The SRV JOURNAL

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Articles

Peer Reviewed Articles

Reviews & More

Training

Columns

Features

The SRV JOURNAL

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.

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.†

Editorial Policy

Informed & open discussions of SRV, & even constructive debates about it, help to promote its dissemination & application. We encourage people with a range of experience with SRV to submit items for consideration of publication. We hope those with much experience in teaching or implementing SRV, as well as those 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 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 page 4 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 a peer review section.

Information for Submissions

We welcome well-reasoned, clearly-written submissions. Language used 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 external referees. Our double-blind peer review policy is available on request.

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

In every issue we print a few brief descriptions of SRV. 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 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 Agentry, 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 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 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.*

If you know someone who would be interested in reading *The SRV Journal*, send us their name & address & we'll mail them a complimentary issue.

Resources to Learn About Social Role Valorization

From the Editor

- **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)

- **A brief overview of Social Role Valorization**. Wolf Wolfensberger. (2000). *Mental Retardation, 38*(2), 105-123. (Available from the Training Institute at 315.473.2978)

- **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. (Available at http://srvip.org/about_articles.php)

- **Social Role Valorization and the English experience.** David Race. (1999). London: Whiting & Birch.

- **SRV Implementation Project website, including a training calendar** www.srvip.org

- **Blog of The SRV Implementation Project** blog.srvip.org

- **Abstracts of major articles published in *The SRV Journal*** https://srvjournalabstracts.wordpress.com/

- **Social Role Valorization web page (Australia)** http://www.socialrolevalorization.com/

- **SRV in Action newsletter (published by Values in Action Association) (Australia)**
contact viaainc@gmail.com

- **Southern Ontario Training Group (Canada)** http://www.srv-sotg.ca/

- **Alberta Safeguards Foundation (Canada)** http://absafeguards.org/

- **Values Education and Research Association (UK)** http://vera-training.webs.com/

- **A History of Human Services taught by W. Wolfensberger & S. Thomas (DVD set)** http://wolfwolfensberger.com/

- **Video of Dr. Wolfensberger teaching on the dilemma of serving for pay** http://disabilities.temple.edu/media/ds/

FROM THE EDITOR

ITEMS IN THIS ISSUE

First, please note that this issue contains a posthumous publication by Wolf Wolfensberger, beginning on p. 15. **Second**, if you have not already done so, please see the previous page, *Resources to learn about Social Role Valorization.* We have expanded this section from past issues and hope the resources listed prove useful in helping people learn about SRV. **Third,** please see the workshop announcement on p 14 for the upcoming 'moral coherency' workshop. This workshop was a very important part of Dr. Wolfensberger's teaching and a major component of his life's work.

SRV FOCUS QUESTION

IN EACH ISSUE, we publish a focus question & invite you our readers to submit a 200-300 word response to the question. Commentaries on the question, if accepted, will be published in the following issue. General advice: write clearly; focus on 1 or 2 most important points; share your opinion, backed up by evidence &/or logical argument; incorporate SRV language & concepts.

All submissions will be reviewed for suitability for publication & are subject to editing; authors will have final approval. Please email your response to *journal@srvip.org*.

QUESTION

In the article entitled 'The systematic stripping of valued roles from people' in this issue (pp. 15-18), Wolfensberger states that achieved valued roles are apparently easier to 'strip away' than many ascribed valued roles. He is referring to a distinction described on page 31 in the SRV monograph (Wolfensberger, 1998). An example of an achieved valued role is employee, a role which requires certain competencies, carrying out of certain responsibilities, and so on. An example of an ascribed role is son or daughter, brother or sister, which is typically given to someone even if a person does not do much or even have many competencies.

*Are **achieved** valued roles actually easier to strip away than many **ascribed** valued roles? If so, how so? What makes ascribed valued roles 'stickier' or more resistant to stripping via wounding? What real examples of 'tenacious' ascribed valued roles have you seen or can you think of? What implications might this have for teaching about SRV and valued roles? What implications might this have for helping vulnerable people to enter into valued social roles, to maintain valued roles, and/or to re-acquire previously held valued social roles?*

*As you reflect on the above questions, it might be helpful to take into account the major role domains (Wolfensberger, 1998, 30): relationships, residence, work, education, leisure, civic identity, values, and culture. What are examples of achieved roles in **each** domain? What are examples of ascribed roles in **each** domain?*

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 Agentry.

Announcing the publication and 'appearance' of

APPEAR: OBSERVING, RECORDING & ADDRESSING PERSONAL PHYSICAL APPEARANCE BY MEANS OF THE APPEAR TOOL

a publication by Wolf Wolfensberger†

Personal appearance (including so-called 'self-presentation') is certainly one of the most immediate, and often also one of the most powerful, influences on how a person will be perceived and interpreted by others, and in turn, on how others will respond to and treat the person. Personal appearance is also one of the domains of social imagery, which is a big component of Social Role Valorization (SRV): the more observers positively value a person's appearance, the more likely they are to afford that person opportunities to fill valued roles, and thereby access to the good things in life. Unfortunately, the appearance of many members of societally marginal or devalued classes is far from enhancing, or is even outright repellent to many people, and increases the risk that bad things get done to them, or that good things are withheld from them.

This 2009 book explains all this. APPEAR is an acronym for **A** **P**ersonal **P**hysical Appearance **E**valuation **A**nd **R**ecord. It documents the powerful influence of personal appearance on attitudes, social valuation and social interactions. The book explains the many components of personal appearance and the ways in which these features can be changed for better or worse. It also includes a very detailed checklist, called the APPEAR tool, which identifies over **200 separate elements** of personal physical appearance, so that one can review a person's appearance features from head to toe, noting which are positive, which are neutral, which are negative–all this with a view to perhaps trying to improve selected aspects of a person's appearance about which something can actually be done. The book also explains how such an appearance review, or appearance 'audit,' would be done.

The book contains a sample APPEAR checklist at the back, and comes with three separate (free) checklist booklets ready for use in conducting an individual appearance audit. Additional checklists may be ordered separately (see order form on next page).

Reading the book, and especially using the APPEAR tool, can be useful as a consciousness-raiser about the importance of appearance, and in pointing out areas for possible appearance improvement. An appearance audit using APPEAR can be conducted by a person's service workers, advocates, family members and even by some people for themselves. It could be very useful in individual service and futures-planning sessions, and in getting a person ready for a new activity, role or engagement (for instance, before entering school or going on a job interview).

Studying and applying the APPEAR tool can also be a very useful follow-up to Introductory SRV training, as it deepens one's understanding of image and appearance issues.

Order Form ~ APPEAR

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A Tribute to the Work of Dr. Wolf Wolfensberger

Susan Thomas

Editor's Note: *The following memorial is an invited talk given at the 5th International SRV Conference held in September 2011 in Canberra, Australia.*[1]

The conference organizers asked me to speak in a tribute to Dr. Wolfensberger's work specifically. The organizers said they wanted this tribute to be given by someone who knows the history of that work. I do not claim to know all that history, but I did work for and with Dr. Wolfensberger for almost 38 years, so I am among those people–including some here at this conference–who have been around his work a long time.

The invitation to speak also conveyed the organizers' wish that whoever spoke on Dr. Wolfensberger's work be "not too dry"–so I will try not to be my usual dry self, but to put some oomph into this presentation.

Dr. Wolfensberger himself has written on the history of his work in normalization and Social Role Valorization (SRV), first in the book of proceedings of the first (1994) normalization and SRV conference that Dr. Bob Flynn and Raymond Lemay edited (Flynn & Lemay, 1999), and most recently in the latest issue of *The SRV Journal* (Wolfensberger, 2011). I will not repeat here what is covered in those two publications, but I do want to note that Dr. Wolfensberger is probably one of the few people who is still writing "from the grave"–he already has two posthumous publications, and more are to come!

First, a bit of Dr. Wolfensberger's background, to help you understand his work. He was born in Mannheim, Germany, in 1934, and lived in Germany through World War II and until emigrating to the United States in 1950. He said that Kristallnacht and its immediate aftermath left a big impression on him, even though he was only four years old at the time. (Kristallnacht was the night of rioting in Germany on the 9th of November, 1938, during which Jewish homes, businesses and synagogues were destroyed, with all the broken glass–kristall–giving the episode its name.) Like many other children in those war years, he was evacuated into the countryside and away from family, to reside for a time with strangers, until there was no more threat of bombs in the city. His formal schooling was very irregular until he was over 11 years old, and even once it resumed, there was little in the way of books, desks, writing equipment, etc. He left Germany for the United States with his mother in his mid-teen years, and–again, like so many other immigrants–he said he had a difficult time becoming acclimatized to a new culture. So Dr. Wolfensberger was familiar with hardship, troubles and suffering from a young age.

In 1991, when he was almost 57 years old, he published an article entitled "Reflections on a Lifetime in Human Services and Mental Retardation” (Wolfensberger, 1991), in which he wrote about his, by then, 30 some years of engagement in the field of mental retardation–though as it turned out, at that time he still had 20 more years of such engagement ahead of him. All told, he spent 54 years, one might say, in the company of mentally limited people. He remembered occasional contacts with handicapped people earlier in his youth; he also had some years of service in the field of mental disorder; and starting in the late 1970s he had much contact with the poor and homeless people of the streets. However, it was in the area of mental retardation that he did most of his work and had the most impact. The way he used to tell the story later, he said his advisers told him in essence that he wasn’t a promising enough student to enter mental health, so they steered him into mental retardation where they didn’t think he could do any harm.

A big impetus to Dr. Wolfensberger’s work was the horrible conditions that prevailed in services, if we can call them that, for handicapped people when he entered the field. Practically the only services that then existed were institutions of some sort, and they were atrocious in every way: congregating large numbers of impaired people in great isolation, crowded, dirty, smelly, noisy, woefully understaffed (e.g., as few as one or two staff to oversee and manage several hundred severely impaired people), and their residents neglected, abused, given up on and virtually abandoned. His early experiences working in institutions, and trying to make there what we today would judge as pitifully small improvements, left a strong impression. Later, he felt it was very important that newer generations who had never seen these things, should learn about them–indeed, should learn much from the earlier history of human services.[2]

As I see it, a big thread that runs through Dr. Wolfensberger’s work is his belief in the power of ideas, both good ones and bad ones. People are largely shaped by the ideas that inhabit their minds (and hearts), and people act on what is in their minds and hearts. If these are good ideas, then people are more likely to do good things; if these are bad ideas, then people are very likely to do bad things. So the battle for how people will treat each other, including how they will treat their fellow humans who are impaired, poor and in other ways lowly–will they treat such people well or not?–is largely a battle for ideas in their minds and hearts.

People can do a lot themselves to affect what sorts of ideas they take into their minds, and what they allow others to put into their own minds; and of course, people can do a lot to try to put ideas into the minds of others. One of the early big ideas that Dr. Wolfensberger took in, and that he then tried to put into the minds of others, was normalization, an idea which he learned from its early Scandinavian promoters Bengt Nirje, Karl Grunewald and Niels-Erik Bank-Mikkelsen. Later, he took in the idea that people’s social roles are a most powerful influence on much that happens to them in life, and he drew the logical conclusions from this idea: so then, if we want good things in life (or good things out of life [Wolfensberger, Thomas & Caruso, 1996]) for people, those people have to be seen in valued roles. And then, he tried to convey that idea to people as well.

His belief in the power of ideas was vindicated by his own work: it is true that literally thousands of people, all over the world, have benefited from the thoughts, the ideas, that he had and that he put into words, and that others read or heard and acted upon. And probably the vast majority of these people who have benefited are unaware that they owe him this debt. On one occasion, when both he and Bengt Nirje were present with a mentally retarded man who was living in the community, Dr. Wolfensberger pointed out Nirje to the handicapped man and told him, “It is because of this man [meaning Nirje] that you are able to live where you do.” In the same way, we can say today, about so many people with handicapping and other devalued conditions, in so many places, and who speak so many tongues, “It is because of this man–Wolf Wolfensberger–that you live in an ordinary house or apartment, go to a regular school, have a job, and otherwise enjoy some of the good things of life, as your fellow citizens do."

One big thrust of Dr. Wolfensberger's work was the identification of promising people (especially young ones), recruiting them, and developing them–in other words, trying to put good ideas into their minds before bad ideas had taken deep root there. Another way of putting it is that Dr. Wolfensberger truly believed the fundamental premises of the developmental model, as taught in SRV, about people's capacity to grow, to meet high expectations, to do more than they were thought capable of, and he tried to put these ideas into practice. A number of people here at this conference, and many others who did not make it here, and yet many more people who eventually held leadership positions in human services of all sorts in many locales, were shaped in their early human service involvements by Dr. Wolfensberger's teaching on normalization, and later SRV. There are many people who have made what one could call a vocation out of their response to hearing and/or reading Dr. Wolfensberger: they have undertaken life-sharing, they have committed themselves to protecting and keeping families together, to seeing to it that marginalized people have real homes, real friends, real protectors. But this was no accident: for many decades Dr. Wolfensberger traveled virtually non-stop, giving presentations and workshops, leading visits to model and demonstration services, and he involved others–including young people–in these events as much and as frequently as possible, often giving them opportunities to speak in public, to evaluate services, and even to teach others, including their elders. The latter was not always well-received: some people took offense at being lectured to by 'youngsters,' especially youngsters with bold ideas. But many, many once-young people were given these opportunities.

As an illustration, I can tell you the 'short version' of my own entry into this work. In 1973, Dr. Wolfensberger hired me right out of college to work as his secretary. There were many graduate students about my age who came in and out of his office, and as I talked with and listened to them, I became intrigued by these ideas they spoke of, and especially the workshops where they learned these ideas. After I had worked for Dr. Wolfensberger for a year and a half, I asked him if I might attend one of those PASS workshops. He agreed–though in my case somewhat reluctantly, I think, because I was later told that during the meeting in which the workshop leaders assign participants to assessment teams, he voiced concern about "who would *have* to take Thomas on their team." At the end of the workshop, each person on each team who was supposed to produce a written report of the team's assessment stood up in front of the workshop group (and it was a large group, many people), introduced him or herself, and gave an oral report that they had prepared on the findings of their assessment. I was one of those reporters, and as I listened, I noticed that each one would say something like, "I am so-and-so, and I am the director of X agency which serves the five counties around Y city," or "I am so-and-so, and I have worked for 12 years in recreation services for blind people." So, when it was my turn to report, I said, "I am Susan Thomas, and I don't do anything." I was nonetheless given continued opportunities to attend workshops, to learn to present and to evaluate services, and eventually to teach others. He and his teachings introduced me to a world I had not known, the underworld of the lowly.

Dr. Wolfensberger was not one to rest on his laurels. He was aware of other men who had gained some prominence for a particular idea, and who then spent their entire careers giving essentially the same speech over and over. And he did not want to be like them. This meant at least two things. First, it meant that Dr. Wolfensberger was constantly pursuing multiple topics and interests. Dr. David Race from England, who is here at this conference, collected and edited many of Dr. Wolfensberger's writings into a book called "Leadership and Change in Human Services:

Selected Readings From Wolf Wolfensberger" (Race, 2003). In it, Dr. Race elaborated seven themes (that word often arises in connection with Dr. Wolfensberger's work!) in Dr. Wolfensberger's writing and teaching. The first three are social devaluation and wounding, normalization, and Social Role Valorization; these are the parts of Dr. Wolfensberger's work that draw us together here at this conference.

Another theme Dr. Race identified is advocacy. In the late 1960s, Dr. Wolfensberger 'invented' Citizen Advocacy, in which an independent office recruits ordinary citizens as voluntary one-to-one advocates for individuals in need. (By the way, Dr. Wolfensberger himself was young and relatively inexperienced when he thought up Citizen Advocacy.) This idea was originally motivated by his close involvements with families of impaired people, and the gnawing concern of so many parents of such people of "what will happen to this child of mine when I am gone?" Indeed, advocacy by unimpaired and relatively privileged people on behalf of impaired and lowly people was one of the topics closest to Dr. Wolfensberger's heart, and on which he taught and wrote extensively. He thought people should act with and for each other, rather than being concerned selfishly with themselves. Citizen Advocacy specifically is one of those ideas out of which some people have made a vocation and to which they have committed their lives.

The next two themes identified by Dr. Race are related. One is possibilities in, limitations of, and ethical issues raised by, human services (a very Wolfensbergerian phrase that!). The other is threats to vulnerable people. Dr. Wolfensberger realized that dealing with human weakness, impairment, and need brings people into contact–even confrontation–with serious moral issues, including about the value of human life, the meaning of suffering, and the responsibilities and obligations of humans for each other. He tried to sharpen these issues for people, to call them to embrace high, good and noble values, and he helped many people identify ways to carry out those values in their service upon others.

As to the theme of the limitations of services, starting in about 1980 Dr. Wolfensberger taught about not just the technical failings but also the moral failings of human services, about built-in oppression, and about the victimization not only of service recipients and their families, but also of service workers; and he called upon all parties to claim moral responsibility for themselves, and to become people of integrity–and to be prepared to pay the cost for doing so.

As to the theme of threats to vulnerable people, starting in the mid-1970s Dr. Wolfensberger began to both teach and write about the contemporary assaults on the very lives of devalued people, and the urgent need to take a strong stand of defense and protection of the weakest, the least, among us (e.g., Wolfensberger, 2005a, 2005b). In fact, one theme that, so to speak, unifies all the themes in Dr. Wolfensberger's work, is a deep concern with protecting those who are very vulnerable.

