) work in 1935. This review resulted in the withdrawal of financial support and the closure of the ERO in 1939.
 20. Danielson, F. & Davenport, C. (1912). *The Hill Folk: Report on a rural community of hereditary defectives*. Cold Spring Harbor, N.Y.: Eugenics Record Office; and Estabrook, A. & Davenport, C. (1912). *The Nam Family: A study in cacogenics*. Cold Spring Harbor, N.Y.: Eugenics Record Office, deal with feeble-mindedness, while Davenport, C. (Sept. 1928). Race crossing in Jamaica. *The Scientific Monthly*, 27(3), 225-238, deals with 'problems resulting from interracial procreation.'
 21. "Immigration Act of May 26, 1924" (Statutes-at-Large 92.1: 153-169). Known as the Johnson-Reed Act, this law restricted European immigration from countries, after 1924, to a limit of two percent of the number of that nationality living in the United States in 1890. This system favoured

British and other Northern European immigrants. It banned most Asians from immigrating into the United States.

22. Rafter, N. (Ed.). (1988). *White trash: The eugenic family studies, 1877-1919*. Boston: Northeastern University Press.

23. Wolfensberger (1998), *A brief introduction*, 66-67 .

24. In Rafter (1998), see The Smokey Pilgrims, 55-65; The Hill Folk, 81-163; and Dwellers in the Vale of Siddem, 341-378.

25. See Elks, M. (2005). Visual indictment: A contextual analysis of the Kallikak family photographs. *Mental Retardation*, 43(4), 268-280.

26. When criticism of Davenport's papers and books occurred, he was quick to react. A case in point is with W.E. Castle's criticism of the "Race crossing in Jamaica" article (and subsequent book) [see Castle, W.E. (June 1930). Race mixture and physical disharmonies. *Science*, 71 (1850), 603-606]. Davenport's response to Castle's comments (and apparently some by British eugenicist Karl Pearson) attacked his critics' research abilities and findings, and offered other researcher's evidence to prove his own case. See Davenport, C. (Nov. 1930). Some criticisms of "race crossing in Jamaica." *Science*, 72 (1872), 501-502. Edwin Black states that Davenport reacted quickly to any criticism, first assuring his financial backers that the critic could be dismissed; see Black, E. (2003). *The war against the weak: Eugenics and America's campaign to create a master race*. New York: Four Walls Eight Windows, pp. 102-104.

27. Dr. Helen MacMurchy was an inspector of institutions for the feeble-minded in Ontario from 1906 to 1916; see McLaren (1990), *Our own master race*, 30.

28. MacMurchy, H. (1920). *The almshouses: A study of the feeble-minded*. Boston: Houghton Mifflin Company. In this book, MacMurchy relied on her power of persuasion without the aid of any statistics or real case studies.

29. McLaren (1990), *Our own master race*, 56-57; and Dowbiggin, I. (1997). *Keeping America sane: Psychiatry and eugenics in the United States and Canada, 1880-1940*. Ithaca, N.Y.: Cornell University Press, 140-158.

30. Chapman, T. (Autumn 1977). Early Eugenics Movement in Western Canada. *Alberta History*, 25(4), 9-17. Chapman suggests that Woodsworth's 1909 book, *Strangers within our gates*. Toronto: Toronto University Press, was a eugenic diatribe espousing segregation and possible sterilization of new comers; see p. 11.

31. Beaud, J. & Prevost, J. (1996). Immigration, eugen-

ics and statistics: Measuring racial origins in Canada (1912-1941). *Canadian Ethnic Studies*, 28(2), 1-24. Two key government bureaucrats involved in advancing a eugenic agenda were Robert H. Coats, Director of the Dominion Bureau of Statistics from 1915 to 1942, and Peter Bryce, Chief Medical Officer of the Department of Immigration during the same period.

32. Robert Menzies examined the deportation of people labelled insane and feeble-minded from the province of British Columbia prior to World War II; see Menzies, R. (Fall 1998). Governing mentalities: The deportation of 'insane' and 'feeble-minded' immigrants out of British Columbia from Confederation to World War II. *Canadian Journal of Law and Society*, 13(2), 135-173.

33. Wolfensberger (1998), *A brief introduction*, 18.

34. Weber, L. (2006). More than just boots! The eugenic and commercial concerns behind A. R. Kaufman's birth controlling activities. *Canadian Bulletin of Medical History*, 23(1), 119-143.

35. Weber (2006), 129. The majority occurred in 1969, the same year he offered to provide free sterilization to any parents on welfare in the Kitchener area. Weber reports 700 vasectomies were "performed in the factory between September and December 1969."

36. Both messages appear on a 1942 poster entitled "If You are Fit to Marry" reminding Californians that the law required they have a certificate of health prior to marriage. The poster can be viewed at the Disability History Museum website [<http://www.disabilitymuseum.org>] and is held by the Library of Congress, Washington, D.C., LC # USF/33/13256-M3.

37. For a complete analysis of "The Black Stork" and other eugenic films see Pernick, M. (1996). *The black stork: Eugenics and the death of "defective" babies in American medicine and motion pictures since 1915*. New York: Oxford University Press. Pernick discusses both anti-eugenic and pro-eugenic films between 1904 and 1930 in chapter 7, "Eugenics on Film," 129-141.

38. In 1919 Haiselden went to Cuba, where he died two and half months later; see Pernick, 11-12.

39. cf. Wolfensberger (1998), *A brief introduction*, 16.

40. Lombardo, P. & Dorr, G. (Summer 2006). Eugenics, medical education, and the public health service: Another perspective on the Tuskegee syphilis experiment. *Bulletin of the History of Medicine*, 80(2), 291-316. These authors argue that the medical training of three of the central doctors

in these experiments involved a strong eugenic component, linking race with various diseases, including syphilis.

Dorr, G. (May 2000). Assuring America's place in the sun: Ivey Foreman Lewis and the teaching of eugenics at the University of Virginia, 1915-1953. *Journal of Southern History*, 66(2), 257-296. Dorr suggests that a combination of conditions made Virginia readily accept eugenics and its integration into the university curriculum. Virginia was a more fertile ground for eugenics than other southern states; see 275.

Bozeman, J. (December 2004). Eugenics and the clergy in the early twentieth century United States. *Journal of American Culture*, 27(4), 422-431. Bozeman explores the varied involvement of Christian and Jewish religious sects in the American eugenic movement. See also Rosen, C. (2004). *Preaching eugenics: Religious leaders and the American eugenic movement*. New York: Oxford University Press.

41. For the exploration of the contemporary critics of eugenics, see Rosen (2004), 139-164; and Leon, S. (June 2004). "A human being, and not a mere social factor": Catholic strategies for dealing with sterilization statutes in the 1920s. *Church History*, 73(2), 383-411.

42. McLaren (1990), *Our own master race*, 39-40.

43. Smith, J. (Sept. 1914). Marriage, sterilization and commitment laws aimed at decreasing mental deficiency. *Journal of the American Institute of Criminal Law and Criminology*, 5(3), 364-370, 368.

44. McLaren (1990), *Our own master race*, 42.

45. Smith (1914), 364-365. See also Kevles (1985), 99-100.

46. Black (2003), 146.

47. Dowbiggin (1997), 75-76. Some states also banned the marriages of epileptics and confined alcoholics. Christine Rosen suggests that Rev. Walter Sumner's call in 1913 for eugenic health certificate decrees before marriages could take place significantly helped to fuel the movement for restrictive marriage legislation in the United States; see Rosen (2004), 53-83.

48. Snell, J. & Abeele, C. (1988). Regulating nuptiality: Restricting access to marriage in early twentieth-century English-speaking Canada. *Canadian Historical Review*, 69(4), 466-489; see p. 472.

49. Landman, J. H. (1932). *Human sterilization: The history of the sexual sterilization movement*. New York: MacMillan, 55, as quoted in Wehmeyer, M. (February 2003). Eugenics and sterilization in the heartland. *Mental Retardation*, 41(1), 57-60.

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51. Chapman, T. (Autumn 1977). Early eugenics movement in western Canada. *Alberta History*, 25(4), 9-17; Grekul, J., Krahn, H., & Odynak, D. (December 2004). Sterilizing the "Feeble-minded": Eugenics in Alberta, Canada, 1929-1972. *Journal of Historical Sociology*, 17(4), 358-384; Caulfield, T. & Robertson, G. (1996). Eugenic policies in Alberta: From the systematic to the systemic? *Alberta Law Review*, 35(1), 59-79; and McLaren, A. (1986). The creation of a haven for 'human thoroughbreds': The sterilization of the feeble-minded and the mentally ill in British Columbia. *Canadian Historical Review*, 67(2), 127-150. Manitoba rejected a sterilization Bill in 1933.

52. Grekul et al (2004), 362.

53. Grekul et al (2004), 362; Chapman, Autumn 1977, 15. See also Park, D. & Radford, J. (1998). From the case files: Reconstructing a history of involuntary sterilisation. *Disability & Society*, 13(3), 317-342; see 318-321.

54. Sexual Sterilization Act, S.A. 1928, c. 37.

55. Grekul et al (2004), 363; Sexual Sterilization Act, S.A. 1937, c. 47.

56. Sexual Sterilization Act, S.A. 1942, c. 48.

57. See Grekul et al (2004), 364; and for a discussion of the law itself see Caulfield, T. & Robertson, G. (1996). Eugenic policies in Alberta: From the systematic to the systemic? *Alberta Law Review*, 35(1), 59-79.

58. McLaren (1986), A haven for 'human thoroughbreds.' McLaren gives the only detailed overview of the sterilization movement in British Columbia.

59. Wolfensberger (1998), *A brief introduction*, 105-106.

60. The story of Carrie Buck is drawn from Black (2003), 108-123; Bruinius (2006), 58-77; and Cynkar, R. (November 1981). Buck vs. Bell: "Felt necessities" vs. fundamental values? *Columbia Law Review*, 81(7), 1418-1461.

61. Bruinius (2006), 44. The scale for the labels assigned to individuals scoring lower mental ages than their chronological age would predict was created by American psychologist Goddard and stipulated the following: an Idiot had a mental age from one to two years, an Imbecile from three to seven years, and a Moron from eight to twelve years.

62. Black (2003), 109.
63. Bruinius (2006), 59.
64. Black (2003), 113.
65. Bruinius (2006), 62; Black (2003), 116.
66. Priddy died before the ruling came down and Dr. Bell became the acting Director of the colony, thus his name appears on the infamous Supreme Court decision, *Buck vs. Bell*.
67. For a summary of Whitehead's position see Cynkar (1981), 1447-1448, and for Strode's argument see Cynkar (1981), 1448-1450.
68. Holmes was regarded as a brilliant jurist, with a liberal leaning. He held that the law should reflect the views and concerns of the "dominant group;" see Cynkar (1981), 1444. Holmes felt that do-gooders wasted their efforts on those they helped, and that the universe was a predatory place. The *Buck vs. Bell* Supreme Court decision can be found at the Eugenics Archive website: <http://www.eugenicsarchive.org/html/eugenics/static/images/260.html>
69. Wolfensberger (1998), *A brief introduction*, 122.
70. Cynkar (1981), 1458; Bruinius (2006), 76-77, notes that on her school report cards "the third-generation imbecile noted by Justice Holmes had made the honor roll," 77.
71. Unlike Carrie Buck, and in part by its more recent occurrence, the story of Leilani Muir has not received as much attention. The story of Leilani Muir is drawn from Wahlsten, D. (1997). *Leilani Muir versus the Philosopher King: Eugenics on trial in Alberta*. *Genetica*, 99, 185-198; and *Muir vs. The Queen in Right of Alberta*, *Dominion Law Review* 132.4 (25 January 1996): file no. 8903 20759: 695-762. A film has also been made entitled "The Sterilization of Leilani Muir." Produced by the North West Center. National Film Board of Canada, 1996.
72. At the time of Leilani's birth her mother's husband was serving overseas in the military; see Wahlsten (1997), 193
73. Wahlsten (1997), 193.
74. Wahlsten, 193. Wahlsten suggests that Dr. le Vann preferred "high grade morons ... [who] ... subsequently served as subjects in his drug studies;" see 194.
75. *Muir vs. the Queen in Right of Alberta*, 695-762, 706.
76. Irish-Polish and Catholic worked against Leilani as many eugenicists in Alberta and elsewhere in Canada held immigrants as most responsible for an increase in rates of mental defectiveness in the Anglo-Saxon Protestant-dominant province.
77. Wahlsten (1997), 194; *Muir vs. the Queen in Right of Alberta*, 707.
78. Wahlsten (1997), 195.
79. Grekul et al (2004), 368-369.
80. *Muir vs. The Queen in Right of Alberta*, 695-698.
81. Wolfensberger (1998), *A brief introduction*, 104-106.
82. Wolfensberger (1998), *A brief introduction*, 106-108.
83. Park & Radford (1998), 334-335.
84. Wolfensberger (1998), *A brief introduction*, 120-121.
85. See Li, C. C. (Jan/Feb. 2000). Progressing from eugenics to human genetics. *Human Heredity*, 50(1), 22-33; Prusak, B. (2005). Rethinking "liberal eugenics." *The Hastings Center Report*, 35(6), 31-42. Prusak suggests that genetics will allow people the full range of possible improvements to the nature of their children and therefore the new eugenics is not the same as the old and should be practiced.
86. See Rifkin, J. (Spring 2005). Ultimate therapy: Commercial eugenics in the 21st century. *Harvard International Review*, 27(1), 44-48; King, D. (Apr. 1999). Preimplantation genetic diagnosis and the 'new' eugenics. *Journal of Medical Ethics*, 25(2), 176-182; Hume, J. (1996). "Disability, feminism and eugenics: Who has the right to decide who should or should not inhabit the world?" (paper presented at the Women's Electoral Lobby National Conference, University of Technology, Sydney, Australia, 26 January 1996 [paper is available for reading at <http://www.wwda.org.au/eugen.htm>]); Sills, E. & Palermo, G. (Sept. 2002). Preimplantation genetic diagnosis for elective sex selection, the IVF market economy, and the child—Another long day's journey into night? *Journal of Assisted Reproduction and Genetics*, 19(9), 433-437.
87. For example see Herper, M. & Langreth, R. (18 June 2007). Will you get cancer? *Forbes*, 179(13), 52-58; Home test for schizophrenia opens the door on genetic testing. *The Kitchener-Waterloo Record*, 4 Aug. 2006, Life Section F3; Rubin, R. Want to know if you're destined for Alzheimer's? *USA Today*, 6 March 2008, Life Section 5; Kirkey, S. Gene

test looks at prostate cancer risk. *Winnipeg Free Press*, 17 Jan. 2008, Health Section A8; Hyman, S. (Sept. 2003). Diagnosing disorders. *Scientific American*, 289(3), 96-103.

88. Li (2000) claims that genetic counselling is never directive but always allows parents to decide the course of action, as individual rights must be held supreme to state interest; see 32-33. The reality of his statements concerning genetic counsellors is subject to debate. For part of this debate see Shriver, T. (9 Nov. 2007). Silent eugenics: Abortion & Down syndrome. *Commonweal*, 10-11. See also Hume's (1996) presentation referenced above.

89. Snow, K. (2007). *21st century eugenics*. <http://www.disability-isnatural.com/articles/21stEug.htm>. Accessed 24 March 2008.

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19 March 2008 from EBSCOhost Canadian reference centre database; Prenatal genetic screening. *Canadian Medical Association Journal*, 176(8), 1074. See also Shriver (2007) noted above, & Bauer, P. Genetic testing amplifying stigma of Down syndrome. *Guelph Mercury*, 19 Nov. 2007, Opinions A9.

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The Citizen Advocacy Foundation of America

From the Editor

CITIZEN ADVOCACY (CA) is an advocacy model developed by W. Wolfensberger which in practice is informed by and relevant to Social Role Valorization. CA arranges and supports relationships between socially valued, competent citizens, and individuals who are socially devalued. The intent is for the typical citizen to respond to and to represent the devalued person's needs and interests as if they were their own.

The Citizen Advocacy Foundation of America is a non-profit, tax-exempt foundation. It solicits financial contributions to be used to make grants to CA-related projects, providing a means for assuring the continuity of CA and CA programs. Historically, CA programs have had great difficulty finding initial and ongoing funding. The Foundation will only fund projects closely related to CA, striving to achieve the greatest benefit to the CA movement overall.

The viability of this Foundation depends on financial contributions made to it by generous donors. We ask readers of this *Journal* to please consider making a donation, and/or to share this information with others who may be able to make a donation. All contributions are exempt from US taxes. For more information about the Foundation, contact Susan Thomas at 231 Miles Avenue, Syracuse, NY 13210; 315.478.3797.

To learn more about Citizen Advocacy, three excellent written resources are:

Wolfensberger, W. & Zauha, H. (1973). *Citizen Advocacy and protective services for the impaired and handicapped*. Toronto: National Institute on Mental Retardation.