These teachings on the limits of services, and the threats to the very lives of lowly people, were even more controversial, and less welcome, than the spread of normalization, SRV and advocacy ideas, and he himself bore a heavy cost of rejection and marginalization for these teachings. However, on these topics and on others, Dr. Wolfensberger was not actually seeking controversy–but he did not shrink from it either. His first commitment was to speak the truth, and if that was controversial, or meant controversy, so be it.

The last theme in Dr. Wolfensberger's work that Dr. Race identified was relationships with, and lessons from, vulnerable people. Dr. Wolfensberger saw great danger in being removed from the lives and the experience of people who are lowly in the world. He himself was deeply influenced by his own early and ongoing contacts with families of the handicapped and their experiences. And he recognized that even people in paid employment in human services–agency directors, ministers of state service systems, case workers, university instructors, and so on–could be far removed from the experiences of the very people whose lives they affect and even control. And so he taught, and practiced, that everyone should have at least one ongoing, unpaid, normative contact with the lives of lowly people, and especially with some of those who are among "the least" of society, or else their very souls were in jeopardy.

In addition to these themes identified by Dr. Race, starting in the mid-1970s Dr. Wolfensberger also delved deeply into the history of human services, and what it has to teach us. One of his first presentations on the topic was only about 90 minutes long–which then grew over time into an almost 2-day workshop! Eventually this study of history turned into one of his biggest specialty areas.

From the early 1970s on, Dr. Wolfensberger also taught extensively about the planning of comprehensive community-based service systems, in all their complexity. In fact, on Dr. Wolfensberger's first two trips to Australia (in 1978 and 1980), he gave several presentations and workshops on this topic, including to people at the planning level of government. (Perhaps some of you here were also there.) I understand that in Australia, his teaching was the basis of the 1996 Disability Services Act, and the standards that services to 'disabled' people would have to meet under the Act, such as ease of access, addressing individual needs, pursuing valued status, participation in integration, and so on.

Even though we can identify these different themes in or of Dr. Wolfensberger's work, we can also say that all his teaching and writing was very interconnected: one topic, one occasion, one learning led to the next. And one thing that all of Dr. Wolfensberger's teachings and writings emphasized was universals: things that occur at all times and everywhere, or nearly so, timeless truths, and he taught others to see and think in that way, something which is very unusual in human services and in our times. Trust the universals, he would say, and you can't go wrong

All that was on the first expression of not resting on his laurels. The second expression was that almost as soon as the service reforms that he and others had pushed for were begun, Dr. Wolfensberger began to critique the reforms themselves. And he continued this critical stance to the end, well aware that every good thing is subject to perversion, that perversions are multifarious, seductive, may be advanced by well-intentioned people, and so often come with some real benefits, which is in fact what seduces people to accept them.

As I have alluded to already, all of this work was accomplished only at great cost to Dr. Wolfensberger himself. (Other parties may also have paid some price, but here I am speaking only about the cost to Dr. Wolfensberger.) First, there were the physical costs of much travel, long hours, few holidays, and all the stress that accompanies these things. Then there were the social costs, of relocating so as to find opportunities to work, of reduced time with family, of being discouraged, scorned and rejected, ridiculed, and de-friended–he felt that keenly–and all the stress that accompanies these things.

There were what we might call the mental and moral costs of loneliness, of determining to say what had to be said and to do what had to be done even if it seemed he was the only one willing to do so. In fact, Dr. Wolfensberger once said that not only seeing something, but also saying what he saw–having the courage to say what one believed–was his understanding of what it meant to be a professor. So while his work did have a great impact on services as we know them today, there was comparatively little reward and recognition for it.

But Dr. Wolfensberger was committed to it regardless of its cost, tenacious, faithful. Whether he ever thought of quitting it or giving up, in fact he never did, even though the quest for service quality, for even "mere" service functionality, for service rationality and sanity, continued to be a battle for him until the end of his life.

We have all benefited from it, and we are grateful for having been given him to teach us. He is irreplaceable–but then, he would be the first to say, and he taught us, so is everyone: everyone is irreplaceable. And if we come to believe that, it ought to show in how we serve upon each other.

Well, the organizers told me I would have 25 minutes to speak, so I have tried to cram into a relatively short period of time an awful lot: as I said, a working life of approximately 54 years. And just in case I have thus far been too dry, and so disappointed the organizers, the morning tea is soon at hand with beverages to wet our whistles, so let us all now drink a combination toast-and-prayer: to Dr. Wolfensberger, and may the good Lord continue to send us such mentors and guides to truth. ☙

ENDNOTES

1. I am indebted to Joe Osburn for suggestions as to what to include.

2. See review in this issue by T. Malcomson; also, www.wolfwolfensberger.com.

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SAVE THE DATE

The Syracuse University Training Institute for Human Service Planning, Leadership
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How to Function Morally, Coherently & Adaptively in a World That is Disfunctional, Including its Human Services

Dates: Saturday, June 23 through Friday, June 29, 2012

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Description of workshop content & format: The Training Institute developed this workshop to equip people with the special combination of worldviews, preparation and support they will need in order to survive with high moral ideals, with integrity intact, and hopefully also with some effectiveness in human services.

Some of the assumptions underlying the content of the workshop are:

- there are powerful dynamics of disfunctionality in the world;
- these dynamics express themselves in derivative disfunctionalities in human service approaches, systems and structures;
- most people are not aware, or do not want to be aware, of these dynamics;
- it is imperative that people who want to function with greater moral coherency be aware of these dynamics;
- many of these dynamics can be known and understood;
- once one is aware of these dynamics, one is in a position to respond much more adaptively in the world;
- there exists an array of adaptive strategies for living with these realities;
- many of these adaptive strategies can be taught and learned.

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The Systematic Stripping of Valued Roles from People

Wolf Wolfensberger†

Social Role Valorization (SRV) theory asserts that people perceived by others as holding positively valued roles are likely to be afforded by them the "good things of life" (Wolfensberger, Thomas & Caruso, 1996), but that these good things tend to be withheld or withdrawn from people seen as holding negatively valued social roles (see Wolfensberger, 1998, 2000).

Even beyond any withholding, outright bad things are apt to be done to people seen in devalued roles. For instance, people in devalued roles are very likely to get rejected, segregated and congregated with other devalued people, made and kept poor, as well as impoverished in experience by being denied the opportunities in life that valued people aspire to, even violated and brutalized. All these and other common "wounds" (18 altogether) of devalued people are detailed in SRV teaching, and in Wolfensberger, 1998, pp. 12-24.

SRV teaching has tended to emphasize that any number of such wounds might be inflicted on devalued people, and how this wounding gets done, with different wounds being more likely to be inflicted on members of different devalued classes. But the teaching has only peripherally and occasionally made the point that one particular wound might be systematically inflicted on all members of a devalued class, even though that is not uncommon. Jews are a good example: one wound, or a small number of specific wounds, were often inflicted on whole populations of devalued Jews, such as 'marking' them by making them wear distinctive clothing. There are many interesting stories that could be told of this infliction of possibly a small number of wounds, but on virtually all members of a class.

One of the bad things that may be done systematically to some devalued people and even entire classes by their devaluers is a systematic stripping from them of any valued roles they may have, and preventing them from acquiring valued roles. For instance, ordinarily, a newborn is seen and treated as in the valued role of the family's new son or daughter, perhaps even its heir–but if the newborn is discovered to be impaired, then instead, the infant may be stripped of the 'son' or 'daughter' role, interpreted as non-human, and may be put away in an institution, given away, or even made dead. A man sentenced to prison for life may, by law, be easily divorced by his wife, and custody of his children given to someone else, thereby stripping him of his 'husband' and 'father' roles. One maximum-security prisoner in New York State had created art works in his cell, and gave them to a friend outside of prison who sold them at Internet auctions in order to buy amenities such as sneakers or snacks for the prisoner. The artist had sent these works out quite legally through the prison mailroom, yet when the prison authorities learned of it, they took away his art supplies for five years, as well as his telephone and mail privileges (AP in *Syracuse Herald-Journal*, 19

June 2000, p. A5), thereby also taking away one of his few ways of competently achieving the valued social role of an 'artist,' possibly leaving him with no valued roles at all.

An interesting apparent fact is that achieved valued roles are easier to strip away than many kinds of attributed ones. Valued achieved roles can be stripped in an instant, as the Jews in Nazi Germany found out. Many attributed valued roles will take longer to 'deconstruct.'

Sometimes, it is only specific valued roles that are the target of devaluing role-strippers. For instance, during the eugenic era (from about 1875-1925), the eugenicists tried to take, or withhold, the roles of spouse, father and mother from people whom they judged to be genetically tainted. They did this via denying certain people the right to wed, segregating the sexes from each other, and sterilizing people even without their knowledge and/or consent (e.g., Black, 2003; Malcomson, 2008).

Even entire devalued subcultures may be deprived of the valued roles that had been traditional in that subculture, as was done by the British authorities to the Maori natives in New Zealand once British immigrants settled there. When the British took over in the 1800s, they systematically destroyed or eliminated virtually every role valued in the Maori culture, including the political, religious, moral and social ones (conference presentation by Sullivan *&* Clarke, 2007). As a result, hardly any Maori could move into, or retain, a role valued in Maori culture–or in British culture, for that matter. This totally demoralized the Maori culture, sapped its strength (which was what the settlers really wanted), and made the Maori turn to degeneracy.

By the way, a distinction must be made between situations where members of a devalued class were still able to hold roles valued within their class, versus situations where the oppressing classes made it impossible for a member of a devalued class to hold valued roles either in the larger society, or within their own class. A good example of the former are the Jews who were always able to maintain valued roles at least within their class, even if it was a devalued minority.

Any of the 18 common ways of 'wounding' of devalued persons can contribute to the stripping of valued roles that they may have held, or might have held if there had not been a wounding interference. For instance, one common wound of devalued people is being put at a distance from valued people, and this is often accompanied by segregation. One result is likely to be that such distantiated persons will never learn how to carry out roles valued in the society from which they have been separated, because they will not be around models of such roles; and the only valued roles they may end up with are ones that are valued in their devalued sub-group, but not in the larger valued society. Another common wound is impoverishment, which may strip the person of ownership-related roles (e.g., bank customer, homeowner, shareholder), and puts a person into the devalued role of pauper.

An example of how the infliction of wounds can result in role-stripping is the relegation of devalued ethnic and racial groups (such as devalued immigrants) into slums and ghettos, which may deprive them of practicing certain valued roles that can only be had, exercised, or learned in the larger valued parts of town, such as homeowner of a valuable property, or operator or owner of a business. Similarly, devalued people tend to be denied educational and work opportunities that valued people enjoy or desire, and this may prevent them from acquiring any number of valued roles, such as promising and capable student, perhaps high-achieving student, and any number of professional work roles, especially those that are prestigious and high-paying. But it may also strip them of valued roles they did possess, such as typical neighborhood child, or for which they possessed the potentiality, such as future taxpayer or possible leader of society.

Any devalued party may be prevented from acquiring valued roles, but stripping from people valued roles they already possessed is obviously only going to be done to people who once held such valued roles or were at least seen as potentially holding such valued roles.

Here is an example. An elderly man with some signs of dementia lived alone, but his niece had his power-of-attorney. When she began to look into an 'assisted living' placement for her uncle, the department of human services swooped in and removed him from his home without his family's knowledge or consent, and placed him into a mental institution. The court-appointed conservator (note: conservator, not liquidator) of his estate sold or threw out practically everything in his home, including family photos and his old military uniform (Diament, 2010). Thus, virtually overnight, his roles of homeowner, neighbor, family member, military veteran–and probably others as well–were taken from him.

Stripping of valued roles from vulnerable or already devalued people can take place quite unconsciously, and often as part of rearranging the life conditions of these people. A good example is what happens in the lives of a lot of elderly people. Often, in rearranging where they live, some of their valued roles get lost. For example, in moving from their old neighborhood to a supported living arrangement, they may lose all their valued roles related to their old neighborhood, right down to valued customer at the neighborhood stores, helpful neighbor to others, benefactor of neighborhood children, etc.

The situation can be even more catastrophic when an elderly person is moved to a nursing home, and thrust into the sick role, the second childhood role, and into greater dependency all around. All their valued community roles, their work and avocational roles, even their spiritual roles, can be lost.

Another example is when impaired persons who lived with their parents are moved to a group home as the parents age. Group home staff may be unaware of the valued role(s) the person may have held, and then these roles get lost in group home living. This can also lead to the person developing behavior problems, the source of which is not recognized by the group home staff.

Admittedly, not all role loss must be equated with role stripping. Some role losses occur naturally (e.g., as a result of a disease process, or of maturing), whereas role-stripping has to be understood as due to preventable actions by others.

All this can be very painful to the people who previously held, or had access to, any number of valued roles. Again, this happened to the Jews in Germany under the Nazis, as one restriction after another was placed upon them. Jewish people who had been respected professionals, property owners, productive workers, decorated veterans and former army officers, in possession of citizen rights, etc., etc., saw themselves increasingly deprived of these roles and interpreted as scum, foreign, menaces, parasites, non-citizens, and even non-human. In their case, this happened in the course of only about five years, though in other cases, it may take generations. Particularly where this happens quickly, the victims may be totally disoriented, unable to understand or adjust to the situation.

Members of many devalued classes have never held valued roles, or only few and sporadically (e.g., worker, customer). However, it can be very painful if such persons find themselves stripped of maybe their only valued role, or the most valued one of the few they held.

When a person gets stripped of valued roles, one consequence could be that the person develops, or increases, role avidity (Lemay, 1999), and this can result in embracing devalued roles in lieu of no roles at all.

Another response could be that the stripping precipitates total disorientation, despair and mental breakdown. The person may 'resign' from life, withdraw, become vulnerable to disease and early death. The person may even commit suicide. Remember the wave of suicides in the Great Depression, even though the only valued roles that people might have lost at first were economic ones. Alternatively, the person may also engage in rage behavior. For instance, a person who gets divorced against their will by a spouse may go on a rampage.

As mentioned, a lot of role-stripping is a secondary result of some kind of wounding, and this result may not have been specifically sought by the devaluers. But the most vicious kind is the one that is deliberate, and is usually part of a systematic effort to reduce an entire class of people. It can even be the initial phase of a genocide. We can see the connection of valued role-stripping to genocide in the widespread and systematic efforts, ever since the early 1970s, to interpret conceived but not yet born humans as non-human in order to facilitate their destruction via abortion. These very small human beings were once acknowledged to hold the roles of human child, of person in the eyes of the law, and of son or daughter–even though as yet unborn–of their parents. But these roles were stripped of them, in part by law, as via the 1973 US Supreme Court decision (Roe v. Wade) which stripped legal personhood from the unborn, and via widespread media and propaganda campaigns by pro-abortion parties to convince everyone that the product of the sexual union of a human male and human female is not human.

The deathmaking of the role-stripped party can also be very indirect (see Wolfensberger, 2005), and can occur as the result of the demoralization and degeneracy that sets in after access to valued roles has been barred. As noted, this was one of the impacts upon the Maori of being role-stripped by the colonizing British. ൾ

See Discussion Questions on Page 57

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Deinstitutionalizing the 'Old School' Mindset

Andrew Alves

EDITOR'S NOTE: *The following article was written by a recent participant at a four day leadership level Social Role Valorization workshop. The article is adapted from a paper originally written by the author for an undergraduate college class. As you read, I suggest keeping in mind the reality of significant, life-defining social and societal devaluation of the children and adults living in institutions as described by the author.*

THROUGH MY OWN BACKGROUND as a staff person, I would like to explore the common experiences and mindsets (see Wolfensberger, 1998, 105-106) of at least some staff I have come into contact with who have worked in institutional settings but are now working in community-based group residences, day programs and so on. I want to reflect on how these staff have adapted, or not adapted, to current times; and how those who act largely out of an 'old school way of thinking' can greatly affect the people they provide care for in a negative and sometimes even dangerous way. Note that I will often use the language of the time period I am discussing, e.g., from the 1950s on.

The term 'old school' is often used around state-run facilities, at least in Massachusetts, as a way of referring to someone employed by the state for a long time, especially if he or she has worked in mental retardation institutions. In my own experience, old school means that the person knows the system and how it works; e.g., if he or she witnesses any form of abuse from a fellow co-worker, chances are they won't report it unless it means saving their own job. This mentality can be very dangerous to the residents' health and welfare. In some cases, these state-run group residences are staffed from top to bottom with old school employees. Often I have seen that this means no one is there to defend the defenseless. Of course, not all old school staff are bad employees and many do step up to the plate. However, my experience of working in the field for over 20 years is that a good percentage of these employees carry with them that old school way of thinking.

In 1991, the state of Massachusetts closed the Paul A. Dever State School. Rather than help former residents move to neighborhoods far from the institution, for example, group residences were built a 'stone's throw away' from the institution's property line. One of these group residences had a dormitory that towered over the property. In this dormitory lived many former institution residents. Imagine being a former resident of Dever who had finally been freed from institutional life and now had this constantly visible reminder in your own backyard of a life you wanted to forget. For some, just the sight of those institution buildings must have brought a great deal of fear and anxiety: might I suffer the same things here as I did there?

To better help you understand this old school mindset, I want to look at the conditions that staff worked under in the institutions. Many times the staff-to-client ratio was so high that it was nearly impossible for a worker to give quality care and keep his or her own sanity at the same time.

Often two staff would be responsible for taking care of between 30-50 people. Many of the individuals that the staff cared for were severely mentally retarded with physical limitations; many were incontinent and were unable to eat by themselves. The constant noise and the stench from residents who would soil themselves, as well as the fact that the staff-to-client ratio was so unbalanced, made the job extremely stressful and almost impossible to do well. Add in the cold atmosphere of the living quarters and other buildings, and you can get an idea of how depressing it was to both live and work there.

Those residents seen as 'higher functioning' were often recruited by staff–sometimes bribed with candy, cigarettes, outings–to help the staff care for those individuals who needed more assistance. In some cases, these residents were even encouraged to use physical force to help 'restore order.'

Due in part to these harsh working conditions, an overworked and underpaid worker who was experiencing high levels of stress on a daily basis would often snap and lose control. In such circumstances, often staff would even abuse residents. Such abuse would go on quite regularly and could take many forms. The book "The State Boys Rebellion" by Anthony D'Antonio provides many illustrations of such abuse. For example, one staff person who worked at the Fernald State School in Waltham, MA back in the 1950s would patrol his ward with a large metal spoon. He would beat some of the boys on the head to the point of drawing blood. Other times he would pull the mattresses off the beds and make the boys kneel on the steel rails until they couldn't tolerate the pain and would collapse from exhaustion.

Abuse takes many forms and not all physical. Often times mental abuse is much more painful than physical abuse because it lingers in the mind of the victim many years even after the physical pain is gone.

Many institutions in the US became so overpopulated in part as a result of the so-called eugenics movement (Malcomson, 2008). The American eugenics movement aimed at institutionalizing all children and many adults deemed unsuitable for reproduction. The targets of the eugenics movement became, arguably, the most violated and least acknowledged victims of government abuse in American history. Mere children (as well as adults) were railroaded into institutions by officials who misused IQ tests. Once locked away, they endured isolation, overcrowding, forced labor, electroshock and surgical sterilization.

Under programs that existed in almost every state into the 1970s, more than 250,000 children were separated from their families. So many of these children were not disabled but unwanted orphans, truants or delinquents.

Most of the institutions that were built were designed to keep the so-called 'undesirables' far away from society. Like a city within itself, institutions were self-contained. Residents were housed in large wards within enormous buildings, food was grown on the grounds, livestock was raised for slaughter, and residents' clothing was made. Institutions had wood working shops, gymnasiums, recreation halls, stores, bakeries, hospitals and even morgues. Some institutions also provided housing for attendants who worked there.

Throughout the mid-1900s, government funding for these institutions increased, which meant more and more staff were hired to run these facilities. Knowingly or not, many of these staff became victims of an institutional mindset. Close ties among staff formed. Even when new staff were hired, most staff were still overworked and underpaid, a pattern which usually causes great stress. When stressed, some staff would resort to the abuse of the very residents they were hired to care for. In part because it was such a tight-knit community, and in part because of the extreme social and societal devaluation of the institution residents, too many staff that witnessed forms of abuse would do or say nothing to stop it. The few brave staff that did report abuse were often dealt with quickly, either by being 'blacklisted' or, in more extreme cases, their vehicles were vandalized, and they were threatened with violence.

Even new staff, over a period of time, could fairly quickly become desensitized to the different forms of abuse they witnessed. Some may have abused residents without consciously recognizing the hurt they caused. Others may have acted abusively just to fit in with the rest of their co-workers. Many good-hearted people come into human services with high hopes of helping, only to have their dreams and ideas ridiculed and laughed at by old school employees.

MANY OF THESE STAFF carried that old school mentality and old school ways with them long after the institutions were shut down. When the Dever State School closed for good, some moved into buildings close to the former institution; many others were relocated around the surrounding town in state-run group residences. As the residents were relocated, many of the Dever staff were hired to work in these new group residences. Some staff were promoted into administrator roles but even then, and despite their new positions, many of them never seemed to lose their old time mindset or their tight-knit relationships with other long-term state institution employees.

No one can escape father time however. Many of these old school employees are either retiring or in some cases deceased. A new and younger work force is being introduced into the field of human services. They never worked the wards; they never witnessed the institutional abuse of a mentally or physically disabled individual. My hope is that they will be more likely to be open to fresh ideas and a totally different mindset. However, this should not be left to chance. Human service mindsets, environments and structures which even unconsciously lend themselves to abuse of vulnerable people continue. New service patterns, interactions and structures are needed. Newer staff should be offered relevant training, education and support. They are now hearing the call to defend those who cannot defend themselves. The question is, how can we help new staff to be better prepared to hear and respond to that call? ꟹ

SEE DISCUSSION QUESTIONS ON PAGE 57

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'The Desire for Friendship Comes Quickly, Friendship Does Not': An Exploration of Valued Roles & Relationships

Jane Sherwin

Introduction

Aristotle's quote–"The desire for friendship comes quickly. Friendship does not"–speaks to a deep human need and longing. People with a valued status, as well as those with a devalued status, share aspirations for friendship and love relationships. The latter group refers to those people who have characteristics that are negatively valued in society and community and who consequently experience ostracism and atypical life experiences.

All people with a devalued status, regardless of the cause of their devaluation, could be asked, 'What would your ideal life look like?' The answers, if unfettered by low expectations, are likely to resonate with the phrase, 'a life like anyone else.' Variants of this phrase include 'a typical life,' 'an ordinary life' and 'a life of meaning.' There is generally broad agreement in Western cultures that the good things of life typically include such things as having a home, spending one's time meaningfully, loving and being loved, having a range of relationships, contributing, having control over things that matter, safety and financial security. The importance of the deep feeling of belonging and acceptance is a human need and thus is shared by all. The feeling of deep fulfillment that comes from having a love relationship of trust, respect and deep liking is a gift, human to human.

The theory of Social Role Valorisation (SRV) posits that if someone is in valued roles, then it is more likely that they will have access to the good things of life (Wolfensberger, Thomas & Caruso, 1996). Further, the theory identifies a number of recurring principles and actions that have the potential to contribute to devalued people having the good things of life. This article explicitly looks at one aspect: that of freely given relationships, and examines the contribution of socially valued roles to the development of relationships.

The article arises from a deep concern at the disparity seen in services and in families where there is a wish for the development of friendships but an absence of theory and strategic practice that is likely to lead to relationships with people who are not paid to be in the person's life.

There are four sections to the article. It firstly contextualises the topic of roles and relationships within the broad theme of community integration, describing what SRV offers to the topic. The article then names two dominant experiences of people with a devalued status: the experience of witnessing life and the experience of community presence. It goes on to examine the likelihood of relationships arising from social participation roles. Five implications arising from the theory of Social Role Valorisation are then identified.

Community Integration

Despite wide acceptance of the importance of all people participating in public life, participating in cultural life, and living in the community (see for example the 2006 United Nations Convention on the Rights of Persons with Disabilities), there is surprisingly little progress in the community participation of people with disability (Verdonschot et al, 2009). In their systematic review of the literature, Verdonschot *et al* concluded that not only did few researchers actually base their research on a theoretical framework, but many researchers did not actually define what they meant by community participation.

Some literature describes the preconditions likely to lead to better community participation. For example, when Heller *et al* (1998) contrasted the experiences of people in nursing homes and community settings, it was found that the size and types of settings affected the development of adaptive behaviour, health, opportunities to make choices and autonomy. In their own longitudinal study, they found that it is not only size and type of facility that affects outcomes. When there were higher levels of autonomy and control, competency development, and personalisation of the environment, there was increased community participation. Similarly, the research found that having control over decisions about where they live was a factor for people with intellectual disability (McConkey et al, 2004) and people with psychiatric disabilities (Gulcur, Tsemberis, Stefancic & Greenwood, 2007), increasing the likelihood of greater levels of integration.

Examining community integration through the lens of SRV theory provides both a theoretical framework as well as helpful definitions. Following their literature review, Flynn & Aubrey (1999) described the SRV definition as the 'richest and most useful' (p. 296). What SRV offers to an understanding of community integration is the power of being in valued roles. The link between SRV and community integration is made most explicit by Lemay who writes:

> *(valued) social participation requires a (valued) role in a given (valued) context; personal social integration is said to be occurring when an individual is engaged in (valued) reciprocated role activities with other (valued) role incumbents in a given (valued) social setting. (2006, p. 5)*

Within SRV theory, community integration can be understood as a combination of 'personal social integration' (PSI) and 'valued social participation' (VSP). Wolfensberger (1998, p. 123) defines this combination as the "adaptive participation by a socially devalued person in a culturally normative quantity of contacts, interactions and relationships with ordinary citizens, in typical activities, and in socially valued physical and social settings."

There are a number of conditions that need to be satisfied for someone to experience PSI and VSP. Firstly, 'adaptive participation' refers to the distinction between someone being dumped in community and someone developing those adaptive behaviours and skills to enable them to engage in community life. The former situation is clearly evident when someone moves from a segregated and congregated environment to one 'in the community' without supports in order to thrive 'in the community.' This is also apparent in those situations where an argument has been used that claims the 'right' of someone to be in community. However, if support is not provided to the person or others, then it could be difficult to make the experience good for all parties.

Secondly, the definition makes clear that integration is not simply about being present in community. The definition refers to with whom the person is engaged, what the person is doing and where the person is engaged. With regard to the 'with whom,' the definition refers to the requirement of a quantity of interactions and relationships being what would be expected for anyone else of a similar age, gender and culture. In other words, the yardstick for the number and type of relationships is whatever is culturally typical for that age, gender and culture. Thus, the definition is about *personal* social integration. It refers to the experience of an individual and the range of relationships that one could expect with friends and family, those people who are seen as regular acquaintances, those who might be considered 'nodding' acquaintances, those who are paid–such as the librarian, shop assistant and electrician–and those from generic human services such as the doctor and hairdresser.

The SRV construct of 'culturally valued analogue' provides a framework to think about how people have their needs met in as ordinary a way as possible. This article is therefore grounded in a consideration of how ordinary citizens, even if unconscious of this dynamic, use their roles to meet people and develop a range of social contacts, acquaintances, friends and intimate relationships. For example, it is constructive to consider that ordinary citizens need to have a large number of acquaintances in order to make a fewer number of friends and in order to have a love relationship (in addition to and other than family).

Valued social participation, according to the definition, must occur in ordinary (valued) places where there are other people with a valued status. Valued activities typically occur in valued settings. For example, shopping occurs in malls; football occurs on a field; tertiary study occurs in colleges or universities; work occurs in a business premise. An appreciation of valued social participation leads to an understanding of the importance of being in culturally typical places and activities of life.

Roles & Relationships: The Problem

Having explored how SRV informs our understanding of community integration, the following section explores the nature of the problem for many people with a devalued status. The problem is described as the difference between having the aspiration for belonging, freely given relationships and engagement in community life, and not experiencing it. The theory of Social Role Valorisation rests on a description of common negative life experiences (called wounds) and their impacts. The lack of relationships with people with a valued status and the lack, or diminishment, of engagement in community life are expressions of the wounds of rejection and being distanced from community spaces and ordinary people both physically and socially. This can lead to two sets of experiences for people with a devalued status: witnessing and community presence.

The Experience of Witnessing

It is within what is culturally typical that most people have some times when they withdraw from the world, preferring time with, say, a good book or gardening rather than being out and about and with others. The issue for people with a devalued status is that not being part of the world can be the dominant state, when they observe the world through the glass of a window or the screen of a television. This is a form of witnessing life, and occurs especially for those whose main role is that of client, and who live in facilities such as nursing homes. If the facility is located in a rural location and/or far from generic resources, then this 'witnessing' is likely to be exacerbated. The witness experience also occurs among those who are housebound.

This situation highlights the lack of primary roles, which are described by Lemay (2006) as family member and friend. In reality, the person could still have relatives and therefore be in the role of family member. However, if relationships have been fractured or there has been a loss of competencies in performing the role, the person might not be ascribed the role. For example, if someone has dementia and is no longer able to perform the responsibilities of 'mother,' then others around the person might ignore the role and its potential. A lack of consciousness and/or efforts to strengthen primary roles can be devastating for already isolated people.

Having the role of witness-to-life as the dominant role is likely to be a very alienating experience. The impact of realising that one is so different and that this difference is so negatively valued could lead to the conclusion that one cannot be in the real world at all. This assumption may in turn be internalised and thus become self-fulfilling.

The Experience of Community Presence

Normatively, people have times when they attend a community location such as a park or a generic facility such as a shop. It is an experience of 'being there' with little engagement with people. This is community presence for people with a valued status through the roles of, in these examples, park goer and shopper, and typically form only a very small part of their identity.

Yet for people with a devalued status, community presence is commonly much more identity-defining, because much more time is spent in these types of roles. If people live in a group home or hostel, if they attend a sheltered workshop or day service, and if other parts of their lives are dominated by specialist services like therapies or doctors, then these experiences are likely to lead to a service life as opposed to a community life. If the people are not part of the neighbourhoods–even though the buildings are located in ordinary neighbourhoods–then it is highly probable that a person experiences community presence but not community participation.

Many service workers for people with a devalued status and many family members express a wish for a person to be 'somewhere' or to do 'something.' This typically means that they want the person to be out of the house and doing something. What the wish is likely to lead to is doing activities within a service program. It is not likely to lead to friendships with ordinary citizens because the person is not engaged in community life in any way that is likely to lead to the person being known or perceived other than in a client role, and with the possibility of a relationship other than with paid service staff being formed.

Abbott and McConkey (2006) showed that physical presence does not guarantee greater social contacts with people with a valued status. They found that the people themselves reported barriers in terms of their own physical and functional impairments, being cast into the child and client roles, being grouped together with other people with disabilities, the presence of non-integrative features of 'home,' and difficulties in achieving valued social participation in community.

This is exemplified in the following scenario. A person is a passenger in a car and is taken by paid staff to a park, a mall or a coffee shop. It could be argued that people are then in the roles of park goer, mall goer or café patron. If the need of the person was to develop skills in being in public spaces, then these roles could be an appropriate starting point. However, if the intention was longer-term relationships with ordinary citizens, then roles that give only community presence are insufficient.

A second example is when a person might be described as being in the role of, for example, bowler in those instances where someone is taken to a generic facility like a bowling alley. However, if they only go when no other citizen-bowlers are there and/or only go with other people with whom they share some form of devalued status, then this too can only be considered to be community presence. It is not the sort of participation referred to in the definition of PSI and VSP, and instead creates a 'dip in, dip out' experience of community life. For some people, such as those who have spent years in an institution and who have fractured family relationships, this might be a legitimate introduction to community. However, for those whose dominant roles (the roles in which they spend the most time) are client, resident and patient, and if the only valued roles are those such as café patron, park goer and shopping mall goer, then this set of roles indicates a life merely of community presence.

There is a sense that the person is 'visiting' community, and some funded programs actually use the language of 'community access' whereby the service helps people go to the shops, movies, etc., accompanied by a worker. This is the experience of being a 'stranger in a strange land.' If the service system did not function as the receptacle for the person with a devalued status, then it would not need programs to return the person, albeit briefly, to community life. Even in these roles, there is little participation in community life, and little or no engagement with people with a valued status. The shopkeeper could be considered as a social contact, but unless there is regular contact over a long period, it is highly unlikely that this contact would develop past even the acquaintance stage nor bring with it greater access to the good things of life. In this scenario, it is clear that relationships given in a freely given way by people with a valued status are minimal.

One of the issues about roles that bring (only) community presence is that they have a very narrow bandwidth (Wolfensberger, 1998, 31; Tumeinski, 2010), which means that they open very few doors to other roles. There is some surprise about this by proponents of community living who believe that going to, say, the same coffee shop for weeks and even months will result in a freely given relationship. Typically, citizens go to coffee shops, parks and malls with friends, not to make friends. Thus, the strategy of being a café goer is an atypical strategy. There is a small chance of success in building relationships only if other community members are also in the role of 'regular' [café patron], if they go to these settings to meet people and if there is deliberate and strategic work done to encourage relationship building.

In Pursuit of Valued Social Participation & Personal Social Integration Through Valued Roles

A systematic review of multiple research findings conducted by Verdonschot et al (2009) found that overall, people with intellectual disability had smaller social networks, most of their relationships were with paid workers, they were less often employed, less likely to be involved in community groups and more likely to participate in recreational activities with others with a disability and paid staff or to engage in leisure alone and in a passive way. The major finding was that there is greater community participation for those people who live in community settings than those in segregated settings, but that the level of community participation is still significantly less when compared to people without impairments.

People with a valued status take social participation for granted. It is done within the context of having a typical lifestyle in valued settings and doing valued things with other valued people. This typical lifestyle brings the benefits of purpose, meaning and relationships. For people with a devalued status, valued social participation is more likely to happen if the person is in valued social roles. Roles can enable a person to be engaged in a valued activity in a valued physical and social setting. Examples would be roles such as tenant, host, club member, student, ball boy, employee and volunteer. The challenge is to consider the link between roles, participation and relationships.

Relationships are at the heart of a community life. McMillan and Chavis (1986; cited by Obst, 2004) define a 'sense of community' as a "feeling that members have of belonging, a feeling that members matter to one another and to the group, and a shared faith that members' needs will be met through their commitment to be together."

To understand social participation, it is helpful to think about the 'forms' that participation takes. This article suggests that there are two forms of social participation: task participation and relationship participation. Task participation is the engagement of people in a task such as a work task like photocopying or a recreation task like stamp collecting. Relationship participation is where there is engagement with people in a group of two or more.

The distinction is made because the different forms of participation will give different outcomes. If the desired outcome is friendship, then there must be either both forms of participation or at least relationship participation. If the desired outcome is belonging, then both types of participation will be helpful. The latter can be understood in light of Jean Vanier's definition of belonging: belonging is being missed when one is not there (McCalmont & Flemington, 1968).