Hildebrand, A. (2004). *One person at a time*. Brookline, MA: Brookline Books.

O'Brien, J. & Wolfensberger, W. (1988). *CAPE: Standards for Citizen Advocacy program evaluation (Syracuse test edition)*. Syracuse, NY: Person-to-Person Citizen Advocacy Association.

REVIEWS & MORE

A REPORTER'S GUIDE: REPORTING ABOUT PEOPLE WITH DISABILITIES. By BETSY SOUTHALL. Edited by STEVE WISEMAN & JAN LILLY-STEWART. The West Virginia Developmental Disabilities Council (www.wvddc.org), Charleston, West Virginia, 52 pages, 2004.

Reviewed by Christopher D. Ringwald

THE BEST GIFT GIVEN ME in graduate school was an assignment to “live in” with the subjects of a long news article we were to report and write. I chose to profile a handful of people 10 years after they were released from Willowbrook State School, the notorious hospital which once held 5,000 children and youths who were mentally retarded. Under the Willowbrook Consent Decree of 1975, most of these moved to community programs such as group homes and apartments. One was Martin Seigel.

As I entered their world I learned many of the prescribed “do’s” and “don’ts,” usually in terms of language. I learned to examine my conceptions and prejudices. The best check on false or damaging notions, however, was to know well some people with mental retardation.

I walked with Martin through his daily rounds—the bank, lunch, errands—and spent time at his job and home and I began to fret less over the terminology that preoccupies people who work in the field. Why? Because he was now a person, not a client and not “a person with.” He was, indeed, mentally retarded, if only moderately. But he was “Martin” more than anything else. Our relationship, and eventual friendship, began the moment I saw him as truly human.

As a reporter does, I often double-checked names, dates, sequences or quotes that he mentioned during our long sessions together. That can annoy anyone. At the time I probably thought, “Hey, he’s handicapped—I’m sure he’s got time on his hands.”

And so once more I called his apartment and asked for him. This time Martin picked up the phone and skipped hello. Instead, he yelled at me, “What is it now?!” At that moment, Martin stepped from object to subject, from “person with” to a man with moods and emotions, a man with whom I and my family are still friends. That’s the best instruction to covering people with disabilities: get to know one or two well and over the years.

Not every reporter will get to spend days with an impaired person. Yet almost all will write about people with physical, mental or developmental handicaps. Usually this will come on a slow weekend when the Special Olympics come to town or when the local nursing home organizes a “dance-a-thon” for residents who use wheelchairs.

It remains the responsibility of reporters to report accurately, fairly and thoroughly on the news and life of the immediate community and outside world including, yes, people with disabilities. *A Reporter’s Guide: Reporting about People with Disabilities*, written by Betsy Southall and published by the West Virginia Developmental Disabilities Council, is a useful, direct and mercifully terse set of instructions for journalists who want to cover people with physical and mental problems.

One virtue is its guide to the basics of disability law—court cases, legislation, initiatives—and definitions both informal and statutory. Another virtue is its high-order critique of stigmas, many of which originate in the social service world. “If a [disabled] person’s life seems atypical, it is because they must adapt their life to the services and supports they receive,” Southall writes, rather than having services fitted to the life he or she wants. Great point. It’s also a great area for journalistic investigation. Therein lies one of two peculiar blind spots in this book.

Many of the news articles or broadcast segments regarding people with disabilities originate in a press release or advocacy campaign by an agency

that serves people with impairments. Who else invites us to the Special Olympics? Or to visit the sheltered workshop? Or to cover yet another rally demanding more funding for social services? Step lively, here come the buses full of retarded people! Take a picture—don't they look cute in their agency-issued t-shirts and baseball caps with political slogans? Reporters should cover the many ways caretakers—and policy-makers and researchers and consultants and families—create and perpetuate stigmas. That would be more useful than another broadside at society's sins against marginalized people.

Drawing on the work of Wolf Wolfensberger (1998), *A Reporter's Guide* summarizes the negative life experiences and common stereotypes about devalued or handicapped people. For most reporters, this will be eye-opening. But it's another missed opportunity. While the guide encourages reporters to see beyond these experiences and stereotypes, it fails to steer them to covering these as news stories in and of themselves. The many forms of "death-making" of devalued people are a fruitful and original area for investigation.

These blind spots are, of course, common to the social service and behavioral health establishments. Even as it implores the public and media to forego stereotypes and embrace the humanity of people with impairments, the professional sector continues to perpetuate these prejudices.

Take the instance of people with addictions. The establishment chants that these are diseases just like cancer or diabetes. It's not their fault; they have a neurochemical imbalance. It's not a moral issue, so there shouldn't be any stigma!

This mantra persuades the acolytes most of all, who are then outraged that stigma continues. In 1998, the chairwoman of the Physician Leadership on National Drug Policy declared, "We were telling people to 'just say no' when addiction is a biological event."

Really? Where is the room for the person, for choice and responsibility? Scientific fundamentalism contradicts the experience of millions of re-

covered addicts who recover through spiritual and other methods that stress personal accountability and reform. And which is more stigmatizing—having an organic brain disorder or having a behavioral problem whose solution lies in ... changing your behavior?

The same goes on in the mental health field. Now that the public is nearly brainwashed into thinking that madness is a matter only of brain chemistry, they also have lost hope in personal transformation. And so they accept the wholesale drugging of people, including themselves, for emotional and psychiatric disorders.

A Reporter's Guide can educate journalists who are, typically, not attending Social Role Valorization (SRV) workshops in their free time. Southall accurately critiques the media's lazy tendencies. One is the plethora of stories that profile the heroic struggle of handicapped persons. The other common variety of articles or broadcasts darkly capture "the social menace" posed by devalued people.

Often a crime suspect's homelessness is highlighted in an article's headline or first sentence. But do we ever read about a "mansion-dwelling" white collar criminal? Same if the suspect ever sought counseling or psychiatric help. Then he or she becomes "mental patient accused of assault." Indeed, I hope a new edition of this guide would apply many of its lessons to other classes of devalued people, those with addictions and psychiatric disorders.

The *Guide* has an excellent glossary, especially useful for reporters unfamiliar with various clinical and bureaucratic acronyms, and a good guide for interviewing people with impairments. Southall serves well with a list of "acceptable terms and terms to avoid" and explanations thereof. Some are sensible and thought-provoking. Yes, reporters should really consider how relevant a disability, or its specifics, is to a story. A person may be worth a profile, or his opinion worth quoting, regardless of his impairment or its accommodations.

But I remain unconvinced that "congenital disability" is somehow less stigmatizing than "birth defect," or that "handicap" is pejorative while

“disability” is not. After all, a disabled automobile doesn’t function, while a handicap in golf simply means a disadvantage. Thankfully, she doesn’t suggest “differently-abled.”

If you want to improve media coverage, remember this: journalists are typically smart but unreflective. And at local papers and broadcasters, which produce most of our journalism, reporters are often young—how to say this delicately?—know-it-alls. They are eager to impress and get ahead in a competitive business; I certainly was. Their education about disabilities usually comes from social service administrators and publicists and advocates. If reporters annoy these gatekeepers with, say, an SRV-style critique of lifewasting group home-bowling parties, they will lose access to stories and even people with disabilities.

So help journalists see the whole picture. Suggest they investigate the social service world and its complicity in all this stigmatizing and stereotyping. And then suggest that reporters look beyond the gatekeepers.

Ideally, reporters will seek out alternative sources, as Southall recommends. She could have included a few more suggestions on finding impaired people directly. One way, certainly, is to go out into any community and look around and spend time with such a person. Maybe that young reporter will find her Martin Seigel.

REFERENCE

Wolfensberger, W. (1998). *A brief introduction to Social Role Valorization: A high-order concept for addressing the plight of societally devalued people, and for structuring human services* (3rd ed.). Syracuse, NY: Syracuse University Training Institute for Human Service Planning, Leadership & Change Agency.

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AUTISM IS A WORLD. By GERARDINE WURZBURG (Director). 40 minutes, 2005.

Reviewed by Jane Barken

WOLFENSBERGER EMPHASIZES THE IMPORTANCE, IN securing socially valued roles, of not falsely representing the person one wishes to valorize. If servers misrepresent someone’s roles, there are likely to be negative repercussions for the devalued person. This will be a question for viewers of this movie. Is Sue Rubin who we see, who we hear, or a combination of both?

The documentary *Autism is a World* is written by Sue Rubin, who is autistic. She describes herself as having been treated as mentally retarded and autistic until the age of 13, when she was introduced to Facilitated Communication, a highly controversial technique whose supporters claim enables autistic people who are unable to communicate verbally to use (at least in this case) very sophisticated language and discourse. Rubin types with one finger on a small computerized keyboard held by her servers who sometimes complete phrases by making guesses at what is intended. Viewers are shown some of this laborious process, and the rest of the time we hear the narrator. As Rubin says, “This is not my voice, but these are my words.”

This documentary, which was nominated in 2004 for an Academy Award for Documentary Short Subject, would be relevant for anyone interested in Social Role Valorization (SRV) or autism, including college and university students, human service workers, and some parents. Parents of young children with autism, however, might find the movie unsettling, because Rubin has retained many of the odd mannerisms that parents might hope their children will outgrow.

Rubin is a 26 year old who describes her world, which she feels is defined by her autism. Viewers see Sue's many social roles, valued and devalued. Sue is a valued family member, shown assisting at a formal family dinner, and participating in a political discussion using her keyboard. She is a college history major, and we see her at a lecture answering a question posed by her professor, again using her keyboard. We see Sue at the racetrack, deciding which horse to bet on, and later collecting her winnings. Sue interviews an expert on the neurobiology of autism about the nature of the condition.

Sue is also shown in the role of presenter at a conference about autism, answering a participant's question about her future goals by saying that she hopes to become an advocate and write for a newspaper. In response to a request for assistance from a participant, she replies, "You can count on me." After her session, she enjoys a cocktail in the hotel lounge with her two attendants.

Sue lives alone in her own home in an attractive neighbourhood. We are introduced to her neighbour, who is described as a friend but who is also her psychologist, and has known and supported Sue for many years.

Sue also holds devalued roles. She says she was, "lost in autism for 13 years ..., acted like my worst nightmare." She was diagnosed as mentally retarded and autistic as a child, with "an IQ of a 2 ½ year old" until Facilitated Communication "rescued her from retardation," at which time her IQ jumped to 133.

Sue says a few words, and also repeats "senseless sounds—do dah dee, nay-day." She is very short. Her eyes appear to be crossed. Her mouth is often open and she presses her tongue against her upper lip, which contributes to her odd appearance. She has an awkward gait and many unusual mannerisms. She carries several plastic spoons in her hand at all times, which she acknowledges contribute to her "looking retarded" but are her comfort. She spends much time playing with the spoons in running water. She has a helmet, which she asks to put on when she feels the need to bang her head.

Sue has paid staff with her at all times and is always in the role of human service client. Some staff have been with her for more than seven years, a highly unusual occurrence in human services. Different staff support particular roles in her life—"Danny is my outlet for fun," as they go to the racetrack together. Another staff accompanies Sue to college classes. Paid staff are described as friends, and this creates the problem of language and role confusion, especially because we only see Sue with staff or family. The staff are young and attractive and have highly positive images congruent with Sue's role as a college student. However, they have a rather annoyed and exasperated demeanor when they deal with Sue's peculiar behaviour and tendency to become distracted. Their manner would strike some viewers as disrespectful and condescending. The workers, however, do appear to have high expectations of Sue and make demands that are appropriate to her age and culture.

Problems with social interactions are characteristic of autism and this does come across clearly in the movie, despite Sue's assertions that she has never felt "aloneness" and says that everyone was "great" at including her at school. Her isolation is clear. She is shown in integrated settings, such as the racetrack and school, but we generally only see her interacting in these settings with paid staff. Sue's interpretation of her social situation, and the nature of her valued and devalued roles could lead to some lively discussions about the SRV theme of personal social integration and valued social participation (Wolfensberger, 1998, pp. 122-124), which is carried out through valued social roles.

One aspect of this documentary is jarring, and that is the dissonance between what the viewer sees and hears of Sue Rubin, and what is narrated in another voice. Sue is an articulate writer through the use of Facilitated Communication, the credibility of which is questioned by many. Some viewers will wonder if this can be the same person. Viewers will struggle with the question, "Who is Sue really?" Many human service workers know people with severe cerebral palsy, who, despite their inability to

speak, can with communication assistance be very eloquent. In contrast, Sue is able to speak reasonably clearly with a very limited vocabulary and has odd behaviour, Rubin says herself that one of her major challenges is proving that she is intelligent and a capable student.

As a college teacher, I use this documentary to teach about autism and Social Role Valorization. This movie should promote lively discussions for teachers and students of SRV, especially in terms of establishing and maintaining socially valued roles, competency enhancement, imagery, personal social integration and valued social participation, and other SRV themes.

REFERENCE

Wolfensberger, W. (1998). *A brief introduction to Social Role Valorization: A high-order concept for addressing the plight of societally devalued people, and for structuring human services* (3rd ed.). Syracuse, NY: Syracuse University Training Institute for Human Service Planning, Leadership & Change Agency.

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WHERE IS THE MANGO PRINCESS? By CATHY CRIMMINS. New York: Alfred A. Knopf, 2000.

Reviewed by Susan Thomas

THIS BOOK, BY THE WIFE of a man who suffered a severe brain injury when he was run over by a speedboat while sitting in a small motorboat on a Canadian lake, is about the first year of their life after his accident. The first few weeks of his hospitalization were spent in Canada (at Kingston General Hospital), and the author (an American) raves about the ease of dealing with the Ca-

nadian medical system which is government-run and -funded. The troubles start when she has to arrange to have her husband transported by air ambulance to a US hospital (in Philadelphia), and then subsequently has to move him to a rehabilitation hospital, and then a day habilitation center, all within about four months of his accident. Her husband regains a great deal of his mental functioning, but emerges from the coma with a somewhat changed personality, and a great deal less inhibition, both of which are common with brain injury. She also describes the effect on their family of his brain injury, his rehabilitation, and dealing with the human service system, including on their seven-year old daughter who was with her father at the time of the accident.

The book describes the typical struggle with the human service bureaucracy, and especially trying to get a health maintenance/management organization (HMO) to approve necessary procedures and treatments, as well as some awful physicians and other servers, and some wonderful ones.

Though role terms are used only infrequently, the book does talk about the phenomenon of her husband's sudden loss of roles (father, husband, lawyer/bank vice president), as well as the dramatic changes wrought in her own roles of wife and mother, and in the role relationship between herself and her husband. For instance, on p. 174, she wonders "Is Alan my spouse or my child? ... At times I become a maternal tyrant ... It's not a good role for me."

Again without using the term, she talks about the common lack of relevance and pedagogic verisimilitude in rehabilitation programs, where, for instance, her husband has to learn cooking and baking as part of occupational therapy. But he never did much in the kitchen even before his accident, he still hates baking, and as he furiously objects, "I'm a lawyer. I don't want to bake f...ing cakes!" (p. 161). She contrasts this with an example of a much more relevant form of therapy that takes "a person's previous lifestyle into consideration while planning tasks after brain injury"—

what Social Role Valorization (Wolfensberger, 1998) would term role recovery. One client was subjected to weeks of being taught to make her own bed, fruitlessly. It turned out that this woman had never made her bed because she always had hired help to do so. So the agency instead taught her once again how to apply make-up, and that she learned (pp. 161-162).

On the one hand, the author is commendably honest in talking about how her husband's injury affected every aspect of their lives, including their sexual intimacy. On the other hand, she could have explained that without going into all the explicit details that she does, especially if her own young daughter, who was so heavily involved in this story, was to later read the book.

The title refers to a question that her husband asked as he was first regaining consciousness, a question which his family never understood but assumed to have been something he dreamed. This was cited as one example of the sort of reality-detached things that her husband—and other brain injury victims—often said.

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ZIMBARDO, P.G. (2004). A SITUATIONIST PERSPECTIVE ON THE PSYCHOLOGY OF EVIL: UNDERSTANDING

HOW GOOD PEOPLE ARE TRANSFORMED INTO PERPETRATORS. In A.G. MILLER (Ed.), *The social psychology of good and evil: Understanding our capacity for kindness and cruelty*. New York: Guilford Press, 21-50.

Reviewed by Joshua Van Rootselaar

FOR A POSITION PAYING A mere fifteen dollars a day, Phillip Zimbardo had a long list of applicants—applicants for prison (Zimbardo, 2004). On 14 August 1971, selected applicants were 'arrested and booked' by the Palo Alto Police Department and brought to Stanford University (Zimbardo, 2007). In the basement of the Stanford Psychology department, Zimbardo had constructed a mock prison. Zimbardo was, and continues to be, a Stanford professor of psychology studying the effects of prison: both the effects on the guards and on the prisoners. This was just one of many experiments that Zimbardo conducted to support his perspective on how anti-social behavior is understood and prevented. Zimbardo's situationist perspective suggests that there is no bad apple—there is a bad barrel. This perspective explains why people devalue others, and accordingly relates to Social Role Valorization (SRV).