One could be missed through task participation roles because one's contribution *through* the task will be missed. One could be missed through relationship participation roles because one's personal gifts and attributes are likely to be missed.

Task participation could be done alone, such as performing a work task in an isolated space in a business premise. In such a situation, there could be belonging, but not a friendship. Relationship participation is less likely to be done without task participation, but it is possible such as when groups of friends gather for a chat. Being involved in family celebrations is an example of relationship participation through a primary role and could be with or without a task participation role.

A merging of relationship roles and task participation roles is exemplified in roles such as work colleague, sports team member and choir member. These show how a secondary role, like sports participant, which is both a task and relationship participation role, could develop into the primary role of friend. However, the problem for people with a devalued status is that few get to be in either task participation or relationship participation roles. This could explain people's social isolation, low engagement with community life and loneliness.

Lemay (2006) also describes the notion of role cascading, where more roles become available once one is in a role with a wide bandwidth. These dynamics are illustrated in the work of Patterson and Pegg (2009) who describe casual leisure roles as largely passive, intermittent and requiring low levels of skill or training. They contrasted 'casual' leisure roles with 'serious' leisure roles, the latter being the systematic pursuit of "amateur, hobbyist or volunteer [roles]" (p. 390). The activities in these roles become "a central life interest" (p. 391). What can be seen here is the link between roles and identity. They also found that people reported that the roles increased skills, which opened the door to other roles (such as the role of volunteer progressing to a paid employee role) and relationships with others who were also pursuing the interest or hobby.

In a study by van Alphan *et al* (2010), in which they interviewed neighbours of people with disabilities living in ordinary neighbourhoods, an illustration of not utilising the benefits of role cascading is evident. One could assume that each person with a disability was also nominally in the role of neighbour. However, the interviews revealed not that neighbours had negative attitudes to their neighbours with disability, but rather that there was a perception that the 'care home' was a business rather than a real home. Consequently, there was a lack of surety about what to expect from the 'neighbours.' One of their conclusions was "staff may help residents and neighbours in identifying possibilities to engage in mutually acceptable forms of neighbouring, taking into account the ambivalence, capabilities and insecurities of both" (p. 361). This is an illustration where the role of tenant led to the role of neighbour, but the role of good neighbour was not optimised.

In summary, if it is personal social integration and valued social participation that is desired, then enabling people to have roles that enable task participation and relationship participation will be necessary. A consciousness of roles that cascade to other roles will also be helpful.

Implications

The limits of roles that lead only to witnessing life or community presence have been shown. The potential of task participation and relationship roles to lead to friendships and belonging has also been shown.

In light of these assertions, there are five implications from an application of SRV theory: think 'roles;' enable task participation through secondary roles and relationship participation; strengthen primary roles; develop competencies in and for roles; and shape the role signifiers, including the roles of others.

1. Think 'roles'

Firstly, it is important to think 'roles.' What often happens is that those involved in the lives of people with a devalued status think 'activities' or think 'programs.' This is primarily about filling time and 'being somewhere.' As Shevellar (2009) says, "If we start with filling time, then all we'll get is activities. If we start with filling roles, then time looks after itself." Activities and programs will not lead to personal social integration. Nor will they lead to friendships with ordinary citizens or belonging.

The benefits of being in valued roles are well documented. For example, Nordenmark (2004) conducted a longitudinal study in Sweden and found that citizens had better health and well-being when they had multiple (valued) social roles. One of the conclusions was that "a society should encourage its members to engage in a variety of activities and social contexts and to achieve multiple social roles" (p. 124). This article furthers the beneficial effects of valued social roles by exploring the links between roles and relationships.

2. Enable task participation through secondary roles and relationship participation

If the goal is friendship and belonging, then it is important to enable task participation and relationship participation. Friendship and belonging are highly unlikely to develop from roles that only enable witnessing of community life or community presence. In other words, relationships are rarely formed in the absence of a context. Task participation and relationship participation roles provide the context.

Harlan-Simmons *et al* (2001) used intentional strategies to develop valued roles around people's interests as a means of developing relationships. The beginning point was to develop a secondary role for and with the people, such as an exercise class member, a volunteer band member and woodworker. Friendships eventuated from some of the roles; it was reported that there were other benefits such as expanded networks, interesting things to talk about and increased confidence. Important elements in these intentional strategies included ensuring that the roles involved regular participation in roles that were well matched to the individual's interest, in highly regarded activities with relatively stable group membership, and with consistent support.

3. Strengthen primary roles

The primary roles of, for example, son, daughter, parent, cousin and old friend are fertile grounds for creating stronger personal social integration. This requires a consciousness that these relationships exist, even if they are not active. Secondly, it is required that people are brought together in a meaningful way. Families who involve their aged family member or family member with a disability in all family events are laying the foundation for both personal social integration and valued social participation. Reconnecting people with old friends will foster relationship participation. This might be assisted with ideas of what to do together, that is, task participation.

4. Develop competencies in and for roles

Developing competence for acquiring roles and while in roles is important. More secondary roles are likely to open up when people have a level of competence to perform in them (Lemay, 2006). For example, a longitudinal study in Norway contrasted the lifestyles of young people in the special school system with those in the mainstream system (Kvalsund *&* Bele, 2010). It was found that those students who went through the mainstream system had larger social networks after leaving school. The authors argued that greater resilience was built by being in a mainstream school through increased expectations being held of them, greater likelihood of the development of academic and social skills, and practice in "youth cultural competence of building relationships" (p. 29).

5. Shape the role signifiers, including the roles of others

If the person is in the task participation role of say, library user, then the person needs to be surrounded by other library users and librarians, and be in a library so that there are the physical and social environmental role signifiers to help the person to be in the role. There are also implications for the roles of the other party or parties in the person's life. If, for example, the worker is in the role of carer or minder, then the role expectations are largely to 'look after' people. It is unlikely that the person in that role will foster competency development, task participation roles or relationship participation roles.

An Illustration

Two years before the start of this story, Grace attended a day service where other people with disabilities gathered to play games, go on 'outings' and learn what was called 'life skills' while at the service. The people involved in looking out for Grace's wellbeing were concerned that, outside of family life, Grace was experiencing only the witnessing of (real) life and a limited amount of community presence. This was having detrimental effects on Grace's competencies, as well as how Grace was seen by others and how she saw herself. A deep seated wish by all, including Grace, was to have a range of acquaintances and friends in her life, who knew and appreciated Grace for who she really was, to do things with, and who might stand by her when that was needed.

Grace eventually got a job as a part time administration worker. The tasks in her job description were comprised of administrative duties that were 'optimistically realistic' for her in that they were within her capacities yet would still extend her skills. The work in the background involved thinking about Grace's interests and inclinations, what she said she liked, and being very conscious about what needs and vulnerabilities had to be considered in order for Grace to do well.

Over time, Grace's colleagues appreciated her sense of joie de vivre and her caring nature. She asked after people if they were unwell. She never gossiped and never spoke ill of others. She was always on time. The manager considered that these attributes contributed to a good work culture. During work time, Grace spent most of her time with other administrative staff but also mixed with other colleagues during the course of her administration work. Grace always sat with colleagues to have lunch and attended all social activities hosted by the work place. These habits reflected the experiences of relationship participation. Her job tasks reflected task participation.

Grace was missed on those days that she was ill or on holidays, probably for a couple of reasons. Her colleagues missed what Grace brought to the workplace through her ways of being with them and her way of being in the world. They also missed what Grace did for them through her administrative support, for example, the shredding wasn't done, the mail wasn't collected and delivered, and the photocopying was not done. The manager pondered on whether the work colleagues also missed the opportunity that Grace brought to them to be kind.

It is clear to Grace and her family that at work she now has many moments of belonging. Outside of the work environment, relationships have evolved such that an ex-colleague and Grace occasionally go the movies. Another stays in touch via email. Life is still not perfect though: there are still times of loneliness and emptiness which are painful for Grace to experience and for the family to see. In terms of potential, there is a basis for future roles, and deeper and more relationships because of the valued role of worker and the accompanying task and relationship participation. The people around Grace know that this will be a long story of belonging and they have committed to making it happen.

In Conclusion

Being part of community, being in freely given relationships and having the experience of belonging is much more than simply what activities people with a devalued status do and where these activities are. This is instructive for family members, people with a devalued status themselves and for service workers. If the achievement of friendships and/or belonging is the goal, then the key people must consider in which roles the person is supported. Some roles can and will only lead to the experience of witnessing or community presence. If there is a want for someone with a valued status to step forward into the life of a vulnerable person, then there will be a greater likelihood of finding that person if the person with a devalued status is at least in task and relationship participation roles. Only then can friendship and belonging be possible. Community presence is not enough. Community belonging rests on task and/or relationship participation, and this requires thoughtful, diligent, deliberate and often delicate work over an extended period of time. ∽

See Discussion Questions on Page 57

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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.

The North American SRV Development, Training & Safeguarding Council has 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. The Council named this a "Trainer Formation Model." A description of the Trainer Formation Model is available if you are interested (http://www.srvip.org/about_mission.php); 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.

On a Role

Marc Tumeinski

ONE OF THE QUESTIONS raised by some of the content in this issue is around protection of societally devalued people from harm (e.g., see the articles by Wolfensberger, Alves, Lemay, as well as some points raised in the article and the column by Thomas), and so in this column I would like to explore possible links between valued social roles and such protection. From a Social Role Valorization (SRV) perspective, protection from harm may be seen as a desirable and perhaps even probabilistic outcome of having access to at least some of the 'good things of life' (Wolfensberger, Thomas *&* Caruso, 1996). In this sense, protection may perhaps be considered an implied tertiary goal or likely outcome of SRV-relevant actions.

In SRV teaching and publications, we can see an at least implied link between valued roles and protection. For example, "A person who fills valued social roles is likely to be treated much better than if he or she did not have these, or than other people who have the same devalued characteristics, but do not have equally valued social roles. There are several important reasons why this is so. One is that such a person is more likely to also have valued and competent allies or defenders who can mitigate the impacts of devaluation or protect the person from these" (Osburn, 2006). More broadly, protection was a theme of the life's work of Dr. Wolf Wolfensberger, e.g., protection is an explicit component of Citizen Advocacy (Wolfensberger *&* Zauha, 1973; Hildebrand, 2004) and was a core element of his teaching and writing on the threats to the sanctity of the lives of devalued people.

Though I will propose several categories of links between valued roles and their potential protectiveness, I will also suggest sample questions for readers to consider, reflect on and respond to by themselves and/or with colleagues, as a way of encouraging reflection on this important topic. I write this primarily as an SRV teacher, though with relevant experience in trying to apply the ideas of SRV, and I hope that our readers will send us letters and manuscripts with their thoughts on this critical issue.

- *nature of social and societal devaluation*

What general or more *universal* vulnerabilities to hurtful treatment and wounding tend to result from social and societal devaluation? In addition, what *particular* vulnerabilities tend to come with devaluation resulting from specific conditions (e.g., poverty, aging, impairment, etc.)? For example, what particular vulnerabilities do people devalued because of aging have? What particular vulnerabilities do people devalued because of mental disorder have? And so on.

- *nature of social roles*

In longer SRV workshops, we learn that roles are societally expected patterns of responsibilities, behaviors, expectations, privileges, duties and relationships (see also Wolfensberger, 1998, 25). Are certain role-related privileges protective of vulnerable people? Valued roles tend to open the door to the 'good things of life' (Wolfensberger, Thomas and Caruso, 1996) such as home, belonging and relationship. Of the typical good things of life described in SRV, which ones are more likely to be either directly or indirectly protective of devalued individuals or groups? Why?

• *protection via roles*
Are certain valued social roles likely to be more protective of societally devalued people and groups? If so, what are some examples of such roles? How and why are they more protective? Remember for example the link mentioned above (Osburn, 2006) between valued roles and having potentially protective allies. In terms of devaluation and wounding, what specifically can valued roles help protect devalued or vulnerable people and groups from? What are potential constraints or limits to such protection? How might length of time the person has been in a valued role affect that role's potential protectiveness? How might internalization of a role affect that role's potential protectiveness?

• *perception*
Perceptions play an important part in crafting social roles (Wolfensberger, 1998, 26). How might valued roles help overcome negative perceptions and stereotypes? How might valued roles help invite and support interpersonal identification (Wolfensberger, 1998, 118-120) so that devalued people are more apt to be seen as more like than unlike us? In light of this, how might helping to overcome negative stereotypes and to support interpersonal identification be protective of devalued persons and groups?

• *role domains*
Do particular role domains (Wolfensberger, 1998, 30) have social roles that tend to be more protective than roles in other domains?

• *heightened vulnerability*
Devalued status and roles tends to push people into heightened vulnerability and keep them there (Wolfensberger, 1998, 124). What connections can you see between role bandwidth (big and little roles; Wolfensberger, 1998, 31) and protection from heightened vulnerability?

• *personal social integration and valued social and societal participation*
SRV posits a link between valued social roles and personal social integration and valued social participation (Lemay, 2006; Wolfensberger, 1998, 122-124). If a particular role is supportive of a person's personal social integration and valued social and societal participation, is that role also likely to be protective? If so, how so?

Conclusion

As you consider the categories and questions posed above, you may also want to look at past issues of this *Journal* for articles relevant to this topic (e.g., Armstrong, 2007; Hartfiel, 2008; Pacey, 2008; Quinn, 2006; Tumeinski, 2007).

I want to repeat that the link between valued social roles and protection from harm may be probabilistic at best. Having valued social roles is no guarantee of protection from ongoing or future wounding. At times, having valued roles may only be able to lessen the harmful impacts of wounding and devaluation.

I put forth these preliminary categories and questions with the intent of promoting reflection, thought, writing and discussion on this important topic, both from teachers and implementers of SRV. This coverage is not meant to be exhaustive nor exclusive by any means. There are potentially lots of valid ways to think about this issue and I welcome your written contributions to the *Journal* on this topic. ☙

Acknowledgement

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The Social Model of Disability & Its Relevance to Social Role Valorization

Stephen Tiffany

EDITOR'S NOTE: *This guest column is based on a presentation given by the author to the Ontario SRV Study Group in 2011. The Ontario SRV study group meets several times a year to discuss and study SRV theory, training and application.*

Introduction

MY INTEREST IN THE TOPIC of the Social Model of Disability began as a student at Ryerson University in Toronto. In my previous experience at Loyalist College (located in Belleville, Ontario, Canada), and at Social Role Valorization (SRV)-related workshops, the concepts of empowerment, independent living, self-advocacy and others were discussed, but SRV was the only comprehensive theory or tool that I was given to analyze these other concepts. You can imagine my surprise then when I entered the Disability Studies program at Ryerson where another concept was championed, the Social Model of Disability. Not only was the Social Model championed as the legitimate theory for analyzing disability issues, it was the only one given real attention by my professors. During my first course, "Introduction to Disability Studies," lip-service was paid to other theories; for example we spent much time tearing apart the 'medical' or 'individual' model; and we spent about 10 minutes out of a total of 60 hours discussing SRV. During these 10 minutes, the following was stated about SRV: firstly, it was lumped together with the concept of "Circle of Friends" and "Citizen Advocacy" as in "SRV/Circle of Friends/Citizen Advocacy." Secondly it was said that the listed concepts were older and of declining influence in the realm of Disability Studies. The third comment was perhaps the most important; my professor stated that disabled people prefer the Social Model (SM) and that SRV lacked the language to speak to the issues that affect them. After this brief description, we moved on to the next topic.

I encountered SRV once more in my studies at Ryerson. In a follow-up to the introductory course, entitled "Enabling Interventions," my professor brought in a guest lecturer for the week in which we covered SRV. While the lecture and readings were interesting and relevant to the topic, I spent much of the ensuing online class discussion defending SRV against accusations that it was "disabling" for impaired people. While the guest lecturer and I did our best to defend the concept, it was clear that ours was not the favoured position. While I had initially welcomed this unit as a chance to show my fellow students what I saw as the strengths of SRV, I quickly realized that most of them had already made up their minds on the topic. The SM represented progress and progressiveness, and was preferred by those involved in the 'movement,' while SRV represented old-fashioned or out-of-style beliefs, as well as conservatism, and was rejected by those in the movement, including most disabled people themselves. I have since become known as the 'SRV guy' in my program, which in the context of Disability Studies at Ryerson is not a valued role. My gut reaction has been to reject the SM as vehemently as my classmates have rejected SRV.

The second reason for approaching this topic was an encounter with a Disability Studies student at an SRV workshop in June 2010 in Toronto sponsored by the Southern Ontario Training Group.[1] Clearly immersed in SM thinking as a doctoral candidate at a local university, this student was having major problems accepting SRV as a theory. After the workshop, it seemed that despite talk of common ground between SRV and the Social Model (see Race, Boxall & Carson, 2005), there was also the potential for much hostility between the two camps.

Recently I decided that it was worth taking a second look at the SM in the context of a brief presentation to the Southern Ontario SRV Study Group, a presentation which I have expanded in this paper. Throughout this paper, I will be approaching the SM through a comparison with SRV. I wrote the above introduction, however, to make clear the context through which I have interpreted the SM, one that has not led me to viewing the theory in a positive manner.

Key Concepts

These key concepts are taken from the article "The Social Model of Disability" by Tom Shakespeare (2006). Shakespeare explains that SM concepts are seen in a " … series of dichotomies" (p. 198).

1. Impairment is distinguished from disability

In the SRV monograph, published in 1998, SRV is defined as follows:

> *SRV is the application of what science has to tell us about the defense or upgrading of the socially-perceived value of people's roles. Another way to put it is that SRV is a systematic effort to extract empirical knowledge that can be applied in service of the valuation of people's roles, so that they are more likely to have access to the good life, or the good things of life. Any action that accords with role-defense or role-upgrading can be said to be role-valorizing. (p. 58)*

A definition of the Social Model of Disability has been much harder to find in the available literature. For all the literature that exists on the SM, there does not seem to be a consensus about an actual definition of the concept, so I will attempt to give my own definition, based on what I have read.

The SM of Disability is a post-structuralist or Marxist theory of disability which posits that disability is caused by society and not by individuals themselves. In other words, there are 'disabling barriers' or cultural barriers in society that prevent impaired persons from living the good life and obtaining the good things of life. If these barriers were to be removed, then the impaired person would cease to be 'disabled.' The SM adherents claim that in their thinking, disability is removed from the individual and placed within our society.

Very influential for SM adherents is the Union of the Physically Impaired Against Segregation (UPIAS) definition of disability: "the disadvantage or restriction of activity caused by a contemporary social organization which takes no account of people who have … impairments and thus excludes them from participation in the mainstream of social activities" (cited in Race, Boxall & Carson, 2005, p. 514). In this context, "disabling barriers" include the economic, political and cultural worlds. SM adherents see disabled people as an oppressed group, similar to how feminists view women as oppressed and to how certain Gay activists view Gay, Lesbian and Transsexual persons. The SM, drawing on the above UPIAS definition, claims to have re-defined disability to fit more with the realities that disabled people face. Hence, the SM is attempting to re-define what the word 'disabled' actually means in the English language. Given how entrenched the word is in medical discourse, pop-culture, etc., this is a great task indeed.

Here it is useful to look to Wolfensberger's interpretation of the language issue and more specifically at how hard it is to change a definition in our culture. We see that the SM violates several of the language conditions listed in Wolfensberger's (2002) article entitled "Needed or at Least Wanted: Sanity in the Language Wars." The third principle states: "Language about devalued conditions and people should be clear and communicative. That is, people ought to be able to easily figure out what is meant by it" (p. 77). While the SM is attempting to change societal attitudes towards disability with their re-definition, they only serve to further confuse an already confused public by telling them yet again the correct way to speak about disability. For years we've been taught that disability is an acceptable term to use when discussing people's impairments, but now, according to SM adherents, it is only acceptable to use when referring to the social barriers that people with impairments face (Reindal, 2010, p. 127).

Wolfenberger's ninth principle states: "Language and terminology reflect the cultural values of entities. They do not make a condition valued or devalued" (p. 78). Here, it seems that SM adherents feel that they can bring positive value to impaired people by changing the definition of "disability." Wolfensberger argues quite strongly however that when a condition has already acquired negative imagery, then any attempt to attach a new term to it will lead to negative imagery for the new term. Inversely, changing the definition of disability, while the term has been attached to devalued conditions for years now, will make a positive valuation of this new definition difficult or even impossible to achieve.

As adherents to SRV we might say that we choose our language carefully, and use it truthfully, but that we do not alter it in order to be "politically correct" or in order not to offend others. As Wolfensberger states, "No word for human excrement can improve public attitudes towards it" (p. 79).

2. The social model is distinguished from the medical or individual model

SM ADHERENTS see the medical or individual model as defining disability in terms of person's individual deficits. SM adherents wish to break away from this school of thought and emphasize their post-structuralist view; namely that disability has been socially constructed. Michael Oliver (1990) provides us with a description of some of the reasoning behind this:

> *Alternatively, it logically follows that if disability is defined as social oppression, then disabled people will be seen as the collective victims of an uncaring or unknowing society rather than as individual victims of circumstance. Such a view will be translated into social policies geared towards alleviating oppression rather than compensating individuals. It almost goes without saying that at present, the individual and tragic view of disability dominates both social interactions and social policies. (p. 22)*

Thusly, Oliver believes that if disability was conveyed differently towards people, then they would begin to think differently about it. They would no longer pity the disabled people in their community, but would instead seek to empower them and encourage their government's social policies to do so. Once again, this assumes much about the power of language that is mostly unfounded. A person's devalued status is in reality much harder to alleviate than by simply changing the definition of their devalued condition. The first theme of SRV focuses on the power of unconsciousness to affect one's mindset about a party (Wolfensberger, 1998, p. 103). Those behind the SM neglect the reality that much devaluation of disabled people that goes on in our culture is transacted unconsciously and is therefore done without awareness by most parties, even very powerful ones, such as government agencies. It will most likely take more action than a re-definition of disability to convince parties that their actions are putting other parties into a devalued status in the eyes of most of society.

Here we also see the move towards viewing disabled people as a collectivity, as a unique and separate group. This brings with it certain implications for disabled people that contradict principles of the SRV theme of Social Imagery and Image Transfer, namely that "People who are seen in physical proximity to each other (near each other) are apt to be perceived as constituting a group, as having something in common, as being 'all the same' "(Wolfensberger, 2009, p. 49). As well, this can in turn lead to 'deindividualization' for devalued people, as valued society fails to see them outside the context of the larger group (Wolfensberger, 1998, p. 20).

3. Disabled people are distinguished from non-disabled people

Shakespeare (2006) explains that adherents to the SM believe that disabled people are oppressed and that non-disabled people and their organizations are their oppressors (p. 199). In order for disabled people to not be oppressed, they must be in control of their own lives, run their own organizations independently, conduct their own academic research, etc.

It is interesting to think about what SM adherents might say about the Southern Ontario SRV Study Group where this paper was originally presented, or for that matter *The SRV Journal*. As a group of non-disabled people meeting and discussing the needs and challenges facing devalued persons who may or may not be impaired, is our meeting oppressive or of an "ablest" nature? Michael Oliver certainly thinks so. According to Oliver (1997), research by non-disabled people about disabled people is "oppressive" while research conducted by disabled people for and about themselves is considered to be "emancipatory." For Oliver and other followers of the SM, emancipatory research will lead to a form of collective empowerment and allow disabled researchers to be in control of their own representations in both the academic world and the wider culture. It is Oliver's opinion that the only people that should benefit from disability research are "the oppressed" (1997, p. 1). While it is true that devalued people are often seen in the negative role of passive research subject by those in the academic community, and sometimes even in the extremely negative role of 'object of research,' there is still the possibility that research about disabled people may be of major benefit to society, without being politically expedient to the disability community.

Take, for example, research on the nature of restraint use in human services. In one particular article by Hawkins, Allen and Jenkins (2005), the authors chart the experiences of both staff members and clients of group homes where restraints are used frequently. While the disability movement probably derived very little 'empowerment' from this article, it has provided readers with a valuable window into life for those in a group home where restraints are prevalent, while at the same time contributing to a growing body of research that points negatively towards the use of restraints in human services generally. Despite the overall positive factors of such an article, researchers such as Oliver would seemingly reject it based on the fact that the authors are from the National Health Service (UK) and used disabled people as 'research subjects' rather than as active participants in their research.

It is my belief that these dichotomies overly simplify reality. The anthropologist Marvin Harris has commented on the interconnectedness and complexities of human relations in society, even of seemingly small social networks such as primitive tribal groups (1974). Although it is a human tendency to see issues in black or white or through dichotomies, SRV informs us that the reality is different; that things are in fact quite complex. In some ways the SM does a disservice in convincing disabled people and their advocates to think in this binary fashion. Here we can see the stark contrast with SRV, which claims to be a high order concept, and does not offer us a simple analysis of oppression.

The Impact of the Social Model

Many SM adherents use the statement, "it is not the individual that has to change, it is society." This attitude takes away any individual agency a person might have in improving their social and personal image and in gaining new competencies. Might this line of thinking lead someone to say, "it is not important for me to present myself in a positive manner by wearing appropriate clothing to a banquet, people should just be comfortable with my sloppy mode of dress"?

Many of us have seen the above happen to mentally retarded people who are told by their service workers that appearance does not matter. We have then seen these people show up to conferences, workshops and functions underdressed and out of place.

I have also thought about the impact the SM has had on my fellow classmates. Whereas an emphasis on SRV might have led them to pursue competency and image enhancement for those they will end up serving in day programs, group homes and schools, the SM might lead them to conclude that this is not important for the people they are serving. Instead what is most important is that others in society accept their clients for who they are, even if this means that society would be expected to accept bad looking people, with few social graces and competencies and as a result, barely any valued social roles. As students of SRV, we know this is highly unlikely to happen.

Oliver & Wolfensberger: Ottawa SRV Conference in 1994

At the SRV conference held in Ottawa in 1994, there was an important meeting of minds that occurred between Wolfensberger and a prominent SM scholar from the UK, Michael Oliver. This debate was published in the 1999 text entitled "A Quarter-Century of Normalization and Social Role Valorization: Evolution and Impact" (Flynn & Lemay). For many SM adherents, Oliver is seen as the founding scholar of their preferred theory, much as we see Wolfensberger as the founder of SRV. As Susan Thomas described it, some in the SRV movement were very taken with Oliver's ideas and thought it would be great to have him come speak at their SRV conference. As it turned out Oliver had a deep hatred of SRV (or normalization as he insisted on calling it) and presented a scathing paper on why it was failing to reach the "disability rights" community. Wolfensberger's reply, though only written quickly at the conference, provides us with an excellent critique of the SM and Oliver's general beliefs about it.

Oliver makes it clear in his piece that he is a Marxist and that this informs his critique of SRV. He believes that in many ways it is capitalism that oppresses disabled people. He goes so far as to say that it wasn't so much Normalization that helped bring about the closures of the institutions but that capitalism was in a crisis and it made more sense monetarily to stop housing people in large institutions and to allow them to live in the community.

Oliver criticizes SRV for reinforcing traditional beliefs about normal and abnormal people. While Wolfensberger may believe these distinctions are real, Oliver believes them to be socially constructed. This brings us back to the second dichotomy listed by Shakespeare, the individual versus social models.

Finally, Oliver insists that change must come not from social roles but from a "collective struggle" of disabled people against those that oppress them, namely, non-disabled people.

In his reply, Wolfensberger makes several good counter-arguments, of which I will outline several here.

Firstly, he refutes that oppression of disabled people occurs because we live in a (mostly) capitalist world. Instead, he believes they are oppressed because they are devalued. He points out that individually, many disabled people live great lives, and that this is almost always because they hold valued social roles. He also believes that devaluation of mentally retarded people is a universal in human history and it is a given that they will be devalued in our societies, regardless of whether we live in a capitalist, Marxist or other kind of system.

As well, as I stated above, in the introductory SRV workshop Wolfensberger explains that SRV is a theory based in social science, and that Marxist beliefs and hence the SM are based in ideology. This differentiation is made in terms of empirical and non-empirical beliefs or theories. Wolfensberger, for instance, states that the wounds are "facts" and are therefore empirical. As well, he lists several categories of "non-empirical" issues, including religious responses or philosophic systems that fall into the non-empirical, ideological or "de-facto religious domain" (2005, Introductory SRV Workshop).

In this vein, Wolfensberger explains that it is difficult to respond to Oliver's critique of SRV as it comes from a religious or ideological position (1999, p. 177). As SRV is a social science theory, it cannot adequately critique an ideology. According to Wolfensberger, only religions can critique religions, as they exist on a higher level of values and beliefs. Perhaps this is what has made a critique of the SM so difficult in Disability Studies programs. While the truths of disability that the social science theory of SRV forces us to confront can be easily refuted by one's religion and what that religion leads one to want to believe, one's beliefs about disability that are informed by an ideology are that much harder to refute using social science, especially in modernist academia where the concept of truth is often derided as old-fashioned and conservative.

Lastly, Wolfensberger sees the prospect of a "collective struggle" to overcome negative treatment by non-disabled people through use of force as impossible and absurd. Towards the end of his response, Wolfensberger (1999) states: "… there are never going to be armies of handicapped people with planes, guns, and cannons, and in control of the food depots in a chaotic world. There are not going to be any large and/or long-lasting coalitions among all sorts of devalued people–because they devalue each other too much, which is a universal" (p. 178).

If the two approaches are really not so compatible, then how should we approach the SM and its adherents? Should we attempt to make nice with the SM, find some sort of compromise? Or would this deny certain realities that SRV brings to the forefront? On the other hand, should we outright dismiss the SM as an invalid religion, jeopardizing our ability to reach out to scholars, and academics who otherwise might welcome us into some sort of dialogue? In many ways, Wolfensberger has already decided to reject all forms of what he considers to be invalid religions and ideologies in his SRV teaching, a strategy which has seen him pushed all but to the margins of disability-related academia.

Conclusion

While scholars such as Race, Boxall and Carson (2005) have made valid attempts to bridge the gap between the SM and SRV, the vehement rejection of SRV by SM academics, and the demonization of Wolfensberger by SM followers, leads one to question whether such attempts are worthwhile in the long-term. If presenting a watered-down version of SRV is the only way in which we can attract people who would otherwise follow the SM, are we doing an injustice to Wolfensberger's body of knowledge? I believe that these are questions that SRV adherents must discuss and face head on. At least in the world of academia, fewer people are finding SRV attractive and embracing it, especially in the face of theories like the SM which promise a utopian future where disabled people will have overcome all the barriers facing them and live free and equally amongst non-disabled people. In terms of attracting new followers to the theory, it is also relevant to discuss how we present SRV to others. Do we take an orthodox approach to the matter, or do we tailor it to fit what the audience would like to hear, as some former students of Wolfensberger and SRV have done, with much appeal? As one can see, a discussion of the SM is not straightforward and does not offer us much comfort for what we have and will continue to face as students of SRV theory. ☙

See Discussion Questions on Page 57

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The Ring of Words: On Rhetoric, Writing & Social Role Valorization Dissemination

Marc Tumeinski

> *I am saying, then, that literacy–the mastery of language and the knowledge of books–is not an ornament, but a necessity. It is impractical only by the standards of quick profit and easy power. Longer perspective will show that it alone can preserve in us the possibility of an accurate judgment of ourselves, and the possibilities of correction and renewal. Without it, we are adrift in the present, in the wreckage of yesterday, in the nightmare of tomorrow.*
> *~ Wendell Berry,* ***A Continuous Harmony****, 'In defense of literacy'*

In his book *Story Theology,* Terrence Tilley writes about the real power of different accounts or stories to shape the world; stories as myths which can *set up* worlds, stories as parables which can *upset* worlds, and realistic stories *set within* worlds (Tilley, 1985, 39). Struck by this idea, I would like to borrow and adapt it as a way of continuing to think about written narrative and story telling as a foundational element of Social Role Valorization (SRV) teaching and implementation. As background, I use the terms story and narrative quite broadly. The kind of storytelling I have in mind is certainly not content free; it includes or at least illustrates relevant SRV principles and strategies. When I discuss SRV and stories, I do not in any way mean to imply that teaching SRV is, or should be, solely composed of telling examples and vignettes. At a certain level, such an approach will reach its limits: a leadership-level understanding of SRV requires conceptual explanations. In a larger sense, those who teach SRV do so with the intent of helping devalued people, of combatting societal devaluation in the lives of real people, of helping individuals and groups to have greater access to the good things of life (Wolfensberger, Thomas & Caruso, 1996). This intent provides the larger, background 'story' which I hope will engage students of SRV.

The World-Shaping Power of Stories: SRV Teaching

In longer, leadership-level SRV workshops, one way to think about the structure of the teaching is as problem-definition and response-definition: what is the problem and what response to the problem do we propose? Too simply put, the problem is societal and social devaluation, with highly likely resultant wounding; and the response is support for valued social roles via image- and competency-enhancement, in light of what is culturally valued, with highly likely greater access to the good things of life. This is a theoretical and perhaps fairly dry explanation. Yet defining and describing the problem is neither dry nor theoretical. It is recounting real stories *set within* the world, telling audiences about the persistent patterns of social devaluation, about the lives of real individuals and groups too often shattered by societal negative perceptions and negative treatment. This is often what begins to engage family, friends, concerned citizens and servers. This is what begins to *upset* worlds, to cause people to be uncomfortable, to ask why, to re-evaluate their own actions. We have seen this over and over again for participants in SRV and PASSING workshops. Though painful, this is necessary and for some people often lights a fire and a passion to change, to do something more relevant, to be someone different and better in the life of a devalued person. That moment of realization is the time to tell stories to *set up* a new world, to show a relevant and potent approach, to lay out concrete strategies for applying SRV principles.

The World-Shaping Power of Stories: SRV Implementation

We can incorporate story telling, both oral and written, into our efforts to in a sense help *set up* a new world for vulnerable people, by crafting a vision of the "right thing for the right recipients" (Wolfensberger, 1998, 116) as the SRV theme of model coherency teaches us. How can we truthfully use stories to help concerned family, friends and servers to see in their minds a new world for a societally devalued person or group, and to believe in its real possibilities in their hearts; a world and vision solid enough to be planned for and worked towards in concrete ways, including efforts of image- and competency-enhancement in

A Note on the Word 'Care'

The noun 'care' has a variety of meanings. Its origins are in Middle and Old English, and is likely related to an Old High German word 'kara' meaning lament. 'Care' can indicate the experience, particularly long term, of mental suffering, sorrow and grief. Care is used this way for example several times in the epic *Beowulf*. It can mean a burdened state of mind arising from our fears or doubts or concerns; something that is the object of our perhaps worried attention. Related words include solicitude, anxiety, responsibility and concern. Many families and friends of devalued people live with such cares about their son or daughter, sister or brother, friend.

Care can also refer to someone or something that we are charged with protecting and/or guiding. It is used this way for example in the famous Bible parable of the 'Good Samaritan,' found in the New Testament in Luke 10:25-32. Related words, synonyms and phrases include guard, chaperone and keep watch.