Zimbardo's article seeks to explain to its audience of mainly academics and others interested in social psychology how good people come to do bad things. The central belief endorsed by Zimbardo is that evil is not within people, evil is within society. Evil—intentional behavior that causes harm to innocent others (Zimbardo, 2007)—is a product of environmental factors; it is not a result of the person. The Milgram obedience experiments (Milgram, 1974); Golding's *Lord of the Flies* (1954); theories about external appearance, anonymity, and propaganda; the history of WWII and Iraq, are among the experiments, ideas, novels, and cold blooded history that Zimbardo uses to support his thesis. These primary and secondary sources give examples of how environmental factors led otherwise good people to participate in

evil behavior.

Zimbardo's article does not justify the devaluation of individuals or groups. However, the article provides insight on how to better understand the causes of devaluation. Wolfensberger discusses how devaluation is caused by negative evaluation of what is perceived (1998). Zimbardo believes that negative perception is a result not of individual morals, but of the typical values of a culture (2004). The Stanford Prison Experiment showed that cultures have roles which come with expectancies and which lead to behavior. When people are assigned or assume a role, the role brings a certain status as well as social expectations.

The participants in the Stanford Prison Experiment were deemed to be normal and healthy college students. Participants were randomly assigned either the role of 'guard' or of 'prisoner.' Guards were informed that they could not physically abuse prisoners but were given no other instructions concerning prisoner treatment. After their arrest and imprisonment, the guards stripped the prisoners naked and immediately began degrading them through verbal insults (Zimbardo, 2007). The prisoners were deloused and given only a smock to wear. The smocks had a number on the front and back which served as the prisoner's sole identification.

Over the course of the experiment, guards increasingly treated the prisoners as sub human and as objects of ridicule, despite the knowledge that it was only an experiment and that the prisoners had committed no crimes. Prisoners were made

to scrub toilets with their bare hands, to ridicule their peers and, during the final evening, to participate in sexually humiliating activities. This sexual humiliation occurred after only five days. The experiment that was intended to last two weeks was terminated on the morning of the sixth day.

The evil that occurred in the prison was the direct result of the actions of the guards. Each guard was perceived differently by the prisoners. One was given the nickname "John Wayne" (Zimbardo, 2007) for his rough demeanor. Others were known as the good guards because they were not abusive or harmful. Despite being identified as the good guards, and despite holding objections to the abusive treatment of prisoners, the "good guards" made no attempts to discuss the treatment of the prisoners with the other guards, or to lobby on behalf of the prisoners. The good guards expressed dislike for the evil they witnessed, but failed to advocate for change.

Zimbardo also looks at history to support his thesis that evil is not within individuals but within culture. He gives the example of WWII and the genocide of the Jewish people. Initially only half of the men with families sent to exterminate Jewish people participated in the mass killing (cf. Browning, 1993; cf. Hallie, 1994). A few months later, over 90% of the same men participated in the killings (Zimbardo, 2004). This example of social learning over time explains how devaluation becomes a cycle within culture. It becomes acceptable to do what others are doing because cultures dictate what is morally just and socially expected.

Since you are reading this journal,

then why not tell someone else about it? We believe Social Role Valorization is an important tool that concerned individuals can use to address social devaluation in people's lives. As someone who shares that belief, encourage others to read and subscribe to the only journal dedicated specifically to SRV. Information available at http://www.srvip.org/journal_general.php.

The Stanford Prison Experiment demonstrated the incredible effect of role expectancies on how people are treated. People's expectations of a particular role overruled their individual morals, allowing strong role expectancies to dictate participant's behaviour. Few visitors to the jail questioned the conditions. All accepted the role authority of the guards and prison officials. The guards quickly forgot that the prisoners were fellow college students. The prisoners quickly accepted their roles and forgot that they were involved in an experiment, failing to even converse about their outside lives. The transformative effect of an assigned or imposed role illustrates the power of role expectancies and subsequently the importance of crafting valued social roles for vulnerable, socially devalued people.

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TRUE NOTEBOOKS: A WRITER'S YEAR AT JUVENILE HALL. By MARK SALZMAN. Random House, New York, 326 pages, 2003.

Reviewed by Mayah Sevink

IN *TRUE NOTEBOOKS: A WRITER'S YEAR AT JUVENILE HALL*, we are introduced to a world seldom seen by outsiders. The author, Mark Salzman, shares his experience as a volunteer instructor in a writing class in a high security juvenile detention centre. Part of the Inside Out writing program (www.insideoutwriters.org), he is brought together with at risk youth to teach them to write.

The book offers a powerful glimpse into the lives of these youth. It is highly descriptive, offering information about their day to day routine and the living conditions in the centre, as well as some details about their past lives. While not a documentary, events are portrayed realistically, and samples of the students' written work are included.

In this setting, isolation and abandonment are pronounced. To reach the centre, Salzman must pass barbed wire, alleyways, abandoned buildings, and a weedy yard bordered by concrete bunkers. A series of locked doors guarded by unwelcoming or indifferent staff separate him from a group of youth, distinguished by their bright orange coveralls. The youth remain expressionless, heads lowered, as they follow orders. Sister Janet, a passionate advocate for the youth and the writing program, is very clear about the impact of these features: "What message does that send to these kids? That they are garbage, that's what. It tells them society simply wants to dispose of them."

Life in Juvenile Hall follows the code of the street, perhaps with some softer edges. The youth

largely divide themselves across racial lines. Personal reputation and group loyalty are paramount. The youth feel it is vital to maintain a tough, unfeeling exterior. Even the slightest insult must be retaliated against to avoid further attack or encroachment.

The system adds its own devaluing elements. Activities are few. The place is overcrowded. There are frequent, lengthy lock-downs, when all are punished for one person's transgression. Psychotropic medication is routinely dispensed to any who wish it. Solitary confinement, called 'the box,' is used often, both for discipline and as a 'protective measure.' The punishment that awaits many of the youth is extreme—fifteen years for robbery, sentences exceeding fifty years for first murder offenses.

The author describes the background of the youth, noting the prevalence of abuse, poverty, parental substance abuse, absence of family. Some at least did come from caring families. Many have extensive criminal backgrounds. Most have been charged with murder. All have been influenced, or at least affected, by gang culture. Again from Sister Janet: "These children are in crisis ... Most of them never had a chance, never got the guidance and attention they needed from adults. Is it any surprise they join gangs? The gang makes them feel part of something, it provides structure, and it gives them opportunities to prove themselves."

The author includes selected other perspectives, especially those of the staff in direct control of the kids. "These kids can seem like the nicest people you'd ever want to meet, oh yes. When you hear their sad stories, you feel sorry for them, you really do. But Ted Bundy seemed nice, too." Again, Sister Janet insightfully observes: "It's crucial for them [the staff] to believe ... that the kids are not salvageable ... If the kids are monsters, then it's appropriate to dehumanize them, you see how it works? On the other hand, if you or I suggest that the kids are still developing, and could actually benefit from counseling and education, we spoil the whole picture."

Salzman's initial fear in meeting the youth, partly in response to their appearance, also reveals stereotypes prominent in today's society: "(A)ll but one of them stood taller than me ... Two of the young men were Latino, one black, and the fourth white. The white guy scared me the most. A tall broad-shouldered skinhead with tattoos on his arms and hands, I imagined he was seething with hatred for his darker-skinned classmates and would start a brawl at any moment." It is only after considerable reflection that Salzman decides to become involved.

It is within this context and despite staff opposition that the author begins his writing class with three students. They have diverse backgrounds: Kevin, from age 9 raised by his grandmother following his parents' death, now facing murder and attempted murder charges; Jimmy who emigrated with his family from Taiwan and a straight A student before he got into trouble for robbery; and Francisco, an angry, sometimes suicidal teenager who was warned against gang involvement by his family. Salzman sets them the task of writing honestly from the heart.

Within the class, he establishes a culture different from the detention side. It is racially mixed, first names are used, honest and open expression is expected, and the work is valued. The instructor models this honesty in sharing his feelings about difficult experiences in his own life. The results are surprising. The students' writings reflect a depth of feeling and thought that far surpasses the author's usual experience in mainstream writing classes. Spelling and grammar aside, he admits to Sister Janet that "(I)f my college students had made this kind of effort, I might still be teaching."

The class provides an opportunity for personal growth as the young writers develop their thinking. The class exercises clarify and reinforce some of their positive aspirations. Their self-esteem grows as they take a risk in sharing their work. In the class, relationships that cross racial barriers and gang membership are possible.

The program is also remarkable in its ability to establish valued social roles, such as student and writer. Within this powerfully dehumanizing setting, there are few roles—high school student, messenger, staff assistant—that confer any positive status. The impact of these new valued roles of writer and student is reinforced as staff, surprised at the abilities demonstrated, begin to refer new people to the program. Some even become involved themselves.

Like many worthwhile programs, it is pressured to exceed its abilities. At one point, class size grows to an unmanageable eighteen and includes some students with little or no interest in becoming writers. The central purpose and value of the program is greatly diminished, and the author takes the necessary steps to contain this.

The book also demonstrates that, for all its positive effect, the program is limited in what it can achieve. It does not result in different system outcomes for the youth. Many will still face lengthy terms in adult prisons. The program does however provide at least some with greater competence and an increased sense of self worth. This is clear with Kevin, who begins a lifelong sentence with great dignity.

THIS BOOK IS HIGHLY RELEVANT to Social Role Valorization (Wolfensberger, 1998). It offers rich material for analysis, especially welcome as such settings are unlikely to host a PASSING evaluation! It reveals the scope and depth of devaluation powerfully at work within a human service setting, including the process of wounding, social marginalization through devalued roles, physical and social distantiation, loss of autonomy and relationships, service imposition on the youth of a deindividualized personal appearance, experiences of mortification, and heightened vulnerability. The power of settings to shape expectations, images and roles is apparent. The service uses a model of group management and lacks relevant potency. The book illustrates the far-reaching and devastating consequences of individual and sys-

temic unconsciousness. It shares examples of life wasting and death making.

True Notebooks also shows how valued roles can lead to greater access to the good things of life (Wolfensberger, Thomas, & Caruso, 1996), even in a highly restrictive setting, and even when those good things are limited to a specific context. The book describes aspects of both image and competency enhancement. It highlights the importance of high expectations, a positive mindset, and interpersonal identification. Salzman's text offers an example of the effort needed to make a difference for devalued people in a highly controlling service and under extremely challenging conditions.

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NEVER LET ME GO. By KAZUO ISHIGURO. Vintage Books, New York, 288 pages, 2005.

Reviewed by Brenna Cussen

THE 2005 NOVEL *NEVER LET ME GO* by Kazuo Ishiguro, author of the award-winning *Remains of*

the Day, is set in the late 1990s in England. The narrator of this work of quasi-science fiction is a woman in her early thirties, Kathy, or 'Kath' as her childhood friends call her. She describes herself at the outset of the book by her profession: she is a 'carer,' and her patients are 'donors.' Kathy's memories of her childhood at Hailsham, a private boarding school, and of her close friendships with her classmates Ruth and Tommy, make up the bulk of the story. But what initially seems an innocent account of companionship and romance begins to intrigue the reader as Kathy alludes to secrets about the school and its charges. Ishiguro's calculated revelations through Kathy's voice allow the reader to unravel the mystery behind the school at the same pace as the students themselves.

The riddle of the novel is revealed as Kathy revisits the moment when she and her classmates were finally told who they were and why they were created. One of their teachers, tortured by the deception she had helped to perpetuate, informed the teens that they were clones who were created for the sole purpose of donating their vital organs to 'normal' people. The children, though sober, were not at all shocked by the news. As Kathy painstakingly attempts to remember why, she concludes that throughout their time at Hailsham, they must have been constantly "told, but not told."

Ishiguro carefully constructs every word of *Never Let Me Go* so that the overall effect of the narrative is chilling: he brilliantly portrays the very real human behaviors and social structures that could plausibly lead to such a revolting scenario. He diligently and purposefully illustrates a society in which there are very clear distinctions between lives that are valued and lives that are not. Ishiguro clearly conveys that the clones are seen by the outside world as merely a means to the end of curing the diseases of 'valued people,' who in turn do everything they can to obscure the humanity of their 'donors.' To drive home this point, Ishiguro inserts a scene where Ruth tearfully and bitterly expresses the truth of their origins: "We're modeled

from *trash*. Junkies, prostitutes, winos, tramps. Convicts, maybe, just so long as they aren't psychos. That's what we come from ... if you want to look for [our models], if you want to do it properly, then look in the gutter. Look in rubbish bins. Look in the toilet, that's where you'll find where we all came from." Ishiguro recognizes that even a 'decent' society might very well accept the harvesting of body parts if the source of those parts could be viewed as non-human.

In the same vein, Ishiguro's characters use 'detoxifying' language in order to bury the unspeakable truth—the best illustration being the use of the term 'completing' to replace the word 'dying.' In Ishiguro's England, clones don't *die*, as they were never considered *alive* in the first place. Clones *complete*. Even the word 'clone' is not used to describe the main characters, whom their teachers call 'students,' even when they are grown adults. One former teacher emotionally refers to Kathy and Tommy as "poor creatures."

Ishiguro's mocking use of the terms 'donor' and 'donation' by the characters' guardians gives the impression that the young people have chosen to selflessly give of themselves, when in fact their lives have been manipulated by a society that will ultimately murder them for their body parts. Sadly, even the main characters themselves adopt such detoxifying language. Kathy proudly refers to herself as a 'carer,' implying that she provides care to her patients, though she is actually complicit in their deaths. Ironically, she keeps even her best friends comfortable and calm until the end, so that the doctors can more easily remove their organs.

Perhaps the most sickening use of detoxification in the book is when Kathy describes how donors are showered with compliments and congratulations when they are about to donate their fourth, and presumably final, organ. She tells of how even the doctors who are about to kill their 'patients' first shake their hands and congratulate them for making it so far.

AT THE END OF THE story, Kathy and Tommy attempt to get a 'deferral' from their former school officials, believing that if they can prove they are in love, they can add two extra years to their lives. They are crushed to learn that such a deferral does not exist. Instead, they discover the true story behind Hailsham, that it was an experiment by activists who had tried to give clones a decent upbringing, and perhaps even save some of their lives by demonstrating to the world that clones had souls. The experiment had failed, but, in the climax of the novel, the headmistress explains to Kathy and Tommy how their existence came to be:

After the war, in the early fifties, when the great breakthroughs in science followed one after the other so rapidly, there wasn't time to take stock, to ask the sensible questions. Suddenly there were all these new possibilities laid before us, all these ways to cure so many previously incurable conditions. This was what the world noticed the most, wanted the most. And for a long time, people preferred to believe these organs appeared from nowhere, or at most that they grew in a kind of vacuum. Yes, there were arguments. But by the time people became concerned about ... about students, by the time they came to consider just how you were reared, whether you should have been brought into existence at all, well by then it was too late. There was no way to reverse the process. How can you ask a world that has come to regard cancer as curable, how can you ask such a world to put away that cure, to go back to the dark days? There was no going back. However uncomfortable people were about your existence, their overwhelming concern was that their own children, their spouses, their parents, their friends, did not die from cancer, motor neuron disease, heart disease. So for a long time you were kept in the shadows, and people did their best not to think about you. And

if they did, they tried to convince themselves you weren't really like us. That you were less than human, so it didn't matter.

UNFORTUNATELY, MANY REVIEWERS OF ISHIGURO'S book have gone out of their way to deny that the novel contributes anything to the cloning debate, let alone the issue of bioengineering in general. A surprising number deliberately state that the book is rather a personal call for each reader to examine what it means to be human. Writing for *The Guardian*, John Harrison comments, "Ishiguro's contribution to the cloning debate turns out to be sleight of hand, eye candy ... So what is *Never Let Me Go* really about? It's about the steady erosion of hope. It's about repressing what you know, which is that in this life people fail one another, grow old and fall to pieces ... *Never Let Me Go* makes you want to have sex, take drugs, run a marathon, dance—anything to convince yourself you're more alive, more determined, more conscious than any of these characters."

Maureen Corrigan, who teaches literature at Georgetown University, gave another disappointing review on NPR's *Fresh Air*. Corrigan believes that *Never Let Me Go*, as far from an "anti-cloning polemic [as] Mary Shelly's *Frankenstein*," is rather "a haunting allegory about our own helplessness to stop time and hold on to the ones we love."

Corrigan, like many other reviewers of *Never Let Me Go*, rushes to alleviate her listeners' fears that Ishiguro's novel might be pointing to a genuine trend in the field of bioethics. She immediately dismisses this obvious possibility as farfetched, and instead looks for the "metaphysical" significance of what she reads as a parable.