To be under care can mean to be under someone's guardianship. For example, one of the acts passed in England under King George V in 1932 legislated for juveniles 'in need of care and protection,' reportedly because the young people had no parents, were vulnerable to bad associations or to being exposed to moral danger, were seen as beyond control, and/or had committed a legal offense.

The phrase 'care-committee' has been used in the relatively recent past to describe a committee which took on responsibility for care of the poor.

As a verb, care can mean to sorrow or grieve, to be concerned, as well as to look after and provide for. Care is also used to describe having a fondness for another person.

Shakespeare in his play *Corialanus* warns of the dangers when those charged with the care of the poor have no love for those under their care and use their power instead for self-gain, regardless of the wounds and costs subsequently borne by the poor themselves (Act 1, Scene 1, lines 55-80 for example).

Source information from the Oxford English Dictionary & Roget's Thesaurus support of valued social roles and of access to the good things of life? Such an approach and mindset for example can be at the heart of planning sessions on behalf of vulnerable people (Ramsey, 2007; Wolfensberger & Thomas, 2007).

In this and every issue of this Journal, we do our best to publish articles that are part of larger efforts to help vulnerable people to have greater access to the good things of life via valued roles. We encourage you to write and tell stories that can 'shape the world,' as part of your efforts to teach or to apply SRV. As I wrote in the inaugural column in this series in June 2009, "With an eye towards SRV dissemination, my intent for this column is twofold: to encourage and equip new and aspiring writers to write; and to provide a forum for more experienced writers to share as well as learn new insights into writing, particularly about SRV-related topics." Send us your stories for possible publication, and share those stories with each other. ∽

> *Bright is the ring of words when the right man rings them.*
> *~ Robert Louis Stevenson, Songs of Travel*

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1a	Pre and Post Greco-Roman Times (26:33)
1b	Early Christianity and the Middle Ages (28:03)
2a	Medieval Hospice and Hospital Design (32:01)
2b	The "Menacization" of the Afflicted (10:35)
2c	The Rise of Pauperism (29:42)
3a	Deportation and Exile (16:28)
3b	Containment and Confinement (15:47)
4a	Degradation and Elimination of the Altar (11:46)
4b	The Panopticon and Central Observation Stations (28:11)
5a	Service "Deculturation" and Moral Treatment (17:09)
5b	"Menacization" Images and Associations with Leprosy and Contagion (23:58)
6a	The Association of Hospices with Houses of Detention (13:43)
6b	Various Beliefs That Played a Role in Menacization (4:59)
6c	Human Service Assumptions Based in Materialism (14:18)
6d	Further Menacization Through "Treatments" Based on Punishments (31:23)
6e	Regimentation and the Use of Military Imagery (17:07)
7a	Historical Lines of Influence in the Perversion of Western Human Services (14:51)
7b	Core Realities, Strategies and Defining Characteristics of Contemporary Services (31:21)
7c	Some Conclusions (10:53)

DAY 2: Reflections on a Lifetime in Human Services

1 The Bad Old Days, Part One (23:48)
2a The Bad Old Days, Part Two: The Institutional Scene, Part 1 (33:06)
2b The Bad Old Days, Part Two: The Institutional Scene, Part 2 (15:59)
3 The Bad Old Days, Part Three: The Educational Scene (19:54)
4a What Has Gotten Better, Part One: The Early Reform Era (27:39)
4b What Has Gotten Better, Part Two: Normalization (12:53)
4c What Has Gotten Better, Part Three: The Rights Movement (5:55)
4d What Has Gotten Better, Part Four: Summary of Positive Developments (17:53)
5 What Is Still the Same, New Problems That Have Arisen & Things That Have Gotten Worse: Part One (12:30)
6a What Is Still the Same, New Problems That Have Arisen & Things That Have Gotten Worse: Part Two (31:18)
6b What Is Still the Same, New Problems That Have Arisen & Things That Have Gotten Worse: Part Three (23:27)
6c A Few Action Implications (8:19)

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Reviewed by Thomas Malcomson

THIS FIVE DVD SET is the record of a two day presentation given in September 1998 by Dr. Wolf Wolfensberger and Susan Thomas at Millersville University in Millersville, Pennsylvania, US. The first day's session is entitled, "An Interpreted Pictorial Presentation on the History of Human Services: With Emphasis on the Origins of Some of Our Major Contemporary Service Patterns and Some Universal Lessons for Planning and Structuring of Service Which Can Be Learned from This History" (time 6 hours 15 minutes). This presentation covers the history of human services from just prior to the Greco-Roman era through early Christianity, the Middle Ages, the Age of Enlightenment and into the early 20th century. Wolfensberger tells the audience that the central purpose of the session is to enhance their knowledge of the history of human services so that people today will know where the current services developed from and how human services change. The presenters state that people cannot understand the present day services and the implications those services have for the people they serve without a solid grounding in the history of human services.

Reviewing the historical developments stretching from antiquity to the past century is an incredible amount of material to cover and Wolfensberger does it superbly by building the lecture around several recurring central topics. These topics include architecture (including style, internal spatial arrangement and size of the place where service is provided), philosophical orientation towards the handicapped or devalued person (from Judeo-Christian religious beliefs to a secularizing of services and a reliance on a materialistic orientation), imaging of the person receiving assistance (in particular: dress, language [i.e., labels of their 'condition'], the juxtaposition of the person with setting and with other people, especially with different groups of devalued people) and changes in treatment approaches (from tending to the physical and spiritual needs of the person, to moral treatment, through institutionalization, to physical and chemical restraint). Along with the description of numerous examples demonstrating the various points made by Wolfensberger and Thomas, the viewer is shown substantial pictorial evidence of the trends and changes occurring across the time period. Wolfensberger and Thomas masterfully interweave these topics to develop not only a clear description but an explanation of the changes in human services occurring during the great expanse of time covered and the usually negative impacts these 'developments' had on the people they were intended to serve.

While it would be impossible for this review to summarize every element of the lecture, several key points should be noted. During the first module (Pre and Post Greco-Roman Times [time 26:33]), Wolfensberger introduces a diagram entitled, "A Guide to Genealogy of Human Services in the Western World," which contains the various names of the different types of facilities where 'services' have been and are currently provided, spread along a timeline from antiquity through the modern age. This 'Genealogy' diagram is returned to throughout the presentation, demonstrating the progression away from small informal individual support and care to progressively larger and larger mass approaches. It also illustrates the blending of various styles of facility into new forms 'serving' various configurations of people in 'need.'

Wolfensberger and Thomas begin with a description of the early universal and informal nature of people helping each other that was embedded in early human communities. These included mutual body care, educating of others (especially the young), and healing or tending to wounded, sick or injured people. Added to these elements were a general charitableness to others in need, and hospitality to strangers, travellers and pilgrims. Three forces influenced these 'basics:' the spiritualizing of this activity by Judaism; the adoption of this spiritual nature and adding an element of salvation by Christianity; and finally an increasing formalization and organized structuring of service. These three forces and their impact are described in greater detail in the remainder of the modules of this session.

Across time (rather quickly actually) we see a sudden increase in the number of people served, from one or two to six and then twelve (both numbers having Biblical significance), followed by ever increasing numbers reaching thousands contained within the institutions of the 20th century. With the increase in size we see the original focusing of care which kept the person served connected with the center of the community (in the case of Christianity, an altar being in the sight line of the limited number of patients in the hospice along with the celebration of communion) to a system focused on removing the person from community, keeping them segregated and isolated (one of many examples being the huge institutions for mentally retarded people in the first two thirds of the 20th century, with males and females separated from each other, due to eugenic concerns over potential procreation).[1]

One of the major influences in this shift was the moving away from Judeo-Christian beliefs underlying the practice of caring for handicapped, chronically ill and other people devalued by society to the modernistic, science-rooted ideas promoting technological fixes for human states of being. These states of being were regarded by modernists as having no utilitarian value and thus in need of being prevented or 'fixed.' Another critical alteration was the menacization of handicapped and chronically ill people which began in the late Middle Ages and reached a zenith in the 19th and early 20th centuries. This menacization facilitated the institutionalisation movement, encouraged its prison-like aspects and led to beliefs that devalued people were a burden, dangerous and even unworthy of life.

The second day's lecture is entitled: "Reflections on a Lifetime in Human Services" (3 hours 50 minutes). In this session Wolf Wolfensberger covers the period from 1945 through 1998. This is the time in which he did his graduate work, entered the new field of mental retardation (at the time called mental deficiency), worked in institutions, worked with parent groups, created Citizen Advocacy, and shaped normalization theory and then reconceptualised it into Social Role Valorization theory. In amongst the history he weaves his personal story of professional development and understanding of human services and the people they attempted to serve. Wolfensberger's sharing of his experiences and subsequent insights constitute a powerhouse of discernment into human services which will be of ageless value to anyone involved with human services. In these two DVDs viewers will find a scathing critique of the post-World War II institutions, leaving them with the clear understanding that the institutions were not good places, but sites where more often than not bad things happened to vulnerable people. Those supportive of the medical model (in particular psychiatry) will find this session extremely challenging as Wolfensberger lays the blame for hesitation to change the institutional approach at the door of the era's physicians.

The description of the changes in education for handicapped people (in particular the mentally retarded) depicts the critical work by parent groups to gain access for their children to meaningful education, in either segregated schools, segregated classrooms in regular schools, or integrated learning with non-handicapped children. These multiple paths and the various approaches taken by different parents is not a tidy story and created both good and not-so-good situations for people. Wolfensberger also reviews the appearance of normalization/Social Role Valorization and its ongoing struggle for acceptance, even though it is the only approach to offer an encompassing and coherent understanding of the lives of devalued people.

Wolfensberger highlights a set of relatively good changes over the past 50 years, including the development of parent groups and their enormous efforts on behalf of their children, the occurrence in some jurisdictions of individual funding being made available to families for their handicapped members, the improvement in education opportunities for some people, and the removal of people from institutions, to cite but a few. While reviewing the positive changes Wolfensberger is clear not to give blanket endorsements to innovations which had positive outcomes in some situations but not in others.

There is a three-part module on things that remain the same, new problems that have arisen, and things that have gotten worse (total time 1 hour 23 minutes) in which Wolfensberger describes not only the current (1998, but still fully relevant) situation but makes predictions about what lays ahead for human services (and the rest of us). After the almost uplifting list of guarded positive changes, this is a sobering dive back into a world of devaluation, human service systems' failures and a growing sense of approaching crisis and chaos. His reference to worsening economic difficulties for human services has unfortunately begun to be realized. The darkest portion in this section is Wolfensberger's discussion of deathmaking, the targets of which include the unborn, young children, the handicapped, the mentally retarded, both the chronically and terminally ill, and the frail elderly. Through abortion, non-treatment of treatable conditions, and the proliferation of the message that caring for people is a burden and that death would be better, devalued people are denied access to life, allowed to die, 'encouraged' to die and in some cases murdered. Wolfensberger ends the section with the suggestion that perhaps the most critical thing one could do is to expose and prevent the deathmaking.

In the final module, "A Few Implications" (8:19) Wolfensberger refuses to give 'a list of things to do' to overcome the challenges facing families and friends of vulnerable people, or to fix the human services which are overwhelmingly broken. He speaks of working towards the best integration situation possible for the individual, the involving of people outside of human services in the lives of devalued people, use of informal supports, and being able to know what is good and trustworthy and what is not.

Technically, the five DVD set contains a very clean and audible recording with sharp clear images. As per classic Wolfensberger and Thomas workshop style, the filming of the presentation is of them speaking at a lectern with minimal movement beyond hand gestures. This simple visual experience serves to underline the gravity of the subject matter as well as the academic soundness of their research and helps to focus the viewer on the content being covered. PowerPoint slides serve as overheads presented during the session and are interjected into the video at appropriate points, as are numerous images (photographs, paintings, sketches and architectural drawings), all of which are clear and very relevant. The only potential problem is that the microphone occasionally picks up the shuffling of the lecture notes as Wolfensberger and Thomas move through the modules.

For anyone teaching a college or university course on the history of human services in the western world, this five DVD set would offer a striking supplement to lecture and seminar material. The separate modules in the two presentations can be easily cued up and played to illustrate a point made by the professor, or to set the contextual background after which a specific incident, development, person or location could be discussed in greater detail. An entire course could be constructed around the DVDs, with the professor addressing specific developments relevant to the particular field students are preparing for or local variations on the themes discussed by Wolfensberger and Thomas. The DVD set could provide the core learning material for an alternative delivery course (offered entirely online or with independent work interspersed with classroom discussion). Additional material would need to be provided at reduced cost or free (via internet sources) as the cost of the DVD set to students would prohibit their further purchase of material for the course. Discs four and five (containing "Reflections on a Lifetime in Human Services") could be used independently with advanced seminar classes in human services to generate reflection and discussion on the points made by Wolfensberger about current practices and future hurdles.

For the 'student' of SRV these five discs are a must view as they lay out Wolfensberger's understanding of the history of the western world's human services approach to people who are chronically ill, near death, frail and elderly, mentally, emotionally and/or physically disabled, poor, or otherwise deemed markedly different from others and in a position where they are vulnerable to rejection, neglect, abuse and even death. As such, it is the landscape in which Wolfensberger elucidated normalization theory and developed Social Role Valorization; it was the reality to which he sought to offer a viable and coherent alternative way of serving people in need. Viewing the lectures from these two days provides for a potentially deeper understanding of the roots and themes of SRV.

Segments of the DVDs could also be useful in organizations that serve people at risk for devaluation, as an orientation for volunteers or ongoing professional development of staff. Discs four and five would serve this purpose well, as discussions could be built around Wolfensberger's analysis of current services for handicapped and devalued people. With the push for restraint training, the sections from the first three discs dealing with menacization would be imperative in helping an organization's Board of Governors to formulate a stance on the issue (most likely a counter-restraint position). Families served by the organization may also benefit from viewing and discussing the content of discs four and five as Wolfenserger does refer to the development and work of family associations, and the current struggles and future which face families of people who are at risk of social devaluation. The person facilitating any of the sessions mentioned in this paragraph ought to have a good grounding in the historic development of human services and be well versed in SRV so as to provide responses coherent with the DVD content.

In any academic or workshop setting, or discussion group use of these DVDs, it is imperative that the audience receive copies of the PowerPoint slides referred to during the lectures. As in 'live' Training Institute workshops, the listener must be able to shift between the key overhead handouts to follow Wolfensberger and Thomas as they construct their narrative and perform the resulting analysis. Having the overheads in hand rather than attempting to copy them down will allow the viewer to follow the logic of the narrative, the interconnectedness of key components across settings and time, and the conclusions reached at the end of each module and ultimately the end of each day.

The five disc DVD set captures two critical lectures from the inventory of events put on by the Training Institute. While I have offered suggestions for using the DVDs which focus on individual modules, the real strength and potential is to view them in sequence from beginning through the end. The strength is in seeing the long history of human services laid out in a logical, evidence-supported way which reveals the common threads across services and the major breaks with the original ideas of service. The potential is that the viewer understands their place in this history, both on the receiving end of what has gone before and in the current milieu. This realization might lead to a greater potential where, to quote Peter

Maurin, "We…make the kind of society where it is easier for people to be good."

Endnote

1. For more on eugenics, see Malcomson, T. (2008). Applying selected SRV themes to the eugenic movement in Canada & the United States, 1890-1972. *The SRV Journal, 3*(1), 34-51.

Thomas Malcomson, PhD, is a professor at George Brown College in Toronto. Co-author of the textbook Life-Span Development, *he teaches a course on the history of eugenics.*

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Contemporary Criticisms of Role Theory.

By Jeanne Jackson. *Journal of Occupational Science, 5*(2), 49-55. **REVIEW AVAILABLE ONLINE @ www.srvip.org**

Reviewed by Susan Thomas

The author says that role theory, especially as formulated by Bruce Biddle (1986), has come in for criticism that questions whether role theory is an "authentic" social theory, whether it is useful in occupational science and occupational "therapy," and whether in essence role theory is passé.

The author cites five shortcomings of role theory, or critiques thereof, that have been leveled against it, particularly by sociology and feminism:

1. Role theory reifies existing conservative social ideologies into false universal standards for behavior.
2. Role theory focuses on shaping individuals to fit the existing social world, rather than changing the social world to accommodate individuals, and thereby promotes social conformity.
3. Role theory tries to explain people's socialization into roles too narrowly, e.g., relying only on the processes of imitation and modeling for its explanations.
4. Role theory does not take sufficient account of human "agency," i.e., people's efforts to change existing practices and to adapt their situations.
5. Role theory defines life in a "linear" and segmented fashion that does not reflect reality for many people.

It is not clear whether these objections really are or should be directed at role theory, or at some role theorists, or at ideologies that the critics disagree with and have somehow mixed up with role theory. For instance, as Jackson explains it, the criticism that role theory reifies existing conservative social ideologies seems to object more to the conservatism of these ideologies than anything else. If the ideologies were left-leaning instead, would the same objection be launched? Among the things that Jackson seems to find most objectionable about role theory are its supposed promotion of social conformity, and especially, conformity to conservative and "middle-class white" values and standards. However, since people and social groupings that are not conservative, middle class, nor white also have social roles, this objection cannot be directed at role theory per se, but would have to be directed at a particular culture, or at the promotion of a particular set of values, standards and roles by role theorists.

Presumably, role theory describes certain social realities, but it is in the implementation, or the translation of theory into action, that prescriptive elements come into play, such as whether a particular role ought to be pursued, whether the current social definition of this role is a good one or not, is too limiting, etc.

Jackson also implies that role theory claims the existence of a very rigid definition of each role, and that there is little flexibility to roles. Of course, there are certain roles for which the prescribed behaviors are few and well-defined; an example we use in teaching SRV is the role of toll-collector on a toll road. But many other roles, including 'big' social roles such as husband and wife, mother and father, have certain core expectations, but also allow much individualization in how they are carried out. (Probably no two spouses carry out their marital roles the same, nor do any two parents rear their children the same way, even though all would be identifiable as spouses and parents.)

Jackson also seems concerned with the "usefulness" of role theory to what she calls the "new science" of "occupational science," which is defined as "a study of the occupational nature of humans ... concerned with the need for, and ability of, the individual to engage in a rich and meaningful constellation of occupations throughout his or her life span" (p. 49). Occupations are further defined as "chunks of activities that are personally and/or culturally meaningful" (p. 49). Perhaps the arguments addressed in the article are relevant to the field of occupational science, but they struck this reader as ones that are at least recognized in SRV teaching, though perhaps not always taken into account in SRV implementation efforts.

SRV implementers might benefit from keeping in mind not only the five critiques of role theory mentioned here, but even more, the complexity of social roles (and of social role theory) as briefly sketched in Introductory SRV training, whenever they make efforts to implement SRV in the life of some party. For instance, role conflict, role overload, role negotiation, adapting a social role so as to accommodate a party who may not possess all the competencies needed for the role, keeping in mind that some roles are reciprocal or complementary, and that changes in one will imply changes in the other–all these things are mentioned in SRV teaching, though they could be greatly elaborated beyond the brief coverage that is given them in SRV training workshops, and they may all need to be considered in any particular effort at role valorization for a particular party.

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Soteria-California and Its American Successors: Therapeutic Ingredients. By L.R. Mosher & J.R. Bola. *Ethical Human Psychology & Psychiatry, 6*(1), 7-23, Spring 2004. **REVIEW AVAILABLE ONLINE @ www.srvip.org**

Reviewed by Ray Lemay

Loren Mosher is the well-known founder of the Soteria project in California. (Soteria comes from the Greek and means rescue, safety, health, preservation or salvation.) He was also, for some time, the chief of the center for studies of schizophrenia at the National Institute of Mental Health (US) and the first editor in chief of *Schizophrenia Bulletin*. Dr. Mosher, who died in 2004, was a psychiatrist and professor at the University of California, San Diego School of Medicine.

This article goes over some of the history and some of the important concepts that characterize Soteria-California. The original Soteria project began in San Francisco in 1971; the second project began in 1975 again in San Francisco.

Mosher and Bola document that Soteria was developed through a reading and application of phenomenology and existential theory, the works of Erving Goffman, Thomas Szasz and R.D. Laing. What the authors describe is the "development of ideas about how a community-based, supportive, protective, normalizing, relationship-focused environment might facilitate reintegration of psychologically disintegrated persons without artificial institutional disruptions of the process" (p. 8).

Soteria was an anti-medical approach to providing support and service to psychotic and schizophrenic patients. Mosher and his colleagues insured that Soteria documented, through quasi-experimental approaches, the effectiveness of what they were working at. There were two research groups that totaled 179 patients who met inclusion criteria; of these, 82 were assigned to experimental and 97 to control facilities. The results show that the Soteria-treated patients did as well and improved as quickly as neuroleptic-treated controls, despite the fact that fewer of them were on any form of drug treatment and when on drug treatments, only for the short-term. Despite the fact that the treatment costs were the same, after a two-year follow-up what was found was that the Soteria-treated group was doing significantly better than the drug-treated group. All in all, Mosher and Bola conclude that Soteria worked very well indeed.

The authors then go on to highlight why Soteria was a success. First and foremost, of course, was the issue of relationship and the assurance that psychotic or schizophrenic patients would have access to a one-to-one relationship with the same person. The way they did this was through the use of volunteers and the use of other clients who were well into recovery. The average length of stay at Soteria was about five months. Recovery, however, we are told, took about six to eight weeks.

Mosher and Bola reproduce a table of critical ingredients that led to that success of Soteria, that in some ways are similar to the good things in life and the establishment of valued social roles.

"-1. Small, home-like, sleeping no more than 10 persons including 2 staff (1 man & 1 woman) on duty, 24 to 48 hour shifts to allow prolonged intensive 1:1 contact as needed

-2. Staff convey positive expectations of recovery, validate the psychotic person's subjective experience of psychosis as real–even if not amenable to consensual validation

-3. Staff put themselves in the shoes of the other by 'being with' the clients, use everyday concepts and language to reframe the experience of psychosis

-4. Preservation of personal power to maintain autonomy and prevent the development of unnecessary dependency

-5. Daily running of house shared to the extent possible. 'Usual' activities, shopping, cooking, cleaning, gardening, exercise, and so on, promoted

-6. Minimal role differentiation encourages flexibility of roles, relationships, and responses

-7. Minimal hierarchy mutes authority, encourages reciprocal relationships, and allows relatively structureless functioning–with meetings scheduled quickly to solve problems as they emerge

-8. Sufficient time spent in program for relationships to develop that allow precipitating events to be acknowledged, usually disavowed painful emotions to be experienced, expressed, and put into perspective by fitting them into the continuity of the person's life

-9. Integration into the local community to avoid prejudice, exclusion, and discrimination

-10. Post discharge relationships encouraged (with staff and peers) to allow easy return (if necessary) and foster development of peer-based, problem-solving, community-based social network."

Moreover, in another table, the authors list the various Soteria Interventions:

- An interpersonal, phenomenological stance
- "Being with" and "doing with" without being intrusive
- Extensive 1:1 contact as needed
- Living in a temporary family

- Yoga, massage, art, music, dance, sports, outings, gardening, shopping, and so on
- Meetings scheduled to deal with interpersonal problems as they emerged
- Family mediation provided as needed

There is much about this Soteria approach that resembles moral treatment. "To begin with, when dealing with psychotic persons some contextual constraints should be established: Do no harm. Treat everyone, and expect to be treated, with dignity and respect. Guarantee asylum, quiet, safety, support, protection, containment, food, and shelter. And, perhaps most importantly, the atmosphere must be imbued with the notion that recovery from psychosis is to be expected. Within this defined and predictable social environment, interpersonal phenomenology can be practiced. The most basic tenet is 'being with'–an attentive but nonintrusive, gradual way of getting oneself 'into the other person's shoes' so that a shared meaningfulness of the psychotic experience can be established via a relationship" (p. 8).

The Soteria experiences ended in 1983 when federal grants dried up and no financial support could be found. Very simply, Soteria just did not fit in to the "biomedical character of American psychiatry" (p. 15). "In fact, it called nearly every one of biopsychiatry's tenets into question: It demedicalized, dehospitalized, deprofessionalized, and deneurolepticized 'schizophrenia,' and produced better client outcomes" (p. 15). The authors then go on to list and briefly describe other Soteria-like programs through the United States. They list *Crossing Place* which was established in 1977 in Washington, DC; *McAuliffe House* which was established in Montgomery County, Maryland in 1990. The authors then go on to describe a variety of review articles that have extensively studied all of these alternative mental health approaches. One of these, Straw (1982), "found that in 19 of the 20 studies he reviewed, alternative treatments were as, or more, effective than hospital care and, on the average, 43% less expensive" (p. 18).

In conclusion, Mosher and Bola suggest that what Soteria and other similar settings do is maximize the "five nonspecific factors common to all successful psychotherapy described by Jerome Frank (1972)" (p. 19). These include:

"the presence of what is perceived as a healing context;

the development of a confiding relationship with a helper;

the gradual evolution of a plausible causal explanation for the reason the problem at hand developed;

the therapist's personal qualities generate positive expectations; and

the therapeutic process provides opportunities for success experiences." (p. 19)

SOTERIA AND OTHER SIMILAR treatment experiments for patients with schizophrenic and psychotic symptoms are definitely not in the mainstream. Such approaches run counter to the biopsychiatric approach and call into question the very basis of so-called scientific psychiatry and the organic basis of mental illness. Not surprisingly, very little is said about such non-medical approaches and experiments, and articles and books about such approaches are few and far between.

One senses the countercultural, and indeed political, stance that is taken with such an approach, which, all in all, seems more attitude and ideology than an approach based on science. Though this is but an article length description of Soteria, one gets the sense that such an approach would gain in robustness and rigour with exposure to Social Role Valorization's comprehensive synthesis of research and theory. For instance, Soteria's refusal to apply a medical model approach could be buttressed if it adopted a well-defined alternative such as SRV's developmental model.

However, moral treatment stays alive with such approaches and here, with Soteria and other similar experiments, mental health maintains at least tenuous ties with similar approaches in the developmental disabilities field such as normalization and Social Role Valorization. There is a bridge to build here.

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Invitation to Write Book, Film & Article Reviews

From the Editor

I encourage our readers to submit reviews to *The SRV Journal* of current films, books and articles. For people who are studying SRV, looking for everyday examples can help deepen one's understanding. For people who are teaching SRV, learning from and using contemporary examples from the media in one's teaching can be very instructive for audiences. For people who are implementing SRV, contemporary examples can provide fruitful ideas to learn from. Some books and articles mention SRV specifically; others do not but are still relevant to SRV. Both are good subjects for reviewing. We have written guidelines for writing book and film reviews. If you would like to get a copy of either set of guidelines, please let me know at:

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Thank you.

List of Items to be Reviewed

In each issue of *The SRV Journal*, we publish reviews of items relevant to 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. (We strive to include items which might have relevance to: SRV theory, one or more SRV themes, and/or social devaluation. If, however, a reviewer finds that a particular item is not so relevant, please let us know.) These items include:

Social Inclusion at Work. By Janis Chadsey. Annapolis, MD: AAIDD, 49 pages, 2008.

Inclusive Livable Communities for People with Psychiatric Disabilities. Washington, DC: National Council on Disability, 84 pages, 2008.

Body & Soul: Diana & Kathy. By Alice Elliott (Director). 40 minutes, 2006.

Hallmarks and Features of High–Quality Community-Based Services. By Kendrick, Bezanson, Petty & Jones. Houston, TX: ILRU Community Living Partnership, 13 pages, 2006.

Achieving community membership through community rehabilitation provider services: Are we there yet? *Intellectual & Developmental Disabilities, 45*(3), 149–160 (2007).

Eisenman, L. Social networks & careers of young adults with intellectual disabilities. *Intellectual & Developmental Disabilities, 45*(3), 199-208 (2007).

Friedman, S. & Gilmore, D. Factors that impact resuscitation preferences for young people with severe developmental disabilities. *Intellectual & Developmental Disabilities, 45*(2), 90-97 (2007).

Wolfensberger, W. How to comport ourselves in an era of shrinking resources. *Intellectual & Developmental Disabilities, 48*(2), 148-162 (2010).

Abernathy, T. & Taylor, S. Teacher perceptions of students' understanding of their own disability. *Teacher Education & Special Education, 32*(2), 121-136 (2009).

Carroll, S., Petroff, J. & Blumberg, R. The impact of a college course where pre-service teachers & peers with intellectual disabilities study together. *Teacher Education & Special Education, 32*(4), 351-364 (2009).

DISCUSSION QUESTIONS

THIS FEATURE PROVIDES a way to continue learning from & engaging with a *Journal* article after reading it. We publish questions based on selected articles, inviting the reader to continue considering, reflecting, discussing & writing about what they read. Such questions can be useful in deepening a reader's level of understanding of the article content & its SRV implications, whether for teaching or application, & may even lead to a shift in mind-set. We hope these questions will be used by individual readers, as well as by university/college professors in their classes, by program managers during staff meetings & so on. Reflection on these questions might work best spread out over a period of time, &/or shared with others.

STRIPPING OF VALUED ROLES FROM PEOPLE (PP. 15-18) ~ WOLFENSBERGER

Think of a person you know well, someone who has little access to the 'good things of life,' & who has lost one or more valued roles. What valued roles have been stripped from that person? What particular wounds contributed to the role stripping? Did anything occur to prevent the person from (re-)acquiring valued roles that had been stripped away? What might have made a positive difference in helping the person maintain their valued role(s) in the first place? Do you know any examples where a valued role was in danger of being removed but was saved, or was actually stripped but then restored?

DEINSTITUTIONALIZING THE 'OLD SCHOOL' MINDSET (PP. 19-21) ~ ALVES

How would you respond to the author's question posed at the end of the article: namely, how can we help new staff to be better prepared to hear & respond to the call to defend those who cannot defend themselves? What (programmatic, non-programmatic, societal, etc.) factors can *contribute* to a protective mindset? What (programmatic, non-programmatic, societal, etc.) barriers can *disinhibit* or *counteract* a protective mindset? What can we learn from the SRV themes of unconsciousness, interpersonal identification, imagery & imitation about crafting a protective mindset?

DESIRE FOR FRIENDSHIP (PP. 22-31) ~ SHERWIN

Think of one societally devalued person whom you know well. To what extent are freely given relationships & belonging a pressing need for this person? To what degree has the person experienced *witnessing life* as described by the author? ... *community presence*? ... *community participation*?

What valued roles does that person currently have? How might one or more of those valued roles be expanded to increase the likelihood of freely given relationships?

Think of one valued role that could be pursued & developed to strengthen task & relationship participation for that person.

SOCIAL MODEL & SRV (PP. 35-41) ~ TIFFANY

What new ideas did you read about? What surprised you? What challenged you? What do you want to learn more about? What do you want to think & reflect more about?

If someone were to approach you & say, "I think the Social Model of disability is much more relevant to services today than SRV," how would you respond?

CALENDAR OF SRV & RELATED TRAININGS

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

How to Function Morally, Coherently & Adaptively in a World That is Disfunctional, Including its Human Services
June 23-29, 2012
Pickering, Ontario, CAN
email Patty Weatherall ~ pweatherall@dafrs.com

An Introduction to SRV: A High-Order Schema for Addressing the Plight of Devalued People (*with an emphasis on developing leaders in SRV*)
April 17-20, 2012
Fall River, MA, US
email register@srvip.org

May 14-17, 2012
West Virginia, US
email Linda Higgs ~ Linda.S.Higgs@wv.gov

Practicum With SRV Using the PASSING Tool
prerequisite: attendance at a leadership level SRV workshop
March 12-16, 2012
Rockhampton, QLD, AUS
email Jenni Keerie ~ citizen@irock.com.au

May 27-June 1, 2012
Toronto, Ontario, CAN
email info@srvip.org

An Introduction to Social Role Valorization
February 21-23, 2012
Lancaster, Pennsylvania, US
email registerki@keystonehumanservices.org

April 24-26, 2012
Halifax, Pennsylvania, US
email registerki@keystonehumanservices.org

An Introduction to Social Role Valorization
June 12-14, 2012
Indooroopilly, Brisbane, QLD, AUS
email viaainc@gmail.com

Towards a Better Life: A Two-Day Introduction to SRV
March 6-7, 2012
Rockhampton, QLD, AUS
email Jenni Keerie ~ citizen@irock.com.au

March 20-21, 2012
Indooroopilly, Brisbane, QLD, AUS
email viaainc@gmail.com

March 28-29, 2012
Canberra, ACT, AUS
email Veronica Hadfield ~ VHadfield@koomarri.asn.au

June 19-20, 2012
Canberra, ACT, AUS
email Veronica Hadfield ~ VHadfield@koomarri.asn.au

July 25-26, 2012
Indooroopilly, Brisbane, QLD, AUS
email viaainc@gmail.com

A Brief One-Day Orientation to Social Role Valorization
February 4, 2012
Brockville, Ontario, CAN
email Amanda Fenlong ~ cominv.bdaci@ripnet.com

Social Role Valorization News & Reviews

Susan Thomas

THIS COLUMN WAS BEGUN BY Dr. Wolf Wolfensberger, who passed away on 27 February 2011. His long-term associate Susan Thomas will continue the column.

As always, the intent of the column is five-fold:

(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. Some of these items may serve 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.

(d) Document certain SRV-related events or publications for the historical record.

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

The Training Institute has about 20 SRV-related topics, from among which to present a selected few in any particular issue.

Aside from being instructive to readers, persons who teach SRV will hopefully find many of the items in this column useful in their teaching.

A Few Role Tidbits

*Henderson, N. (2008). *Able!: How one company's extraordinary workforce changed the way we look at disability today.* Dallas, TX: Benbella Books. This book is about Habitat Industries, a manufacturer of home, lawn and garden carpeting in Chattanooga, Tennessee, which employs as workers a large number of people who have all sorts of different devalued conditions and identities, alongside its typical workers. The book explains how the company began, how it started hiring non-English-speaking Cambodian refugees, then had an "enclave" of several handicapped workers who were supervised by their own "job coach" and worked on a contract basis, and how eventually it decided to hire individual handicapped persons rather than going through a rehabilitation or vocational services agency. The book explains how such service agencies that are supposed to help people work can actually erect obstacles to work, and try to keep impaired service clients as clients, rather than help them to find valued work roles in generic workplaces.

The book is very laudatory, and proclaims Habitat Industries as a model of what a work place should be, exalting its "inclusiveness" and "diversity." However, a serious SRV analysis might reveal concerns with image juxtapositions, especially in the area of grouping and social associations, though the industry does seem to have brought about tremendous competency growth for its workers, primarily via the power of expectancies and of imitation of positive models.