However, in her favor, Corrigan does pick up on a feature fundamental to the genius of the book: the dullness of its characters. "Ishiguro's characters always tend to be somewhat flat... [but] the clones may be even flatter than his other characters because they're clones," she astutely observes.

The characters in Ishiguro's book *do* come across as bland, almost lifeless, in their stilted dialogues.

Ishiguro allows each main character only one outburst of anger at the way their lives have been wasted, each an ephemeral flash of awareness that briefly uncovers a spark of life within. Other than these short-lived displays of emotion, however, even the best of friends in Ishiguro's story remain reserved in their interactions with one another. Rather than a flaw in Ishiguro's skills of character development, it is his brilliant ability to depict the behaviors of people who have never been treated as human beings. The characters in *Never Let Me Go* are valued only for the body parts they can give, not for their dignity as human beings. And as such, these 'creatures' who have always been destined for death are denied the joy of living a meaningful life.

Some reviewers of Ishiguro's book are less timid about stating the obvious. Caroline Moore, writing in *The Telegraph*, comments, "Ishiguro's fable resonates in our world, glancing at our human ability to maintain unexamined spots of moral blindness in our consciences" (2005).

Yet only one review in *The Village Voice*, written by James Browning, hits the nail on the head. He calls *Never Let Me Go*, "A 1984 for the bioengineering age, a warning and a glimpse into the future whose genius will be recognized as reality catches up" (2005).

Browning likens Ishiguro's world in which dying is 'completing' to Orwell's world in which "war equals peace and freedom equals slavery."

PERHAPS THE PUBLIC IS NOT ready to admit that Ishiguro's world is possible. They are probably less ready to admit that much of what Ishiguro offers as fiction is, in fact, a reality today. John Harrison naively asks, "Who on earth could be 'for' the exploitation of human beings in this way?" (2005). And yet the connection between this book and recent history is painfully obvious. Not so long ago, many well-meaning people dismissed the admonition that evil plans were afoot in Europe with the question, "Who could be 'for' the slaughter of millions of Jews or the disabled?" People allowed

themselves to be blinded to the truth, and so allowed the horror to continue. Today, many people are calling for the use of human fetuses in order to experiment on cures for diseases. Impaired people are prematurely declared 'brain dead' so that their parts can be harvested. Reports of people being murdered on the street for their organs are coming out of India and other third world countries. Ishiguro's world is coming true.

Perhaps most disappointing of all, however, is that Ishiguro himself, in interviews about his book, does not reveal an intention to warn his readers about the dangers inherent in the bioengineering world today. Rather, he says that the book offers an "alternative history ... in the line of 'What if Hitler had won?' or 'What if Kennedy hadn't been assassinated?'" The novel offers a version of Britain that might have existed by the late twentieth century if just one or two things had gone differently on the scientific front" (BookBrowse.com).

As his novel is set in the present, his position is understandable. Yet it is frustrating that Ishiguro does not admit that such a version of 'history' is a quite possible future. Perhaps such an interpretation is left up for the readers to determine. Perhaps the novel, as Ishiguro says, is really only "trying to celebrate the small decencies of human beings set against this dark background that's in all our lives" (Bates, 2005).

Or perhaps Ishiguro is unaware of his own genius of prophecy, a genius that Browning dismally predicted would not be recognized until "reality catches up" (2005).

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LEARNING TO TEACH SOCIAL ROLE VALORIZATION (SRV)

SOCIAL ROLE VALORIZATION, when well applied, has potential to help societally devalued people to gain greater access to the good things of life and to be spared at least some of the negative effects of social devaluation. This is one of the reasons why it is important for people to learn to teach SRV, so that its ideas and strategies are known and available to the right people in the right places who can apply it well. Unless people continue to learn to be SRV trainers, the teaching and dissemination of SRV will cease. Many SRV trainers for example could teach lots of people how to **implement** SRV, but not how to **teach** it to others. At a certain point there might be implementation of aspects of SRV, but the knowledge of SRV itself might not be passed on to others, such as the next generation of human service workers. Teaching about SRV, and learning to teach SRV, can be done in many ways, depending in part on one's abilities, interests, resources, and so on.

Dr. W. Wolfensberger and the North American SRV Safeguarding, Training & Development Council have developed a specific model for teaching people to competently do two things: (a) teach Social Role Valorization; and (b) teach other people to teach SRV. People who can do the former, the Council calls "SRV trainers." Those who can do the latter, the Council calls "trainers-of-trainers" of SRV. The Council named this a "Trainer Formation Model," i.e., a model for forming or developing SRV trainers and trainers-of-SRV trainers. A description of the Trainer Formation Model is available if you are interested; also see the article referenced below.

To find out more about studying SRV and learning to teach it, please contact Jo Massarelli at *The SRV Implementation Project*, 74 Elm Street, Worcester, MA 01609 USA; 508.752.3670; jo@srvip.org. She will be able to help you or to put you in touch with someone more local to your geographic area who can be of help.

RESOURCE

SRV Development, Training & Safeguarding Council (2006). A Brief Overview of the North American SRV Council's Trainer Formation Model (November 2005). *The SRV Journal* 1(1), 58-62.

ITEMS TO BE REVIEWED

IN EACH ISSUE OF *The SRV Journal*, we publish reviews of items relevant to Social Role Valorization (SRV) theory, training, research or implementation. These include reviews of books, movies, articles, etc. We encourage our readers to look for and review such items for this journal. We will be happy to send you our guidelines for writing reviews, or they are available on our website (http://www.srvip.org/journal_submissions.php). We are open to reviews of any items you think would be relevant for people interested in SRV. We also have specific items we are seeking reviews of. These items include:

SOCIAL INCLUSION AT WORK. By JANIS CHADSEY. Annapolis, MD: AAIDD, 49 pages, 2008.

100 YEARS OF GOODWILL: TOUCHING LIVES THROUGH THE POWER OF WORK. By STEVE MUNDAHL. Greensboro, NC: Circe Press, 187 pages, 2002.

OLDER ADULTS WITH DEVELOPMENTAL DISABILITIES. By CLAIRE LAVIN & KENNETH DOKA. NY: Baywood Publishing Company, 151 pages, 1999.

SAFE AND SECURE. By AL ETMANSKI, JACK COLLINS, & VICKIE CAMMACK. Planned Lifetime Advocacy Network, Burnaby, B.C., Canada, 149 pages, 1997.

WOMEN ON THE ROW: REVELATIONS FROM BOTH SIDES OF THE BARS. By KATHLEEN O'SHEA. Ithaca, NY: Firebrand Books, 156 pages, 2000.

THE SHAME OF THE NATION. By JONATHAN KOZOL. Three Rivers Press, 432 pages, 2006.

SHOWER. By YANG ZHANG (Director). Rated PG-13, 92 minutes, 1999.

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Valued by Love: Social Roles in Wendell Berry's Short Stories

Jack R. Pealer, Jr.

Introduction

THIS ESSAY IS AN EXPERIMENT. I have been an informal (at least) teacher of normalization and—to a lesser extent—Social Role Valorization (SRV) for quite a few years. For even more years I've been a serious reader of modern fiction—novels and short stories. I'm the kind of reader that Canadian novelist Robertson Davies described as a member of the “clerisy.”

Who are the clerisy? They are people who like to read books ... The clerisy are those who read for pleasure, but not for idleness; who read for pastime but not to kill time; who love books, but do not live by books. (Davies, 1990)

From time to time over the years I've thought about the connections between the realms of SRV-teaching and serious fiction-reading. Those connections are not direct. It's likely that most fiction writers have never heard of the idea: Social Role Valorization. Many might blanch at the term itself. It has Latinate roots—not favored among writers; it lacks immediacy and vividness; it requires secondary explication that would be tiresome in a story. So, I'm pretty confident that clarification of SRV themes is not central to the purpose of most fiction writers.

I think exploring such connections is worthwhile, though, because fiction—the deliberate construc-

tion of story—makes vivid the ways that people interact with each other in the world. Fiction almost always focuses on “characters” and relationships among them, and readers or hearers of stories have always been fascinated by the ways that people get along—or don't. Recently I've been reading novels or stories by such modern writers as Alice Munro, Richard Ford, Marilynne Robinson, and Gabriel Garcia Marquez. They all communicate through story about how people are—and sometimes how they might be—with each other. Writers intend to try to satisfy their readers, although, of course, not every reader is contented with every writer every time. Readers who share a conviction about SRV may, through fiction, play with the roles-in-action the writer portrays. In their imaginations, readers may participate in the give-and-take among characters whose social roles differ in imputed value. Those value differences show up at given moments in a story and across the duration of time that a story represents.

In this essay I want to explore the appearance of “social roles” in the short stories of Wendell Berry. For those unacquainted with him, Wendell Berry is a Kentucky farmer who is also a poet, essayist, and deviser of both short stories and novels. The action in all of his stories occurs in the fictional community around Port William, a very small town on the Kentucky River near its confluence with the Ohio. It's about half-way between Cincinnati and Louisville. I acknowledge right here that Wendell

Berry is my favorite writer of fiction and that I like his stories even more than I do his novels.

Berry's constant theme is community—its costs, disciplines, and rewards. Here, from the story "The Wild Birds," is Burley Coulter, a favorite recurring character, speaking his and likely the author's creed about community, as he—Burley—persuades his lawyer about a change in Burley's will. It's a change that the lawyer/friend/cousin is surprised and uncertain about.

I'm saying that the ones who have been here have been the way they were, and the ones of us who are here now are the way they are, and to know that is the only chance we've got, dead and living, to be here together. I ain't saying we don't have to know what we ought to have been and ought to be, but we oughtn't to let that stand between us. That ain't the way we are. The way we are, we are members of each other. All of us. Everything. The difference ain't in who is a member and who is not, but in who knows it and who don't. What has been here, not what ought to have been, is what I have to claim.

In community, people find themselves filling up actual or possible vacancies in others' lives. Sometimes the vacancies are material. One citizen furnishes food to others for a reasonable return. Some citizens have extra living space they can sell or rent to others. Some community members have learned to do some particular things very well, and they apply those skills in ways other community members can use. And so forth across the entire membership. In the Port William community people live and are joined with each other as they are.

Wendell Berry helps us appreciate community-at-work. We don't have to get tied up in complicated terminology. Instead of studying how people live together, we're led to see, hear, and feel the working and living going on. Instead of an analysis of roles and role-behavior, which runs a risk of

oversimplifying the messiness of life-together, in Wendell Berry's stories we find memories of how specific people have acted with each other. Life in community appears to us as life is. Community reveals itself in both its joys and horrors. Let's look at five of the stories of the "membership" to see how members of the Port William community brush against one another—how they either fill or sometimes create vacancies in each others' lives. Observe, though, how community struggles to retain its own. Notice how roles that might ordinarily be devalued in another world's eyes are shaped or re-interpreted by means of the ties of blood and affection that bind Port William members together.

"A Jonquil for Mary Penn"

WENDELL BERRY GENTLY IMAGINES THE response of a loving and caring community to a member who is sick in the story "A Jonquil for Mary Penn." The story begins simply. "Mary Penn was sick, though she said nothing about it when she heard Elton get up and light the lamp and renew the fires." It is 1940. Mary Penn is eighteen years old. Her choice of Elton Penn as a husband a year-and-a-half before has disappointed her locally prominent family, who expected her "... to be married to a solid professional man, a doctor perhaps, or (and this her mother particularly favored) perhaps a minister." Her family now treats her "as if she had never lived." She and Elton have rented a run-down farm and are trying to bring life back to it.

But today, Mary Penn has the flu or something like it. This is the first time since their marriage that Mary has been sick. She feels "floaty." She is achy, feels overpoweringly tired. But Elton doesn't seem to notice. Mary has both indoor and outdoor chores. There are meals to be fixed and oil lamps to be cleaned and polished. She needs to sweep and dust the house. And there are barn chores—feeding animals, gathering eggs. And, it's a windy, cold early March day.

Wolf Wolfensberger says that one of the early authorities to describe and emphasize the power of social roles was Talcott Parsons, who wrote particularly about the “sick” role. A person who plays the sick role may dispense with “ordinary performance expectations” and may receive “treatment and caring from others.” At the same time, someone playing the sick role has obligations, including “wanting to get well, and seeking and accepting treatment to this end” (Wolfensberger, 1998).

Mary Penn struggles with her wish to set aside “ordinary performance expectations.” She senses no permission from Elton to do so. It’s hard to be sick when you know there’s so much to be done. It’s hard to seek and accept treatment when there’s a life to be led.

Finally, though, Mary Penn gives in. She sits, idle, by the stove that heats the house.

The wind ranted and sucked at the house’s corners. She could hear its billows and shocks, as if somebody off in the distance were shaking a great rug. She felt, not a draft, but the whole atmosphere of the room moving coldly against her. She went into the other room, but the fire there also needed building up. She could not bring herself to do it. She was shaking, she ached, she could think only of lying down. Standing near the stove, she undressed, put on her nightgown again, and got into the bed.

She sleeps. When she wakes the room is warm, a teakettle sputters, her lamps are polished, and her good neighbor Josie Tom Braymer sits by her bedside and works on embroidery, stitching a jonquil. Elton did notice her illness, did think about how to help, and did stop to tell the neighbors. When Mary awakes, she feels “wonderful.” The role has “worked.” More ... she’s received a neighbor’s help and love. She’s had rest. She’s on her way to healing.

“Pray Without Ceasing”

WHATEVER ELSE “COMMUNITY” MEANS FOR Wendell Berry, its definition does include forgiveness. Sometimes-surprising healing—over a deed many might think impossible to forgive—reveals itself in “Pray Without Ceasing.”

One morning in the summer of 1965 Andy Catlett is greeted by a neighbor, who presents Andy with an old newspaper clipping—the account of the death-by-gunshot, in the summer of 1912, of Andy’s great-grandfather, Ben Feltner. As the story unfolds we learn about relationships among Ben Feltner, his son Mat, and Ben’s killer—his cousin Thad Coulter. Thad had re-mortgaged his paid-for farm so that he could help set up his own son as a merchant in the county seat. But the business failed, and Thad’s son ran out on his debt.

And so Thad’s fate was passed from the reckless care of his son to the small mercy of the law. Without more help than he could confidently expect, he was going to lose his farm. Even with help, he was going to have to pay for it again, and he was close to sixty years old.

Thad is portrayed as a “close man”—intensely private, quiet, but sensitive about how he’s seen by others. When he gets drunk and, in such a state, appears at the home of his wise and sober friend Ben Feltner to ask for help, Ben judges that the request should better be considered later, when other allies can be gathered and when Thad can think more clearly. Thad, however, interprets Ben’s judgment as dismissal. He sees outright rejection in it. He leaves, angry, and goes home for his pistol.

Thad turns from “close man” to killer when he returns. Still drunk and enraged, he shoots Ben Feltner as Ben speaks with neighbors in the town street. The rest of the story traces the roles the characters play after the explosion of public mur-

der that could blow a community apart. Violence connects to disorder. First someone must be an order-preserver—one who can begin peace-making. Just after the shooting, Ben Feltner's son Mat rushes from the blacksmith shop to the crowd now gathered in the street.

... then he saw what was left of the man who had been his father lying against the wagon wheel ... When Mat stood up again from his father's side, he was a man new-created by rage. All that he had been and thought and done gave way to his one desire to kill the man who had killed his father.

Mat becomes a would-be avenger. His uncle, Jack Beechum, emerging from the general store, recognizes the transformation in Mat. Uncle Jack acts to stop more violence—to restore and preserve order.

He ran to the door. When he was outside, he saw first the crowd and then Mat running toward him out of it. Without breaking his stride, he caught Mat and held him ... He may have been moved by an impulse simply to stop things until he could think.

Jack's order-preservation—the creation of breathing space—works. Mat, given time to collect himself, begins another transformation: from avenger to head-of-family, a role that's suddenly been thrust on him through violence.

Thad Coulter, the killer, is sobered by his violent act. He quickly feels remorse but cannot, of course, retract what he has done. He becomes an abject fugitive.

The walking and the water drying on his face cleared his mind, and now he knew himself as he had been and as he was and knew that he was changed beyond unchanging into something he did not love.

Thad surrenders himself to the county sheriff and is placed in the county jail—from fugitive to prisoner—where he hangs himself on the second night of his confinement.

Meanwhile, on the evening after Ben Feltner's murder, a crowd gathers in the Port William street and, seeking authorization, moves to the Feltner front yard. They want approval from Mat to go to the county seat—to the jail—and to visit immediate retribution on Thad Coulter.

For what seemed to Jack a long time, Mat did not speak or move ... Jack's right hand ached to reach out to Mat. It seemed to him again that he felt the earth shaking under his feet, as Mat felt it. But though it shook and though they felt it, Mat now stood resolved and calm upon it ... The voice, when it came, was steady:

"No, gentlemen. I appreciate it. We all do. But I ask you not to do that."

And Jack, who had not sat down since morning, stepped back and sat down.

So, Mat completes the conversion from avenger to forgiver and peacemaker—a conversion that's necessary if community is to be preserved, and an example of what might be termed Berry's recurrent theme of valorization-by-love. And, Mat's grandson, Andy, 53 years later recognizes the value obtained by Mat's act:

I am blood kin to both sides of that moment when Ben Feltner turned to face Thad Coulter in the road and Thad pulled the trigger. The two families, sundered in the ruin of a friendship, were united again first in new friendship and then in marriage. My grandfather made a peace here that has joined many who would otherwise have been divided. I am the child of his forgiveness.

Peace and comity are companions, and it's the forgiver—or the binder-up—who makes such

companionship possible.

“Thicker Than Liquor”

NEWLY MARRIED ATTORNEY WHEELER CATLETT receives a mid-day long distance call that splits him from thought about his bride and his new life and thrusts him into the demands imposed by love, family, and community. Wheeler’s Uncle Peach (full name: Leonidas Wheeler) is at the bottom end of a “spell” of hard drinking. The hotel in Louisville calls Wheeler, whose near future must then feature rescuing Uncle Peach and bringing him home. It is 1930. The phone call pushes Wheeler from roles as young husband and beginning professional into the role of family caregiver.

Uncle Peach is a trial to his family—the “black sheep.” Wheeler has long argued with his mother, Dorie:

“To hell with him! Why don’t you let him get on by himself the best way he can? What’s he done for you?”

Dorie answered the first question, ignoring the second: “Because blood is thicker than water.”

And Wheeler said, mocking her, “Blood is thicker than liquor.”

“Yes,” she said. “Thicker than liquor too.”

So Wheeler drives to the station, takes the inter-urban car to Louisville, and locates Uncle Peach in a cheap hotel near the stockyards. Wheeler faces the job of getting his uncle back home. The job—being Peach’s rescuer—immediately exposes Wheeler to its hazards. After a struggle to get Uncle Peach dressed, out of the hotel, to the station, and onto the train, Peach gets sick in the crowded train.

Wheeler looked for a way out, perhaps to the vestibule at the end of the car, but with the aisle full of people escape appeared to be impossible, and anyhow it was too late, for suddenly Uncle Peach leaned forward and, with awful retches and groans, vomited

between his spread knees. Wheeler caught hold of him and held him. All around them people were giving them looks and drawing their feet away . . . Wheeler’s pleadings with him to be quiet might as well have been addressed to a panic-stricken horse. As soon as he would be almost recovered and quiet, suddenly he would lean forward again. “Uuuuuuup! Oh, my God!” And when the spasm passed he would roll his head against the seatback. “Ohhhh, me!”

It was an awful intimacy carried on in public. To Wheeler, it was endurable only because it was inescapable.

Caring for Peach introduces yet more complications. When they arrive at the local station, Peach—still sick—insists on getting his horse and buggy from the livery stable, leaving Wheeler’s car at the station. Near nightfall, when they reach Uncle Peach’s farm—not that close to Wheeler’s place—they find nearly no food, and both Peach and Wheeler need to eat. Eventually, Wheeler gets Uncle Peach to sleep.

Once, after they had passed through yet another nightmare, Uncle Peach, who had momentarily waked, said slowly into the darkness, “Wheeler boy, this is a hell of a way for a young man just married to have to pass the night.”

“I thought of that,” Wheeler said. “But it’s all right.” And he patted Uncle Peach, who went back to sleep and for a while was quiet.

Later, Wheeler himself went to sleep, his hand remaining on Uncle Peach’s shoulder where it had come to rest.

And that is where daylight found him, far from home.

Community and family—those connections, often of blood, are, Wendell Berry says, thicker than liquor. And sometimes those connections create roles

terribly inconvenient but also terribly necessary.

“Watch With Me”

THIS STORY COULD BE READ with profit by those who seek thoughtful responses to events like the shootings at Virginia Tech or Columbine High School. Into all the hubbub that follows such events Wendell Berry inserts this story about a community that stretches itself to keep a wayward member in its embrace. Local citizens—farmers and their families—suddenly are called to fill unaccustomed roles so they can, they hope, prevent violence and keep their community together.

The year is 1916. The wayward community member in “Watch With Me” is Thacker Hample, more customarily known to his neighbors as “Nightlife,” for reasons the story elaborates. It’s a name Thacker Hample takes on gladly. Of Nightlife the narrator says:

Thacker Hample belonged to a large family locally noted for the fact that from one generation to another not a one of them had worked out quite right. Their commonest flaw was poor vision ... But Nightlife was incomplete, too, in some other way. There were times when spells came upon him, when he would be sad and angry and confused and maybe dangerous, and nobody could help him. And sometimes he would have to be sent away to the asylum where, Uncle Othy Dagget said, they would file him down and reset his teeth.

His mind ... had a leak in it somewhere, some little hole through which now and again would pour the whole darkness of the darkest night—so that instead of walking in the country he knew and among his kin-folks and neighbors, he would be afoot in a limitless and undivided universe, completely dark, inhabited only by himself. From there he would want to call out for rescue, and that was when nobody could tell what he was going to do next, and perhaps he

could not tell either.

With reference to Nightlife one of his neighbors observes, “He don’t fit the hole that was bored for him.” “Watch With Me” tells what happens when Nightlife has a “spell,” picks up a loaded shotgun from a neighbor, and walks off into the woods.

Nightlife’s chief pursuer is Ptolemy (Tol) Proudfoot, a lifelong farmer, exuberant socializer, and devoted husband to Miss Minnie Proudfoot (née Quinch). It is Tol’s shotgun that Nightlife appropriates, from Tol’s farmyard. Tol reacts by following Nightlife into the woods. He asks another neighbor to let Miss Minnie know what’s going on and to recruit other neighbors to help. Then he says, “I expect I’ll just ease along with him for a ways.” Tol fears that Nightlife may either shoot someone else or shoot himself. Neither would be acceptable. The gun is known to be a powerful one.

The other neighbors join Tol as he follows Nightlife, keeping a safe distance because of the gun. The “a ways” that they follow stretches into hours and miles.

It was not going to make sense, not yet, and maybe not for a long time, if ever. And for a while, maybe a longish while, there would not be food or rest or comfort either ... He (Tol) said to himself, “I reckon it would be better not to have got involved.” But he knew even so that, helpless or not, hopeless or not, he would go along with Nightlife until whatever happened that would allow him to cease to go along had happened ... He thought, “I reckon I am involved.”

The procession continues throughout the long afternoon and into the evening. Nightlife, whose role newspapers of our time would be sure to describe as “loner,” leads his followers through woods, past small farms, and down to the Kentucky River. The followers don’t, though, think of Nightlife as a “loner.” That’s a word for reporters and police departments. To the followers Nightlife

is their neighbor. He's one of their own, though an odd one. He's still a **member**—an important point of the story.

For Tol and the others, following him had ceased to seem unusual. In the heat and the difficulty of their constant effort to keep just within sight of their strange neighbor, who had become at once their fear, their quarry, and their leader, they had ceased even to wonder what end they were moving toward. This wild pursuit that at first had seemed an interruption of their work had become their work. Now they could hardly imagine what they would be doing if they were home.

Shedding more regular roles, Tol and his neighbors have become nearly-silent watchers. They are Nightlife's guardians as he moves toward a future that's uncertain and likely dangerous. Night arrives. The following continues. Because the pursuers are experienced hunters and because it's summer, they have no hesitation about going on in the dark, except that they have a harder time knowing where Nightlife has gone. They fear losing him. But just as much they fear being surprised by the gun. At last, late in the night, tired, hungry, and confused, they stop to rest and build a fire. They fall asleep.

They are awakened at dawn ... what had wakened them was Nightlife standing over them, one foot in the ashes. He was holding the gun, but not threatening them with it. It dangled from his hand as unregarded as if it has been the bail of an empty bucket.

"Couldn't you stay awake?"

They were frightened, astonished, tickled at their own and one another's fright and astonishment, and most of all ashamed ...

After Nightlife moves on again into the woods, Tol observes, "If he hadn't found us, I don't reckon we ever would have found him." This Gethsemane-like incident, matched with the story's title, more than hints at Nightlife as an expression of the hidden Christ. See Matthew 25: "...insofar as you did this to one of the least of these brothers of mine, you did it to me." This is an almost-shocking contrast to the typically-ascribed role as "menace" or "loner."

THE STORY RUSHES TO ITS END. By morning Nightlife has circled back to Tol's farm, where the pursuit began. The wives and mothers of the processors (including Nightlife's mother), knowing what has been happening and aware that everyone will be tired and hungry, gather in Tol and Miss Minnie's kitchen to prepare food. When Nightlife and his pursuers arrive, a sudden thunderstorm drives them all into Tol's workshop. There Nightlife, still under the "spell" that began the day before, leads the men in a hymn and delivers a sermon based on the New Testament parable about the shepherd who left his flock to seek the one sheep that has gone astray. Nightlife emphasizes the point-of-view of the sheep that was lost. As the sermon ends Nightlife's "fit" or "spell" falls away, and the long pursuit ends. The narrator of the story observes:

... Miss Minnie, I think, understood it better than everybody. She had taught at least four of those young men at the Goforth school: Nightlife, Burley Coulter, and the two Hardys. And she and Tol had been neighbors to them all. She knew pretty exactly by what precarious interplay of effort and grace the neighborhood had lived.

Perhaps it is grace that sustains the Port William community so that it can tolerate and even glory in even its more peculiar members, turning loners into sharers at a common table.

“Fidelity”

I HAVE SUMMARIZED THE PLOTS of the previous four stories so that I could try to spotlight the characters who live out those plots. I won't offer a plot summary of “Fidelity,” though. In part, that's because the story is long—almost a short novel—and because it includes several important back-stories. Mostly I don't want to provide a summary because I want to entice anyone who reads this essay to read “Fidelity.” My advice is, if you choose to read only one Wendell Berry story, that story should be “Fidelity.” I have imagined stories as foci for long conversations—like those at retreats. “Fidelity” is the story about which I'd most like to join others in such conversation.

Readers—and those who, like me, are re-readers—of Wendell Berry's stories probably fall in love with Burley Coulter. He is arguably the author's favorite character. Burley's niece-by-marriage considers him as she faces the likelihood of the end of his life:

Burley was a man freely in love with freedom and with pleasures, who watched the world with an amused, alert eye to see what it would do next, and if the world did not seem inclined to get on very soon to anything of interest, he gave it his help...

... she knew, too, how little he had halted in grief and regret, how readily and cheerfully he had gone on, however burdened, to whatever had come next. And, because he was never completely of her world, she had the measure of his generosity to her and the others. Though gifted for disappearance, he had never entirely disappeared but had been with them to the end.

Through nearly all of the stories and novels Wendell Berry offers Burley Coulter as a life-force. He's the leader of work-song in the tobacco fields, the hunter who stays out for days with his dogs in the woods, the faithful carer for his mother in her last years, and the leader of local celebrations—

sometimes inebriated ones. “Fidelity” tells of his illness, death, and at least two funerals, one of which is also a sort of trial.

The story also offers a clear contrast between a disappearing rural community sustained by history and family and the modern serviced world as represented by urban hospital medicine. I had a teacher in seminary, forty years ago, who strongly counseled prospective preachers against what he called “negative-positive” sermons—the kind that threaten hearers heavily but then offer a dollop of grace at the end. “Fidelity” is a successful violation of my teacher's advice. The bias in the comparison between the two worlds could not be more explicit. And that bias is revealed, at least in part, by contrasts between identities imputed to key characters.

82-year old Burley Coulter appears, from the points-of-view of (unnamed) doctors and police officers, as a “patient” at an urban hospital. To his family and friends, first scattered on farms and later gathered in attorney Wheeler Catlett's office, he is a beloved patriarch. Wheeler sums up by reflecting, “He was, I will say, a faithful man.” It's entirely clear which role is the “real” one for the teller of the story.

The police see Danny Branch (Burley's finally-acknowledged son) as a likely kidnapper who has, they believe, criminally snatched Burley from the hospital's care. Most other characters regard Danny, who goes to the hospital in the middle of the night to bring Burley home, as his father's rescuer. There's no doubt which opinion is held by the narrator.

Kyle Bode is a detective for the state police. Is he a defender of law-and-order, investigating a crime, as he seems to think? Or, is he an obstacle to a family's expression of love for a sick and dying member and a barrier to their continued life together? The storyteller is certain.

The roles that are assigned to characters in a play or story or everyday life are functions not only of the role-player's identity and actions but also of the interpretations of all those who are part of the role-player's world. Much has to do with

perception. “Fidelity” gives us an example of how drastically perceptions can differ. It also offers a glimpse of how roles can be changed in a positive direction (can we say “valorized”?) by the power of a community and its love.

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All quotations from Wendell Berry’s stories come from: Berry, W. (2004). *That distant land (The collected stories)*. Washington, DC: Shoemaker & Hoard.

JACK PEALER is the Secretary-Treasurer of Ohio Safeguards, & is the editor of The Safeguards Letter.

EDITOR’S NOTE: *The Safeguards Letter* (a publication of Ohio Safeguards) is an excellent resource, well worth reading. It contains thoughtful articles, stories, opinion pieces, quotes, book reviews, etc. It is available in print or by email. Contact the Editor, *The Safeguards Letter*, 3421 Dawn Drive, Hamilton, OH 45011 USA. jackjr158@earthlink.net. <http://www.ohiosafeguards.org/>

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The SRV Implementation Project & Family Lives are pleased to present a lecture series to be held at the Family Lives’ Westborough, Massachusetts (US) office:

Ethical Topics in Medicine. There is a growing climate of acceptance in society for medically-inflicted &/or hastened death. A series of court decisions & changes in public opinion, influenced by leaders in the ‘bioethics’ field, have brought major changes in the climate in which medicine operates. Redefinitions of the meaning of personhood, futile care, medical treatment, death, & the end of life, have heightened dangers to people with impairments, the old, the sick, & others who are devalued.

Thursday, September 18, 2008 from 1:00 to 3:00 pm. *Wesley J. Smith* is an attorney for the International Task Force on Euthanasia & Assisted Suicide, & a special consultant for the Center for Bioethics & Culture. Smith’s *Culture of death: The assault on medical ethics in America*, a warning about the dangers of the modern bioethics movement, was named one of the Ten Outstanding Books of the Year & Best Health Book of the Year for 2001 (Independent Publisher Book Awards).

Tuesday, December 2, 2008 from 1:00 to 3:00 pm. *Cathy Ludlum*, author of *One candle power: Seven principles that enhance the lives of people with disabilities and their communities*, will speak on the topic of demystifying tube feeding. Ludlum is a nationally-known author & disability activist. As a person with a disability & an employer of personal assistants since 1988, Ms. Ludlum brings an extensive background in the recruitment, hiring, & management of support staff.

For more information, please email Marc Tumeinski at info@srvip.org.

Update on Two Social Role Valorization Study Groups in North America

AT THE 2003 THIRD INTERNATIONAL SRV Conference in Calgary, one of the conference speakers, Kathryn Smith, called for the establishment of Social Role Valorization study groups (SRVSG). The North American SRV Training, Safeguarding & Development Council enthusiastically took up this suggestion and put together a written proposal for such study groups. Suggestions for possible formats, and practical logistics, for an SRV study group were part of this initial proposal. The proposal envisioned two types of persons being invited to join the proposed SRVSG:

1. Young people who are interested in learning more about SRV, regardless whether they are or want to be on an SRV trainer formation track or not, provided that they show promise.
2. People of any age who are on the SRV trainership formation track, though participation in the study group should not be made a prerequisite for continued advancement on the trainership track.

A STUDY GROUP IN ONTARIO (CAN) formed in early 2007, and a study group in Massachusetts (US) formed in 2008. For information on the Ontario group, please contact Erica Baker at erica.bdaci@ripnet.com. For information on the Massachusetts group, please contact Marc Tumeinski at marc@srvip.org.

We encourage other SRV study groups to please write to the *Journal* about their own history, format, and experiences. Though not a replacement for formal SRV and PASSING workshop training, the study group model fits in well with the overall thrust of leadership development within the international SRV movement. It encourages another way of learning about SRV by a wide variety of people, including those who are interested in teaching SRV, those who are implementing SRV, family members and friends of people who receive services, and so on. Being a resource for this study group, and encouraging the formation of other local study groups, is a very high priority for the North American SRV Council, within the overall context of leadership development. Members of the North American SRV Council have attended all of the study sessions for both study groups.

If you are interested in learning more about the idea of forming a local SRV study group, please contact Marc Tumeinski at 508.752.3670 or marc@srvip.org.

Update on Weekend Meetings on SRV in the UK

AT THE 2006 FOURTH INTERNATIONAL SRV Conference in Ottawa, several attendees from the UK made plans to host a gathering in the UK for people who were interested in SRV and related ideas. A weekend meeting was held in November of 2007, and a follow up meeting was planned for May 2007. Several ideas were raised at the first meeting, notes of which are available from DavidRace51@aol.com. These included an event to study the new PASSING, with experienced UK team leaders, and the possibility of developing a website.

If you are interested in learning more, please contact David Race at the above e-mail address, or at 0161-295-7010 from a UK telephone.

WORKSHOP CALENDAR

THIS CALENDAR LISTS UPCOMING SRV & PASSING workshops which we are aware of, as well as a limited number of other workshops relevant to SRV. Note that each event varies in terms of length & depth of coverage of material; please contact the person listed to make sure the workshop fits what you are looking for. Additional training calendars may be accessed online at www.srvip.org & www.socialrolevalorization.com. To notify us of SRV, PASSING & SRV-related workshops for calendars in upcoming issues of the *Journal*, please send information to: journal@srvip.org or call 508.752.3670.

A Revised Conceptualization of Social Role Valorization (SRV), Including 10 Related Themes

September 2-5, 2008
Calgary, Alberta CAN
email asf.calg@telus.net

October 27-30, 2008
Holyoke, Massachusetts, US
call Jim Brunault ~ 413.788.6981

An Introduction to Social Role Valorization (taught in 10 themes)

September 16-18, 2008
Harrisburg, Pennsylvania, US
email [Betsy Neuville ~ eneuill@keystonehumanservices.org](mailto:eneuvill@keystonehumanservices.org)

An Introduction to Social Role Valorization (taught in 7 themes)

July & August 2008
Queensland, AUS
email viala@viala.org.au

Practicum With SRV Using the PASSING Tool

prerequisite: attendance at an SRV workshop
July 21-25, 2008
South Australia, AUS
email [Peter Millier ~ peteus@bigpond.com](mailto:petermillier@bigpond.com)

July 21-25, 2008
Melbourne, Victoria, AUS
email [Julia Butler ~ julia.butler@ucco.org.au](mailto:julia.butler@ucco.org.au)

September 15-19, 2008
Queensland, AUS
email viala@viala.org.au

September 29-October 3, 2008
Rockhampton, Queensland, AUS
email [Jenny Smith ~ jags14@bigpond.com](mailto:jags14@bigpond.com)

October 20-24, 2008
Harrisburg, Pennsylvania, US
email [Betsy Neuville ~ eneuill@keystonehumanservices.org](mailto:eneuvill@keystonehumanservices.org)

October 27-31, 2008
Kensington, New South Wales, AUS
email [Megan Christie ~ megan@maxadventure.com.au](mailto:megan@maxadventure.com.au)

November 24-28, 2008
South Australia, AUS
email [Peter Millier ~ peteus@bigpond.com](mailto:petermillier@bigpond.com)

**Towards a Better Life:
A Two-Day Basic Introduction to SRV**

August 18-19, 2008
Queensland, AUS
email viala@viala.org.au

September 1-2, 2008
New South Wales, AUS
email [Megan Christie ~ megan@maxadventure.com.au](mailto:megan@maxadventure.com.au)

September 22-23, 2008
South Australia, AUS
email [Peter Millier ~ peteus@bigpond.com](mailto:petermillier@bigpond.com)

October 16-17, 2008
Australian Capital Territory, AUS
email [Amie Cossens ~ acossens@koomarri.asn.au](mailto:acossens@koomarri.asn.au)

Crafting a Coherent Stance on the Sanctity of All Human Life

June 15-19, 2009
Calgary, Alberta, CAN
email slfrank@interbaun.com

Social Role Valorization News & Reviews

Wolf Wolfensberger

AS IN AN EARLIER ISSUE of this journal, my intent for this column is four-fold, at least across multiple journal issues if not in each one.

(a) Briefly annotate publications that have relevance to Social Role Valorization (SRV). Conceivably, some of these might be reviewed in greater depth in a later issue of this journal. Many of these annotations should be useful not only as teaching resources, but as pointers to research relevant to SRV theory.

(b) Present brief sketches of media items that illustrate an SRV issue.

(c) Present vignettes from public life that illustrate or teach something about SRV. Aside from being instructive to readers, persons who teach SRV will hopefully find many of the items in this column useful in their teaching.

(d) By all the above, I hope to illustrate and teach the art and craft of spotting, analyzing, and interpreting phenomena that have SRV relevance.

Human Perceptual Processes, Stereotyping, Profiling, & Their Relation to Expectancy Sets & to Social Valuation & Devaluation

*According to one theory (e.g., see *Prejudiced Communication* by J. B. Ruscher, 2001), humans have an inherent tendency to use as few resources as possible to make sense of the world. This includes the tendency to use a minimum amount of brain power to process environmental stimuli. Formulating social stereotypes and “profiles” is

one way of accomplishing all this by providing a low-effort construct to capture a description of a person, class, or social situation, thereby economizing on brain power so as to have it available to invest in other efforts. The communication of these stereotypes to others is a form of economy of expression which, to the party communicated to, is also an economy of comprehension. The very fact that cognitive economy is appealing to those communicated to as well as to a communicator then assures that the prejudicial communication continues to get passed on from person-to-person, or that persons reinforce each others’ shared prejudicial communications. However, even proponents of this theory consider it quite possible that other mechanisms are at work as well specifically in negative kinds of stereotyping, such as a form of self-aggrandizement by casting others, or members of entire classes, into a category of some kind of inferiority.

*Nelson, T. D. (Ed.). (2002). *Ageism: Stereotyping and prejudice against older persons*. Cambridge, MA: MIT Press. One problem with the construct of stereotypes is that all normal—and most abnormal—human minds contain zillions of operational schemata about zillions of aspects of reality, and technically one could call **all** of these stereotypes.

Social stereotypes specifically, i.e., stereotypes about certain types of persons, can be considered to be a form of expectancy.

*Stereotyping has certain elements in common with so-called profiling. All sorts of profiling based on **valid** group data and/or actuarial methods do in fact increase the statistical probability of identifying individuals who have a greater than ordinary or random chance of being or doing something. Similarly, most kinds of stereotyping are based on a kernel of truth, and it may be difficult to tell stereotyping and profiling apart. In fact, even roadside sobriety tests conducted by police are a form of both profiling and stereotyping. After all, police do not pull every single driver over to test for sobriety, but are guided by certain relevant indicators (e.g., a car moving erratically, or unusually fast or slow) that suggest to them that they are dealing with a greater than chance likelihood that a driver is intoxicated.

That profiling often “works” was dramatically underlined in 1999, when officials at the American border caught a young man who was trying to enter the US from Canada in order to bomb a building on the west coast. He turned out to be a member of a Muslim Arab terrorist group. But obviously, all it can do is increase the probability of a valid judgment, not a clean separation of classes.

*Tyler, T. R., Kramer, R. M., & John, O. P. (Eds.). (1999). *The psychology of the social self*. Mahway, NJ: Erlbaum. There is an incredible amount of thoughtless and unscientific talk about (not) stereotyping, as for instance not judging people because of their membership in a certain class. However, what is so embarrassing about this kind of talk is that according to many social scientists, humans generally actually define **themselves** in terms of their group memberships. (This is a core theme in so-called social identity theory.) In other words, people stereotype themselves all the time, and very severely so, and thus really have no business being hard on others for doing the same thing to themselves or others.

*Berreby, D. (2007, Fall). The bias detective. *Smithsonian*, 82-83. (Special Issue). Research continues to find that what is called prejudice is a universal and hard-wired human mindset, the only thing differing being what or whom one is prejudiced about. Everyone has preferences for some social groups.

Relatedly, on word association tests, Americans are apt to spit out positively-imagined words more often to a first name that is more common among Caucasians (e.g., Chip) than among Afro-Americans (e.g., Jamaal). This is especially the case for Caucasians, but also for some Afro-Americans. However, this tendency is largely unconscious.

*Also relevant to person perception is that there is simply no end to the steady stream of research that shows how important personal appearance is in being given opportunities in life. For instance, yet another study found that the taller one is, the more one is likely to earn, with every inch in height making a difference of \$800 more a year (*Journal of Applied Psychology in Syracuse Post-Standard*, 17 Feb. 2004). The one thing that is surprising is that even though this reality is no longer scientifically disputable, researchers continue to study it, seemingly irresistibly attracted to heaping yet more evidence onto the earlier mountain thereof.

* Many scholars believe that it is a universal human characteristic to have difficulty distinguishing the faces of members of other races. This is called the “cross-race recognition deficit.” They say that there is a perfectly simple explanation for it, namely that race is so much easier to encode rapidly than subtle and relatively minor differences in facial characteristics. The race perception therefore—in a sense—pre-empts, and has a tendency to push aside, the decoding of other characteristics, at least if other things are equal (*Contemporary Psychology*, 12/2000).

*Lee, Y-T., McCauley, C. R., & Draguns, J. G. (Eds.). (1999). *Personality and person perception across cultures*. Mahwah, NJ: Erlbaum. While so-called person perception is one of the central constructs of SRV, not all person perception is focused on personal appearance. In this work, we learn that stereotypes about so-called national character have at the very least a kernel of truth. Four dimensions of ways of acting are proving to be particularly useful to contrast between nations: individualism versus collectivism, uncertainty avoidance, power distance, and masculinity.

*Forgas, J. P. (Ed.). (2001). *Handbook of affect and social cognition*. Mahwah, NJ: Erlbaum. Western discourse has long distinguished sharply between cognition (or what used to be called reason) on the one hand, and the emotions (or affect or passions) on the other. However, the two actually have intimate neurobiological interconnections, and these in very complicated feedback loops.

Furthermore, the mental evaluative processes that are emphasized so much in SRV theory are known to take place largely outside of awareness, particularly those associated with perception, but they can then result in feelings which—though these are often conscious—cannot be linked by the experiencer to their source of origin. Thus, one can have positive or negative feelings about something without knowing why, even though one may invent some kind of explanation which of course is apt to be totally false. A possible exception to this are particularly intense emotional feelings, the very intensity of which marshals one's conscious attention, which may then be able to ferret out the source of the feeling. However, this happens in only relatively rare instances rather than during the zillions of evaluations that the mind conducts even in a single day.

*The corpus of data that informs us that people find it almost impossible to hide their emotions must not be confused with another corpus of data

that informs us that the emotion experienced by a person is not necessarily the one that is externally **evidenced** by that person. For instance, a smile may be precipitated in some persons by certain stresses, at least in a social context, while in other persons, a smile might reflect pleasure (*Monitor*, 1/2000). Ultimately, we need to keep in mind that facial expressions evolved largely in order to influence the behaviors of others. This is obviously also relevant to person perception.

The Social Roles of Impaired or Devalued People

*As noted in SRV teaching, the common recurring negative roles into which devalued people tend to be cast (non-human or sub-human, menace, waste material, object of ridicule, object of pity, burden of charity, child, sick, holy innocent, and death-related) are not the only negatively valued roles that such people may occupy. These are merely the ones most universally experienced by members of any and all devalued classes. However, there may also be negatively valued roles that are more specific to members of a particular devalued group. For instance, aged men may be cast into the “dirty old man” role, and the poor may be cast into the “social parasite” role, especially if they receive public benefits (“welfare” or “the dole”).

One such negatively valued role into which only some devalued people may be cast is what Safilios-Rothschild as early as 1970 called the “disabled role.” This role applies to people who once led a normal life but then suffered some accident or health problem. If some impairment or diminishment of capacity remains, then they may get cast into the “disabled role,” and possibly even under some law, perhaps for the rest of their life. According to the author, this role tends to carry with it expectations such as the following:

- (a) that the person will accept the “disability” and start learning to live with it;
- (b) that the person will “pull himself (or herself) together” and start to utilize whatever capacities and

abilities do remain to carry on normal social roles;

(c) that the person will try to use their remaining abilities in order to resume as many normal social roles as possible;

(d) that the person will not be exempted from performing certain social roles, tasks, and activities, especially if the person is ambulatory; and

(e) that the person will focus on recovery and return to gainful employment, rather than live on insurance or government benefits, and that the person will take advantage of whatever medical treatments and rehabilitation are available to this end (pp. 73-78). (Safilios-Rothschild, C. (1970). *The sociology and social psychology of disability and rehabilitation*. New York: Random House.)

*It is very sad to see a certain number of handicapped people, including mentally retarded ones, being pushed into a long-term “handicap role,” by endlessly traveling to conferences and giving essentially the same talks, in lieu of, as they say these days, “getting a life.” Some of these career handicapped persons make speeches that are not even particularly instructive, and yet sometimes they are featured as keynote speeches. After a while, this can actually degrade their image in the eyes of some observers, and can also keep such persons out of “real work.”

*Swinton, J. (2001). Building a church for strangers. *Journal of Religion, Disability & Health*, 4, 25-63. The article is sort of a rambling meditation on what the author has learned from a young severely mentally retarded man, and from how he participates in Christian prayer and worship. His main point is that such persons must be welcomed as the image of God, the Christ among us, as valued and wanted participants, and not as strangers because strangers are not apt to be expected and required to “fit in” to already existing ways of doing things. He also worries about what will happen when this young man is deinstitutionalized into the community, where he may find hostility not only from neighbors but also from the local

community churches.

On p. 43, Swinton tells a story that exemplifies the power of valued social roles, though he never mentions the word roles. A woman with Down’s syndrome had the role of teacher’s assistant in Sunday school, and it was in this role that all the Sunday school children perceived her. It was only when the children were grown that they either became aware of, or attended to, the fact that the woman had been mentally handicapped. However, Swinton’s telling of this story does not make the SRV point clear.

*The Head of the Education Department at a college in Jerusalem also held a leading position in Israel’s Ministry of Education. He was diagnosed with ALS, or “Lou Gehrig’s disease,” but for 12 years—completely paralyzed—he has continued his college job, written seven books, attends Sabbath services each week, and maintains a regular family and social life. By the way, his doctors predicted he would only live 3 to 5 years after his diagnosis (Torah on Line, 2006).

*Philip Furtwängler was a mathematics professor at the University of Vienna after World War I. He was paralyzed from the neck down, but lectured from a wheelchair without notes, and had an assistant write equations on the blackboard. One of his students was Kurt Gödel (1906-1978) who became one of the world’s leading mathematicians and logicians.

*We ran across a striking example of a person who had a major bodily impairment being presented entirely in positive role terms. The person is a New Zealand man who in childhood lost both of his legs in an accident. However, in a news story, he was interpreted as a successful businessman, world-class athlete, race car champion, and qualified pilot (2001 conference flyer).

*In Palestine has lived an Arab man who for decades has been almost completely incapacitated

bodily. He sits around in a wheelchair, with his head lolling to one side, and speaks in a whisper. Yet he is the spiritual head of the Hamas movement that has carried out much of the violent attacks on Israel, and terrorist attacks on public places, even though this has also killed Islamic Arabs. He is known as Sheik Ahmed Yassim. His severely reduced bodily condition has been no obstacle to his filling a major valued role to a big portion of Palestinian Arabs, and Muslims elsewhere. In the sight of many other people, including almost all Israelis, he not only occupies a devalued role as a terrorist, but is devalued as a person. This underlines how crucial is the reference group or class in the eyes of whom one may want to upgrade a party's roles.

*A man of limited, or even retarded, intelligence in Syracuse had both a father and uncle who had been raised in a Catholic orphanage there. As a youth, he began visiting the orphanage and volunteering to help with the work there. Eventually, the orphanage hired him as a maintenance worker, and kept him on after the orphanage was phased-out and the building became the headquarters for the local Catholic Charities services. He held a very valued role despite his relatively lowly job because for many years, he was the person who knew the building best, and often the only one who knew where things were. He retired in 2003 after 33 years on the job; and even after his retirement, he planned to continue to volunteer in the building. It is not anticipated that anybody will ever know as much about the building as he did (*Syracuse Post-Standard*, 24 Jan. 2003).

*When homemaking diva Martha Stewart was sentenced to prison for lying and obstruction of justice in connection with sale of stocks, numerous people offered to serve her sentence for her (e.g., *Syracuse Post-Standard*, 9 October 2004, p. E2). This is a very good example of how holding valued social roles can move those who value those roles to do whatever is needed to help

the people in those roles—in fact, they will go to great lengths to inconvenience themselves, as the conservatism corollary would imply. Who has ever heard of valued people offering to go into an institution or nursing home in place of a handicapped person, or to serve the term of a common criminal in prison? (Alert readers will remember that someone did this surreptitiously, as reported in this column in the last issue of this *Journal*.) How often do we hear of somebody stepping forward and offering to be executed for a crime to which someone else has been sentenced to death?

This story also brings out a point taught in SRV, namely that people in valued roles are apt to have their devalued characteristics or behaviors overlooked, put up with, or positively interpreted.

An article about this began with a list of Stewart's roles in sequence: schoolgirl, model, stockbroker, caterer, TV host, lifestyle empress, billionaire, prisoner.

*A maximum-security prisoner in New York State created art works in his cell, and gave them to a friend outside of prison who sold them at Internet auctions so as to buy the prisoner amenities such as sneakers or snacks. He sent these works out quite legally through the prison mail room. Yet when the prison authorities learned of it, they took away his art supplies for five years, and his telephone and mail privileges (AP in *Syracuse Herald-Journal*, 19 June 2000, p. A5). Thereby, they took away one of his few ways of earning a valued social role through competence and achievement. One would think that it would make no difference at all in this matter what heinous crimes he may have committed, unless part of his sentence had been that he was to be prevented by all means from gaining any kind of role enhancement. In fact, in the middle ages, this was sometimes the case, when a person was sentenced "to dishonor."

*A German organization provides respite for families, including a weekend once a month for their impaired children in a small group home.

This is meant especially for parents who get little uninterrupted sleep at night. Unfortunately, the program is called *Albatros*, as in “having an albatross hanging from one’s neck” (*Das Band*, 6/2007). This conveys an image of the impaired child in the role of a burden of charity to the parents.

*In the residential domain, the role of homeowner is usually more valued than that of renter or tenant, and also usually requires and engages many more competencies. However, some devalued people and their advocates are talking as if handicapped people should have a right to own their own homes (e.g., *Syracuse Post Standard*, 28 November 2007)—a right that would usually have to be heavily subsidized by the public, yet this same public does not have a right to home-ownership.

*Certain social roles might be characterized as being “core roles,” and these seem to have great universality to them regardless of culture. Among these core roles are those having to do with: family and certain other basic relationship roles, such as those of a friend; providership (in our case, heavily linked to occupations or jobs, but in other societies to skills such as hunting or fishing); and stratification, such as servant, tribal chief or its equivalent, etc.

We suspect that the less complex and diversified a society is, the more are its available roles concentrated among the core roles. This probably also means that when, in complex and diversified societies, disasters occur that lead to reduction in the range or number of non-core roles, one can expect core roles to assume greater importance.

Aside from their universality, core roles are probably also very important ones even in societies that because of their complexity and diversity have a great many other kinds of roles.

*We ran across something this author published in 1967, before the advent of not only SRV, but even of normalization, that anticipated a core assertion of SRV, namely that valued roles are cru-

cial to being afforded access to the good things of life. In 1967, Wolfensberger wrote that retarded people should be put in work roles even if the work is not very productive and contributes little to the person’s financial independence. “Work lends adult status to a retardate, and thus adds to his dignity in the sight of others.” “In our work-oriented society, positive attitudes will generally be expressed towards the worker, and negative ones toward the drone” (p. 233) (Wolfensberger, W. (1967). *Vocational preparation and occupation*. In A. A. Baumeister (Ed.), *Mental retardation: Appraisal, education, and rehabilitation* (pp. 232-273). Chicago: Aldine).

*The following are all examples of elderly people (otherwise at high risk of devaluation) who either obtained or maintained valued roles well into their old age, thereby protecting them from some of the bad things that would come from aging and from devaluation.

A woman in Kingston, Ontario, Canada, has been a legal secretary for 73 years, since she was 17 in 1931; and despite her being 90 years old, had no plans to retire (*Kingston Whig Standard*, 22/3/2004).

A Syracuse man retired from his construction company at age 82, and then right away began to volunteer two hours every day at a local hospital. In 2003, at age 100, he was still at it, performing the same volunteer chores as other much younger volunteers, showing up at 9:00 am every morning for the last 18 years, putting in about 2.5 hours every work day, running errands and pushing wheelchairs (*Syracuse Post-Standard*, 19/1/2003).

A 100-year-old woman in Syracuse, New York, had been volunteering since she was in her 80s at the county hospital for the old and handicapped. She cuts back a little bit in the winter because walking is harder for her in the ice and snow, but resumes when the weather turns nice again (*Syracuse Herald American*, 12 March 2000, pp. B1-B2).

In San Francisco, a 102-year-old woman who had survived the 1906 earthquake and fire was still working 2 days a week stocking shelves in a grocery store (*Smithsonian*, 4/2006, p. 64). Actually, the earthquake survivor role has become valued too as the number of such survivors has shrunk. So one of her valued roles is an “achieved” one, while the other is an attributed one.

One of the relatively few good things about the US space program is that some of the assembly of a space station in 4/02 was performed by two astronauts who were grandfathers.

*The SRV literature and teaching culture has so far paid little attention to the sensitive and controversial issue that certain valued roles can carry a negative image if they are held by certain classes of people, and that certain activities of theirs can be considered preposterous. For instance, hunting with bow and arrow would be considered a valued activity by many Americans, even if they themselves would not want to do it. However, when very physically impaired people in wheelchairs do it, this could elicit negative valuations, even if only unconsciously—and likely consciously so if the hunters were also blind, as some have been. To begin with, real bow-hunting ordinarily requires some stalking of the prey, which persons in wheelchairs obviously cannot do. Further, among hunters, it is a matter of honor to chase down a wounded prey so as not to let it suffer, and hunters in wheelchairs cannot do that. This is why such hunting by impaired people is usually arranged like a stationary shooting gallery, which offends both a great many hunters and other people who otherwise are not opposed to hunting. Finally, the idea that a person who is severely impaired and who cannot even use their arms to hold and shoot a bow would try to inflict bodily injury and death on an animal only for sport may strike one as incongruous or worse (*Syracuse Herald American*, 21 Sept. 1997, p. A1). However, people would probably make a mental allowance against such reservations if they learned that the bow-hunter had been a bow-hunter be-

fore becoming impaired, and was merely trying to salvage elements of his former hunter role by means of these unusual arrangements.

A lot of things are a little hard to believe: the state of Illinois went through a lot of trouble to set up a special deer hunt for the handicapped—but only one person in a wheelchair showed up. This upset this person so much that he went out and founded the National Association of Handicapped Outdoor Sportsmen (*Insights Into Spina Bifida*, Fall 1988).

In recent years, aged people, amputees, paraplegics, blind and blind one-armed people have undertaken to sail solo across the ocean, or climb high mountains, even Mount Everest. One ill-equipped aged person died doing the latter.

We were amazed to learn that among the race car drivers at the Daytona Speedway, there is one who is paraplegic and drives with hand controls. However, this is not going to give paraplegics a good name because he ran down and killed a track crew member who was removing debris from the track (*Syracuse Post-Standard*, 9 Feb. 2004). At least the crew member did not end up paralyzed too.

*In regard to the above item, as well as certain other practices, one perversion is to assume or claim that when any person who has an impairment, or is a member of a devalued group, is not accorded some kind of privilege, right, promotion, or role, then it must be because of prejudice and discrimination. Unfortunately, it has become the practice of some such persons to scream “discrimination” every single time they do not get something they wanted. At the same time, members of the political correctness culture are extremely reluctant to ever tell a disadvantaged person that they are not qualified or suitable for a particular task or position, or might even selfishly be putting other people at risk thereby. One consequence often is that such a person gets systematically deceived about their identity and capabilities because no one ever gives the person an honest and unbiased assessment or feedback.

In SRV teaching, it is emphasized that people at value-risk should be positively interpreted, and high expectancies placed on them, without being misleading about their limitations.

*A deviancy anomaly has arisen, in that a man who (due to a birth defect) has no legs below the knee has been winning 200-meter races against top runners with legs. He uses springy prosthetic leg extenders (image-enhancingly called Cheetahs), and wants to run and win at the Olympics. This precipitated an Olympic decision to ban springs, wheels, and other artificial aides to running (*Time*, 28 Jan. 2008, p. 116). This is the equivalent on the bodily level to the mentally disabled gifted.

There was a marathon run in Ottawa in which people in wheelchairs were permitted to compete with people running. However, because over long stretches, the people in wheelchairs were faster than the runners, the runners had to be given a handicap or the athletes in the wheelchairs would all have come in before the rest.

Capitalizing on People's Previous Valued Roles

*In SRV, we emphasize the importance of capitalizing on past valued roles, e.g., with elderly people. In one instance, an actor who began to show signs of dementia was able to draw on his acting skills and disciplines to seem more competent than he truly was (*AARP*, 9/10/2005). This is image-protective, but could also risk catastrophic failures, and would need certain safeguards.

*Porter, R. (1987). *A social history of madness: Stories of the insane*. London: Weidenfeld & Nicolson. The world famous dancer Nijinsky, of Russian peasant stock, began to become insane in Switzerland during World War I. He was treated by various shrinks, including some very famous ones, and he spent several years on and off in an asylum. When World War II broke out, his wife

took him to her native Hungary, and a miracle happened when the Russian army arrived in 1945. For the first time since his childhood, he was surrounded again by Russian peasants from among the soldiery, some of whom remembered his days as a legendary dancer, and who treated him in a normal fashion which itself had not happened since 1919. They refused to acknowledge his insanity, and talked to him just as they would to each other, and they danced with him, all of which brought him back to life and sanity, at least temporarily. All of this is a very good example of the power of role-valORIZING role expectancies, and the use of competencies acquired earlier.

*The following is an instructive excerpt from Duff, C. (1965). *A mysterious people: An introduction to the Gypsies of all countries*. London: Hamish Hamilton. "When I was traveling with Spanish Gypsies, there was one evening when, for some reason, one of them had a bad fit of depression and would not talk to any of us. Another got up, fetched his guitar, sat down and began playing, first slow, rather lugubrious music which very gradually became faster and faster. By this time the very sad man had perked up so much that the guitarist said to him, 'Come, Pepe, give us your famous dance to this,' and he switched to a wild old dance tune. Within seven or eight minutes from the time the music had begun, Pepe was giving us a dance which thrilled us all to the backbone. His fit of depression had been completely cured before my eyes" (pp. 140-141).

Competency

*One of the major avenues of access to socially valued roles is via competency, in that many social roles require the more-or-less competent performance of some function. At the same time, even when a person is thrust into a role for which he or she does not yet possess all the expected competencies, the person will often rise to the challenge and learn them quickly.

*Focusing only on the “woundedness” of devalued people can sometimes lead one to forget, or overlook, the reality that conveying high expectations for performance can seem harsh or even hard-hearted, especially to people who have been badly wounded. But with such expectations comes the message, “No matter what you’ve been through, you can do this, and I (your teacher/instructor/supervisor/etc.) will help you.” An example of the power of high expectancies is a violin teacher in the elementary schools of East Harlem, one of the poorest and most troubled areas of New York City. She believes music education is “an inalienable right,” not just for the gifted or privileged. The children are picked for the program by lottery, to insure that it is not only the privileged and gifted who get a chance, and they do learn to play violins. Said one of her students about her demandingness, “She gets on your case ... but ... when we need help, she helps us.” When the school board cut funding for arts and music education (even though the music pupils seemed to be the only ones to learn anything), the teacher founded a non-profit music center and raised money to keep at least violin education in Harlem’s schools. A film about her, “The Music of My Heart,” was released in October 1999, and an Oscar-winning documentary has already been made (*Time*, 12 July 1999).

*Amazingly, the skills of many musicians do not decline with old age. One world-class musician said that he had never known a single pianist whose playing got worse because of old age. One such is 91-years old, and an 83-year-old violinist continues to perform on a concert tour. One of the most prestigious music schools in the US has over 50 alumni over 70 who still teach and perform on concert tours (*Time*, 15/3/04).

*The Berkshire Hills Music Academy is located on a 40 acre estate in South Hadley, Massachusetts. It is a private post-secondary school for young adults who have cognitive, learning or

developmental impairments, but with strong musical aptitudes. In essence, it is somewhat like a residential prep school that educates youths in a no-nonsense fashion in a curriculum centered on music. While there is the problem of segregation, the educational program is not make-believe, and many youths come out with a lot of musical skills in a wide range of instruments that are at least good enough for participation in bands playing for entertainment. Some of the pupils have Williams syndrome, in which there is a mental limitation but also a tendency for aptitude in music.

*We were told of an old woman who gradually lost mental faculties, but was able to remain in her own dwelling because she continued to practice the disciplines and habits that she had developed as a wife and mother. She got up early every day, made breakfast, made her bed, and did many other things that she had done for decades. This is an example that is also relevant to the upbringing of mentally handicapped children: practicing habitual valued disciplines related to competencies can be a huge safeguard against later life degradation.

*In about 50 million older Americans, dietary changes alone could virtually eliminate high blood pressure that in turn increases their risk of stroke, heart attack and kidney failure. In one demonstration, 10 chronically ill nursing home residents lifted weights three times a week for two months, upon which their average walking speed nearly tripled and their balance doubled. Two of them threw away their canes (*Newsweek*, 30 June 1997).

*A Japanese man can recite, from memory, the 42,000 initial digits of pi (3.14159...), which takes him 9 hours (*Science*, 26 March 1999).

*According to scholars, children are so adept at language-learning that by age six, they are more competent in their native tongue than any adult who tries to acquire a second language will be.

*In 1846, the famous African explorer and missionary David Livingston reported that one of the tribal chiefs he met in what became Rhodesia learned the alphabet in a single day, and thereafter was able to read (*Christian History*, 1997, 16(4), Issue No. 56, p. 37).

*For many decades, there were many educators who depreciated the importance of teaching mentally retarded people to read because research had shown that it was often possible to teach them reading with a fluency that exceeded their capacity to understand what they read. Snobby educators called this “barking at print.” One problem with this interpretation had been that the image-enhancing advantages of the competency of being able to read had been totally ignored. In other words, even if a mentally retarded person had limited understanding of what he or she was reading, there are bound to be many occasions in life where even the mere “barking” out of what the print says can accrue a great many image advantages to a person, which in turn can be expected to yield other benefits to that person over time and indirectly.

*Whitman, C. (1995). Heading toward normal: Deinstitutionalization for the mentally retarded client. *Marriage & Family Review*, 21(1-2), 51-64, and in D. Guttman & M. B. Sussman (Eds.), *Exemplary social intervention programs for members and their families* (pp. 51-64). Binghamton, NY: Haworth Press. Among other things, this article documents how the functioning level of two long-term institutionalized mentally retarded men increased by several levels after several years of having lived in the community with moderate supervision.

*When one man left the institution where he had lived all his life and moved into a group home, one of his parents would only agree to the move if the agency would install an alarm that would go off if the son left the property. But after a little time when the son had done very well, the parent

requested that the alarm be deactivated, saying that he understood that his son might want to go into the garden or walk about, and was confident that he would be okay.

*At the Cincinnati Children’s Hospital Medical Center, much of the work of sorting, sterilizing, and maintaining equipment is done by 75 handicapped people (some in wheelchairs), including mentally retarded ones. Some have even taught their jobs to other non-handicapped workers. The program was begun by a nurse who was looking for reliable help to keep the supply shelves stocked (*FC*, 17 Sept. 2002).

*The word “competence” must have acquired a very bad image in certain misguided professional circles, because we increasingly see it referred to as “self-efficacy.” Allegedly, the “efficacy” construct was developed by Alfred Bandura in 1977, but it seems that it was mostly in the mid-1990s that the term became popular as an equivalent to competency. It is also noteworthy that well before Bandura, people would say that someone was effective or ineffective, but they would never have said that anyone was or was not efficacious. By the way, if one tried to replace competency with efficacy, it would make much more sense to refer to “personal efficacy.”

The Related Issues of Segregation, Congregation, “Inclusion,” & Integration

*We discovered an interesting way through which the ruling classes managed to segregate themselves from the rest of the population. At one time, roughly until 1700, feasts were largely public events in which people of all social strata would participate, and were commonly celebrated in public places. Furthermore, feasts were celebrated mostly during daylight. But then the nobility of absolutism increasingly excluded the common people from their feasts, held the feasts in inaccessible places, and at an inconvenient time—mostly at night. Unfortunately, this custom was taken

over in part into the larger society, and has remained with us to this day. For example, wedding feasts usually only have invited guests.

*For more than 20 years, a snowmobile club in the Syracuse, New York, area has been giving free snowmobile rides to retarded clients of state services. Unfortunately, it is done all at once for 60 retarded persons during a single winter afternoon (*Syracuse Post-Standard*, 10 Dec. 2007, p. B1). How much better if it were done with maybe 5 clients at a time, spread over a dozen or so winter afternoons.

*Around 1970, some entrepreneur put on the market two long-play records of “music for handicapped people,” which we snortingly called “segregated music.” Starting in the late 1980s, “exercise videotapes for people with mental retardation” and “developmental disabilities” began to come out. And there is now segregated aerobics for “developmentally disabled adults,” promoted via videotapes out of California (*The ARC*, Winter 1986; *MR* 10/1989; *NARC*, 1/1990).

And yet an article (King, D., & Mace, F. C. (1990). Acquisition and maintenance of exercise skills under normalized conditions by adults with moderate and severe mental retardation. *Mental Retardation*, 28, 311-317) pointed out that aerobics groups provide good opportunities for the integration of retarded persons, many of whom can learn quite adequately to participate in the exercises, not to mention that with inactivity and obesity being an even bigger problem among retarded people than non-retarded ones, this can be a boon to their health.

Still, some things never die. Now there is once again an audio and CD recording of “special music for special people,” not to mention that it is by special people as well, namely people with Down’s syndrome. It is also interpreted as being “for all ages” (*DS News*, 10/1997). And there was an art contest for epileptics only in Syracuse in Summer 2006, sponsored by a drug company (*Syracuse*

Post-Standard, 17/7/2006).

*A German magazine for mostly physically handicapped people (*Das Band*, 3/2002) had an article about a music band made up entirely of seven handicapped people. Two are singers, and five play percussion instruments. This reminded us of the fact that handicapped people who participate in band or orchestral music are rarely found to play anything other than percussion instruments, and often only the very simplest ones. This raises the challenging question whether a handicapped person who is found to have musical talent might not be able to learn some other kind of instrument (and there are precedents for that, including mentioned earlier in this column); and if the person can play even only percussion instruments well enough, why can he or she not play them in generic bands, rather than only in bands of all-handicapped people?

One other problem with this particular band is that its songs consist mostly of angry or complaining rap about their lot in life, which can become old very quickly, except perhaps before all-handicapped people audiences.

**An SRV and model coherency horror story*: A real estate developer in New York City was building so-called “supportive housing” apartment complexes in Brooklyn and the Bronx, for people with mental problems, those who would otherwise be homeless, and poor people without mental problems. Unfortunately, these are very congregated settings—the 2 apartment buildings launched so far have more than 60 units each—and the poor but otherwise presumably competent people who are tenants are supposed to provide the “supports” and do the integrating for the rest. The developer plans to include in the future mentally retarded people, people with HIV or AIDS, and homeless war veterans among the tenants who would qualify for the “supportive housing units” (*New York Times*, 28/12/2005). We predict more than just image troubles in the future.

*A remarkable thing has happened: what used to be senior housing has of late been increasingly occupied by physically or mentally handicapped people who are not “seniors.” In New York State, one type of what used to be senior housing went from 4.4% “disabled” non-seniors to 22.9% (!) between 1997 and 2007. On the one hand, this gives handicapped non-seniors more opportunities to live on their own in subsidized apartments. On the other hand, it has two drawbacks. (a) It increases the deviancy juxtaposition, and the negative image transfer problem, for all the residents. (b) Seniors no longer feel secure with a larger number of able-bodied but mentally disordered or retarded younger people (some in their 20s) in their buildings. At one such residence near us, residents petitioned for the removal of a 41-year old retarded resident who allegedly groped an elderly woman, and they lost their case (*Syracuse Post-Standard*, 1 Dec. 2007, pp. B1, B5).

*A foreign investor has made a bid to buy the old Syracuse Developmental Center (a former state institution for the mentally retarded) that started as the New York State Idiot Asylum in 1854 on its current site in Syracuse, New York. The old buildings were torn down in 1971, and a new building complex erected on the same site, making this the longest site for a mental retardation institution on the same spot in North America. It closed as a residence in 1998, but has continued to be used as an office building.

The investor claims he wants to convert the site to a luxury vacation resort for handicapped people, because it already has a pool, an auditorium, a gym, and 48 acres of hillside land. However, it is located in one of the highest crime areas of Syracuse.

The proposal triggered a storm of opposition. One objection was that this would revert the facility to a semi-institutional use. Another is that hardly anyone in the field can imagine impaired people and their families streaming to fill the facility built for 500+ residents with vacationers. Also, people with access to enough money can

buy specialty vacation tours to places all over the world from at least two US organizations, accompanied by staff members. So why get stuck in a high-crime area institution in Syracuse? One suspicion is that there is a hidden motive in trying to acquire the site, maybe connected to some tax write-off, or a plan to develop a private institution—maybe a nursing home.

*A group called Wilderness Inquiry, located in Minneapolis, runs vacations in which physically handicapped and non-handicapped people together enjoy challenging outdoor adventures (*Syracuse Post-Standard*, 12 Jan. 2003).

*One California group, called AXIS, describes itself as promoting and conducting “physically integrated dance,” by which it means having physically handicapped and non-handicapped dancers performing together (*Syracuse Post-Standard*, 27 November 2007). It sounds to us as if this is really what SRV would call social integration, mediated via the social role of dancer, rather than “mere” physical integration, i.e., the physical presence of devalued people amongst valued ones.

*Latham, J. (1974). *Happy families: Growing up in the eighteenth and nineteenth centuries*. London: Adam & Charles Black. Already in the 18th century, factories in Britain that employed children were required to have one feebleminded child among every 20 they employed (p. 11). This law was carried forward in some form to the present day.

*A young teenager in Syracuse picked a fight with an older teen boy, and got stabbed in the heart, as a result of which he became very debilitated and profoundly retarded. When he re-entered school, he needed two full-time personnel: a nurse and a teacher. In his special class of nine, there are as many care-givers as students. Plans were to also have him in integrated classes in English and social studies (*Syracuse Post-Standard*, 11 Dec. 2007, pp. B1, B5). As we mentioned in the

last issue, this raises many questions about the merits of “inclusion,” but also of pedagogy. Transporting the boy to school is an elephantine task, especially since his home did not yet have a ramp. And would two people not be able to teach him more for longer hours at home than in school? The classroom with other very impaired persons attended by 9 staff may be bustling, but is probably more a distraction for this marginally conscious boy than a stimulation. And how and in what ways is he to benefit from ordinary English and social studies instruction? It seems that ideological purposes other than the best pedagogic interests of that boy are being enacted here, as in many similar cases.

*Smith, P. (2007). Have we made any progress? Including students with intellectual disabilities in regular education classrooms. *Intellectual and Developmental Disabilities*, 45, 297-309. This article mournfully documents the fact that after much progress had been made integrating mentally retarded children in regular education classes up to the 1997-98 school year, there was a large decline by 2002-03 in most US states—in some instances, a decline of 80%, so that almost 90% of such students were not in regular grades. Even Vermont, with its reputation for “inclusion,” went down about 28%. All this raises the question whether the new data are correct, or the earlier data had been inflated.

*Molsberry, R. F. (2004). *Blindsided by grace: Entering the world of disability*. Minneapolis, MN: Augsburg Press. This author asserts that “inclusion has replaced healing as the indicated treatment and desired outcome,” and that this has made “biblical healing narratives ... irrelevant” (p. 98). Is this “inclusion” as salvation?

One piece of evidence that would support his conclusion is that New York State’s Office of Mental Retardation and Developmental Disabilities has a position of “Spiritual Community Inclusion Specialist,” currently filled by an ordained minister.

Taking Account of People’s “Assimilation Potential” in Integrative Efforts

*One of the facts about human beings is that they can only tolerate, and assimilate, so much difference and “diversity.” Beyond a certain point, their negative impulses emerge and get expressed in rejection, distastefulness, segregation, and even violence. Not liking this fact does not change it, any more than not liking stereotyping gets rid of stereotyping, but it is rarely taken into account in efforts at integration or “inclusion.”

*Aboud, F. (1988). *Children and prejudice: The development of ethnic awareness and identity*. New York: Basil Blackwell. According to Aboud, there is a certain level of ethnic/racial prejudice in children between the ages of 4-7 that cannot be accounted for by parental attitudes. If this finding is corroborated, it might point to a built-in human differentism that develops during childhood, that may very well have had adaptive functions in the evolution of mankind, and that may be generalized, enlarged, or reduced in time as a result of societal and parental attitudes.

*Sometimes, a congregation of only two people together is enough to seal in an observer’s mind the perceived deviant identity of some marginal person or persons. For instance, there may be a lowly foreigner whose skin is noticeably a shade different, whose clothes and grooming are a bit odd, who perhaps looks or acts a bit unsure and out of place, and whom perceivers might think is “a little peculiar,” but without being able to put their finger on exactly what is peculiar about the person. But if there are two such foreigners together, this may be enough for the observers to conclude (at least unconsciously), “Aha! I know what it is about those two: they’re foreigners”—especially if the two speak to each other in a strange tongue.

We were told that in one church, a man in a wheelchair attended services regularly without drawing any undue attention from the rest of the

congregation. However, one day, another person in a wheelchair also attended services, and one young boy was overheard to remark to his mother, "There sure are a lot of people in wheelchairs here this morning." This goes to show that with some impairments, it only takes a small increase in visibility to go from almost not being noticed to overwhelming the receptivity of the assimilators.

*On the one hand, it was bad business that the 1985 Michigan Thanksgiving day parade in Detroit wanted to cancel the participation of a group of mentally and physically handicapped children. On the other hand, the promoters of their "inclusion" had planned to bring 200 of them to the parade—which shows how easily bad practices can lead to public backlash.

*A major recreational retreat of the first President Bush was a small town in Maine, which began to suffer from his periodic presences. A local citizen said that when the President came to town, it began to "look like a damned convention for the hearing impaired," because of the army of secret service people all wearing earphones (*Time*, 9 January 1989).

*CBS-TV "60 Minutes" of 16 Oct. 1994 gave a dramatic example of the overwhelming of the congregation and assimilation potential of a community. Wausau, Wisconsin, was once one of the most homogenous Caucasian towns in the US. In around 1985, it generously and voluntarily invited Asian refugee families to settle there, but more came than the town had meant to invite. By 1994, they had become 11% of the population. There was no increase in jobs in town, 75% of the immigrants were on welfare, and hardly any paid any taxes. The schools were particularly hard hit with many families having ten or so children, and some classes ending up with up to 80% non-English-speaking children. In order to integrate schools better, for the first time, the indigenous children were bused out of their neighborhoods,

which motivated many families to begin to start private schools. Next, Asian youth gangs formed, and among other things commenced drive-by shootings. While all of this was still going on, the immigrant families were busily bringing over more relatives, with at least one thousand said to be waiting in Thailand alone. As one local citizen put it, "our community simply cannot handle any more." We would say that a very good thing has been run into the ground.

*How the assimilation potential of a social system can be overwhelmed is also illustrated by the dramatic influx of foreign (especially Oriental) students into American universities' scientific and technological doctoral programs. In engineering alone, 41% of 1985 doctorates went to foreign students. At Syracuse University, foreigners accounted for 70% of graduate engineering enrollment. Not surprisingly, foreign students in such numbers have encountered a great deal of resentment, which was not the case when they were a small minority. For foreign students, this can also mean that after several years, they have had surprisingly modest contact with American culture because they had mostly other foreign students to interact with (*Newsweek*, 19 Oct. 1987; *Time*, 11 Feb. 1988; *Science*, 20 Jan. 1988).

*Germany has had one of the most liberal policies in the world for letting millions of foreigners into the country for "asylum" or immigration, many from countries with entirely different cultures and from the Third World. This onslaught of culture-alien foreigners proved to be extremely costly to Germany, which gave enormously generous benefits to the arrivals—many of whom turned around and launched a crime wave. The result has clearly illustrated the SRV issue of the assimilation potential of a body of potential assimilators. Only after the politicians were unresponsive for years to the growing unhappiness of the population about this influx did extremist reactions begin to set in. From an SRV perspec-

tive, all of this is quite understandable, as illustrated by the following vignette: the government decided to quarter 86 “asylum” candidates from abroad in a former children’s vacation home in a little village of 260 inhabitants in what used to be East Germany that had no police officer and no grocery store. All protests and citizen initiatives through proper channels complaining about this over-congregation of culture-alien people in a place with so few resources proved futile—upon which the citizens burned down the building in a way that prevented anybody from getting hurt (*AW*, 1 Feb. 1997).

In some German city schools, every third child is from abroad (*AW*, 9 May 1993). In some schools, the ratio is even higher.

Similar backlashes are being reported in many other countries (e.g., Australia) where influx of immigrants from very different cultures had the features of being both massive and very rapid.

This illustrates how SRV has relevance not only to handicapped people, their families, services, etc., but also to certain population policies.

*From none of the parties that have decried the “assimilation” of minority or societally devalued people, and exalt the maintenance and “celebration” of their separate identity, have we ever heard a systematic analysis of not only the objections to assimilation, but also the arguments in favor of it. The evidence of history generally is that if populations of diverse identity do assimilate with each other, they become unified and get along; and if they do not assimilate, then soon or later they either make war against each other, or one segment oppresses the other, as we have dramatically witnessed in numerous countries across the world in just recent years. An example of assimilation is England itself, where Romans, Britons, Angles, Saxons, Danes, Vikings, and Normans assimilated very successfully after initially severe conflicts, but only over a very long period of time. Considering the difficulties that we have witnessed in Northern Ireland, and the tensions that

still remain in regard to Wales and even Scotland, one shudders to think what would have happened if all these other groups had each retained their distinctive culture, language and religion, egged on by the political correctness lobby of their day to “celebrate their distinct identities.” Even the British Labor Party reform measures after World War II have to be interpreted as drastic measures of assimilation across class boundaries which had bedeviled English society for so long. Rational people therefore cannot help wonder what kind of mentality would actively promote courses of actions (e.g., possibly even in Canada) that might create future Yugoslavias.

*In integrating people at value risk into a particular body, one must consider many factors at once. Failures of integration are often due to simplistic consideration of only a single factor. For instance, people commonly forget that not only must the ratio of people to be integrated to those supposed to do the integrating be considered, but also the absolute number of each party. The dynamics of a social system in which there is one of each are not at all the same as those in which there are two of each, or in which there are a hundred of each, not to mention the image issues that would be raised by the different configurations.

*The negative effects of certain kinds of congregations and their mutual influences was well encapsulated by an insurance spokesman: “Put one teenager in a car and you may have a decent driver. Put four teenagers in a car and you have a prescription for immature, irresponsible behavior” (*Newsweek*, 30 June 1997).

Current Events

*In the SRV teaching on the wounds, wound No. 18 is that of brutalization and deathmaking. Many people were deeply shocked by the fact that Islamic radicals in Iraq reportedly put explosives on two women with Down’s syndrome, sent them to two different markets, and blew them up by

remote control, killing them as well as others, and wounding large numbers of people in the markets (e.g., AP in *Syracuse Post-Standard*, 2 & 3 February 2008). One of the women had been locally known as a beggar. Apparently, the women had been lured to the sites by the fact that they were animal and pet markets, thus capitalizing on their child-like interests. Using handicapped people as walking bombs is actually not a new tactic in Iraq. It also happened in January 2005 when a handicapped child (also believed to have had Down's syndrome) was deployed in what was inappropriately called a "suicide attack" on election day (*Syracuse Post-Standard*, 3 February 2005, p. A16). Calling it a "suicide attack" probably distracted people's attention from what was really happening, at least until the repeat in 2/2008.

*Every time there is a summer Olympics, the Olympic host country and city get into a quandary as to what to do with their visibly deviant population, and especially beggars and the homeless. Having visitors from all over the world see them—or worse, be accosted by them—would lose face for the host country. In 1996, when the Olympics were in Atlanta, Georgia, there were very mean-spirited efforts made to "disappear" the homeless. We now get the same kind of reports about the upcoming Olympics in China.

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A NOTE ON THE WORD 'VULNERABILITY'

SEVERAL ARTICLES IN THIS ISSUE address the issue of vulnerability. Multi-day Social Role Valorization (SRV) workshops teach about the life-defining reality of vulnerability and ways to address it. Wolfensberger's monograph on SRV (1998) covers the topic as well (pp. 124-127).

The word vulnerable comes from the Latin word *vulnerabilis*, which refers to wounding. It is related to the verb *vuln*, to wound. The word vulnerable has several meanings relevant to SRV. It means being susceptible of receiving wounds. Vulnerable can also mean being open to attack or injury of a nonphysical nature.

Around 1605, Shakespeare wrote these lines in the play **The Tragedy of Macbeth**: "Let fall thy blade on vulnerable crests; I bear a charmed life, which must not yield to one of woman born" (*Act V, Scene VIII*). The line is spoken by Macbeth as he faces Macduff in a sword fight. Macbeth is taunting Macduff, telling him of a prophecy that no man born of woman could kill Macbeth. He was claiming invulnerability. Yet Macduff (who was 'untimely ripped from his mother's womb'—a caesarean section?—apparently fell outside this prophecy) did kill Macbeth, a reminder perhaps that no one is invulnerable to harm.

A related though obscure word is *vulnerose*, meaning full of wounds, which certainly describes many deeply socially devalued people.

A few interesting side points: 1) The word vuln was used in the art of heraldry for coats-of-arms to describe a picture of a pierced animal, e.g., a pelican with a pierced breast used as a heraldic symbol. The animal was described as vulned or wounded. 2) Vulnerability also has a technical meaning in different versions of the card game bridge. It generally refers to being subject to increased penalties but also increased bonuses.

[Source information primarily from the *Oxford English Dictionary*.]

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