Without using the term "affirmative industry," the company appears to have implemented many of the ideas put forth by John DuRand in his operation of Minnesota Diversified Industries starting in the 1970s, and explained in his 1990 book *The affirmative enterprise* (MDI Press, St. Paul, Minnesota).

*Gilbert, M. (2004). *The righteous: The unsung heroes of the Holocaust.* New York: Owl Book (Henry Holt & Co.). Gilbert's quite lengthy book tells the individual stories of some of the approximately 17,500 people recognized by the Yad Vashem committee as having "risked their lives to save Jews" during the 1940s Holocaust under the Nazis. Somewhat peculiarly, the book is organized according to region (e.g., Ukraine, Greece, western Galicia) rather than according to themes, which could easily have been done since the same themes recur repeatedly in the stories. Among the themes that are relevant to SRV are at least two:

a. The importance of interpersonal identification of rescuers with potential victims. Both persecuted Jews who were saved and their rescuers repeatedly said that rescuers seeing the Jews as like themselves, as "one of us," was what motivated the rescuers to act.

b. The importance of the social roles held by the potential victims. When a Jew was known as a neighbor, one's employer, a schoolmate, etc., this was seen as a reason to offer protection to that person. In the entire country of Albania, almost all the Jews were saved due to individual and collective action by Albanians; as one Albanian later put it, "There are no foreigners in Albania, there are only guests. Our moral code … requires that we be hospitable to guests in our home and in our country" (p. 436). Of course, "foreigner" could be seen as a devalued role, and "guest" as a valued one.

*Cambodia has one of the highest rates of physical impairment in the world, as a result of more than two decades of war that only ended in the 1990s. It is also a largely rural society, and farming is difficult labor, particularly for people with physical impairments such as missing limbs. An article noted that the country can hardly afford to build wheelchair ramps, and there is "no Cambodians With Disabilities Act." Of course, what Cambodia does have, as do all human societies, is social roles. A group of 37 people with various "disabilities," both physical and mental, formed to try to improve their lives, and obtained training, equipment and animals so that they could farm. As a result, neighbors who once ostracized them now seek them out because they have become very proficient farmers, and also provide animal health services–in other words, at least some of the members attained competencies and now fill competency-related valued roles (Bergman, A. [2011, Fall]. *Brothers in peace*. World Ark, pp. 22-29).

*We were recently told of a situation that had tremendous potential for being social role-valorizing and in other ways very beneficial for one handicapped person, but where this potential was wasted. A wealthy man had a handicapped daughter. When his other children grew up and his wife died, he began to worry about his handicapped daughter's future. (This is a very common occurrence, but if at all possible, parents of handicapped children ought to begin planning for their child's future while the child is still a child, and while the parents are still young and vigorous–see Wolfensberger, W. [2003]. *The future of children with significant impairments: What parents fear and want, and what they and others may be able to do about it.* Syracuse, NY: Training Institute for Human Service Planning, Leadership and Change Agentry [Syracuse University].) Being wealthy, he had a huge and very nice house, and decided that his daughter should continue to live there. So far, a good idea: the woman could become a home-owner, or at least mistress of an estate, with all the image benefits that would derive from that role. She could have had one or more non-handicapped people live there with her, because many people would be eager to live in such a palatial house. She could charge rent to tenants, and with this income she could hire people to carry out the work she could not do, such as maintenance of the grounds, housecleaning, etc., as well as to assist her personally to the degree that she needed it. And she could have the benefit of remaining in a home that was very familiar to her. Additionally or alternatively, she could have had one or two other handicapped people live there with her, and from their rents pay for whatever assistance they all might need.

But none of this was done. Instead, the father donated the house to a local Association for Retarded Citizens (ARC) on the condition that the ARC use the house as a group home, with his daughter continuing to live there as one of the residents. Thus, ownership of the house went to an agency rather than to her personally, or to a trust in her behalf. Further, all of this was done when she was out of the house on vacation. On her return, her family home had become a group home, there were five handicapped people she had never met before living there, and she had not even known that this was going to take place.

Nor was the woman even guaranteed any security in her own house, because the ARC made several attempts to move someone else into her own room. Only after she complained to him did her father intervene to stop it. When he is gone, she will no longer have that protection.

*A farm in rural upstate New York is run as a day program for mentally retarded and physically handicapped people. They do not live on the farm, but come in by the day from their homes in surrounding (mostly rural) communities. They do real work: plowing, planting, harvesting, preparing produce for sale at a local farmer's market, and selling it there. Much of this work is apt to be challenging and competency-enhancing for the workers. However, there are a number of problems, in addition to the fact that it is segregated.

One is that historically and repeatedly, the idea has persisted that mentally retarded people belong in the countryside. Versions of this idea have been rural "villages" for the handicapped, the rural institution and the farm colonies of other institutions. This appears to be yet another reincarnation of this idea.

Also, the program is beset by a number of model incoherencies. For instance, the two people who run the program also do not live on the farm; in fact, no one lives on the farm, which is an unusual farm set-up. As well, the farm raises only about 10% of the program's budget via its cash crops, with the remainder of the funding coming from the state, United Way allocations and individual donations. It is very unusual for a farm to raise only 10% of its costs by what it grows and sells, and if a real farm raised that little, it is not to apt to last long. Additionally, the farm is also said to provide respite for families, "therapeutic recreation," and family support services. And all the work, tasks, etc., done on the farm are referred to as "therapies."

*A promising-sounding program in Syracuse, New York, SUCCESS, gave middle school-aged students opportunities to learn about work and careers during the summer months. It provided a summer job–often, the first job for these students–at minimum wage, doing various odd jobs around a school and working with younger children in summer programs, and taught them how to fill out job applications, how to be interviewed, what would be expected at a job site, and took them to visit a community college. Unfortunately, the newspaper article about the program showed several young teens drawing with crayons and markers, which had nothing to do with jobs, and child-imaged the teens (*Syracuse Post-Standard*, 14 August 2003). When mixed messages are conveyed about what is supposed to be a serious program, observers can only wonder whether their tax money is being well spent.

*There is a Ms. Wheelchair America contest, similar to the Miss America beauty pageant. However, unlike the latter, contestants for the former compete based on "advocacy, perseverance–things that would make them qualified to be a spokesperson for people with disabilities," according to the producer of a film about the pageant. The film is called "Defining Beauty."

Imagery Conveyed Via Setting Location

Where a service is located is one of the first sources of imagery to visitors, passers-by, etc., even ones who never enter its interior.

*From multiple newspaper and news magazine clippings come the following facts.

The areas where poor people live are so often used as the sites for garbage treatment plants, and as dumping grounds for waste and polluted material. Similarly, poorer countries of the world often serve as dump sites for the toxic wastes of richer nations. "Someone has to take this stuff," and the someone is almost always devalued people.

There has also been a massive pattern of juxtaposition of garbage to slums. Public housing projects for the poor are often built on top of former landfills, which may continue to smell and ooze toxic chemicals for years. Even when there is no official garbage dump site in poor neighborhoods, people will often clandestinely dump their garbage there, e.g., in empty lots.

Waste disposal companies have also been trying to get American Indians to accept garbage, including toxic waste, on their reservation lands. This appeals to some of the Indians because of the money they would receive, and so many of their people are desperately poor.

Some people have called all this "environmental racism."

In Newark, New Jersey, there was a city potter's field where the poor were buried between 1869-1954, perhaps as many as 200,000 of them. After 1954, the city began to use the cemetery as an industrial storage yard, and then a dump. No public records are available on any of these burials (AP in *Syracuse Herald Journal,* 17 August 1999).

One New York official said that locating a public housing project for the poor was "like finding a site for a landfill."

And people's responses to the location of garbage-related sites in their neighborhoods is much like the way they respond to the location of group residences for handicapped people in their neighborhoods.

Several state institutions in New York State had at one time been slated to receive dangerous hospital wastes, or at least to have such waste disposed of on adjoining property.

At the former Pilgram State Hospital (psychiatric institution) on Long Island, New York, a prison for young offenders was to be located on its grounds. The surrounding towns decided the site would also be an ideal location for a garbage disposal plant. But it was the immediate neighbors who pointed out that all three things within three-quarters of a mile of each other, and in a community of only a few thousand residents, was too much.

Some people protested locating the prison for young offenders there, saying "there is plenty of waste land available for such a facility."

A letter to the editor in a Massachusetts newspaper protested that her neighborhood was to be the site of a garbage dump, a group residence for formerly institutionalized mentally disordered men, a group home for formerly institutionalized retarded people, and six low-income housing units–all on a two-acre parcel.

*In 1911, Minnesota passed a law that no cemeteries were to be located close to veterans' homes; in 1990, the law was repealed (*Session Weekly*, 13 April 1990). Of course, most of the residents of veterans' homes are elderly and impaired.

*One city in Japan had been trying to locate a crematorium, but seven neighborhoods objected to it. The eighth proposed site was next to a hospital for seriously ill people, but both doctors and patients there also objected, saying this would hurt patient morale and even lower the likelihood of their recovery. The city, apparently fed up, said it would use riot police if necessary to allow construction to begin next to the hospital.

*Even ordinary people thought it was a "bad juxtaposition" when a Georgia undertaker built a barbeque restaurant next door to his crematorium. And an attorney for the city said the city had "sincere reservations" about it (*Syracuse Post-Standard*, 10 June 2002).

*And in Rochester, Minnesota, people living on a dead-end road that led to a local cemetery actually got the city to remove the "dead end" sign on their street, because they were offended by it.

*In Kansas City, Kansas, it was proposed to establish a 10-person residence for "substance abusers" next to the city's oldest and most prestigious cemetery. Citizens in the area claimed that the location would jeopardize the cemetery, citing fears that vandalism and destruction would take place there. The administrators of the proposed home countered that the residents would not even arrive back at the home until 11 o'clock each night, and would depart the home early each morning for a day program on "Rainbow Boulevard." Not only that, but more than half the proposed clients were not even from the Kansas City area, but came from other outlying counties (*Kansas City Star*, June 1986).

Where to begin a critique of this situation? First, it is a good question whether 10 such people should be congregated together. Second, the location of such a service near a cemetery does absolutely no good for the image of the proposed residents. Third, the location of a day program for people with drug and alcohol problems on Rainbow Boulevard is very problematic, since at least some psychedelic drugs might lead people to see rainbows of color. Fourth, the schedule does not sound either culturally normative nor even bearable: how can most people, and a home as a whole, operate when no one ever arrives home until 11:00 pm, and all have to depart early the next morning? And if a program serves people who come from outside its immediate region, this does not encourage identification by the local community with the clients.

Yet all of the community's objections were focused on the dangers to the cemetery, rather than to the devalued clients. It is almost as if the dead persons, or at least their live advocates, were concerned about being negatively imaged as "druggies." One of our Midwest "spies" who sent us the article suggested that an advocacy system for dead people is essential in the face of modern pressures to demean dead persons by such grievous juxtapositions!

*Residents of a neighborhood where a group home for seven retarded adults was to be located suggested an alternate site as "a much better place," namely in one of three houses that had been abandoned by their previous owners because the noise from the nearby airport was unbearable to them. They suggested soundproofing the homes–but if this would have worked for ordinary people, why was it not done for them? Or are retarded people assumed to be less disturbed by noise, or undeserving of a quiet environment?

*Whether a particular practice that is applied to devalued people constitutes a deviancy image can often be determined by asking what valued people would think if the same practice was applied to them. When a California research facility announced it would be conducting research on aging in rats and other rodents, its neighbors objected: they said such research near them would make them feel bad about themselves. In this instance, the county planning department concurred, and ordered the facility to first do research on the impact of the planned research on the community's self-esteem! (*Time*, 8 July 1991). Obviously, the neighbors took this image juxtaposition for themselves very seriously.

*Public housing projects for the poor, elderly and handicapped in the US are virtually always very recognizable: they tend to be large high-rises, or if they are two- and single-family homes, then they are all built in exactly the same style right next to each other along streets in the poor parts of town. But apparently this visibility and recognizability is not enough: on the entrance to one such high-rise, we saw a large sign that proclaimed "SECTION 8 Entrance" (Section 8 is the part of the US housing code that applies to subsidized public housing), thereby screaming out the deviant identity of the people who live there. This is a double whammy, insofar as the US military long had a category of discharge for soldiers with mental problems that was somewhere in-between honorable and dishonorable, and was called a "Section 8 Discharge."

**Consumer Reports* (January 2009) found it amusingly newsworthy that a chiropractic clinic was next to a martial arts center. We call this merely a peculiar image juxtaposition, rather than a deviancy image juxtaposition, since it does not involve a service to devalued people.

*The previous items all had to do with nearness of a service setting to other things. But the history of a setting also carries imagery, and if it is a negative history, this can come to "haunt" the setting. The following items in this section all deal with a setting's history.

A seven year old girl was starved to death in a house, and the owners–who had nothing to do with the girl's death–have been unable to rent or sell it ever since (*Sydney* [Australia] *Sun Herald*, 25 September 2011, p. 23).

*The Home of the Innocents (a multi-service agency with a very problematic name) was moving to the site of the former Bourbon Stockyard near Butchertown, Kentucky, US, where the stockyard had been for 120 years. The stockyard was said to be ideal because it was surrounded by industries and commercial sites, and had no nearby residences, and because it would allow all the different services run by the agency to be located together in one place. All this was bad enough, but in addition, it was announced on the front page of the newspaper (*Louisville Courier Journal*, 12 November 1998).

*A respite service for mentally handicapped people and their parents was located in a former drug-trafficking house, and next door to a house in which a big-time drug dealer (recently released from prison) was still operating. The home was also named for a dead handicapped child, and one room was decorated in a Mickey Mouse motif in memory of the dead child (*Syracuse Herald Journal*, 5 October 1999).

*People who are devalued by society, or of marginal social status, may have greater insights than many human service workers into the realities of social imagery and other mechanisms by which they are kept in devalued status. A good example was provided when a service for people addicted to drugs and alcohol located to a building which had twice served as a funeral home. Prior to the building's being used for the drug and alcohol rehabilitation service, it was offered as an apartment house for people on low incomes. However, the poor people refused to live there, because they did not want to live in a former funeral parlor. The human service planners did not learn from this, but located the drug and alcohol service there anyway.

Imagery of Illness & Death

*The previous section dealt with one source of negative images to devalued people, namely the location of their service settings. This section deals with one particular kind of negative image message, namely that devalued people are close to illness and death.

*We were sent a picture of a sign from a building. On the bottom it said "No Place Like Home Senior Care," and above it, "Affordable Cremations," creating a death message about elderly people.

*Four towns in Massachusetts (US) were purposely submerged when a new reservoir was created. A nursing home in that area has four wings, each named for one of the four submerged towns–surely a death image for those nursing home residents.

*In July 2010, the US Veterans Administration held a forum on quality of care for female veterans. Where was it held? At the Arlington National Cemetery!

*At a recent Catholic Mass, the priest prayed for "the sick, the dead, and the mentally ill," creating two unfortunate image juxtapositions at once.

*In Syracuse, New York, US, at an annual Catholic Mass for "persons with disabilities" and their families and friends, cards were handed out that looked just like funeral memorial cards, with the name of the local funeral home that distributed them printed on the card.

*It is very unfortunate when the word "deaf" is rendered instead as "dead," but it happens frequently. The reasons are that the two words sound the same, they are spelled almost the same, and there exist deviancy image associations in people's minds of deafness and death. In 1988, one publication reported on a program to train deaf people in Winnipeg, Manitoba, Canada, and named it as the Winnipeg Community Centre for the Dead (instead of Deaf). In 1997, the Pope commissioned a deaf priest to preach the word of God "to the deaf," but a newspaper reported it as "to the dead." And in 2001, an article referred to a long-time leader of "the death community," rather than deaf community. Readers should be on the lookout (or is it hear-out?) for more such instances, and may want to use them as SRV teaching opportunities when they occur.

*A fund-raiser in Syracuse, New York, US, for a service to the terminally ill was a "haunted house" that featured elaborate "surprises," including skeletons and monsters jumping out of total darkness, and dead bodies on the floor. Those entering the house were referred to as "fresh meat." The accompanying news photo showed two children almost literally scared to death (*Syracuse Post-Standard*, 23 October 2006). This is a bad death image juxtaposition to a service for dying people. At the very least, if one is going to hold such a fund-raiser, a less frightening photo would be less worse. By the way, the article reporting this was also placed next to one on a former prisoner.

*Gypsies, also called Roma, are among the devalued groups in certain parts of Europe. They were also among the groups who were rounded up into concentration camps and killed there by the Nazis. In 1994, the Czech government made over some buildings of the former Theresienstadt concentration camp into housing for gypsies.

And at least into the 1990s, the Hadamar institution that had served as one of the six extermination institutions for handicapped people in Germany under the Nazis was still serving as a psychiatric service. One commentator said, "Could you imagine proposing to run a recovery or recreation service on the site of the former Dachau concentration camp?" (*Universitas*, Summer 1994, p. 32). Well, yes, because after the war, the Dachau concentration camp was first used as a prison to hold the military men who had formerly run it and been guards there, and then it was used as housing for war refugees.

*A city high school located in the poorest part of Syracuse, where the students come from neighborhoods where there is much burglary, robbery, gunfire and other violence, posted a prominent sign on its front lawn announcing a school theater production. The play was entitled "Three Murders and It's Only Monday"–a terrible negative image juxtaposition for the school and its students, and passers-by might even have wondered if it was a public announcement by the school administration of how bad things had gotten.

Imagery of Animality

*Drawing analogies between devalued persons and animals is usually negatively imaging of the people at issue, and casts them into the animal role, especially when the animals are also devalued ones. It of course has a long history. The British essayist and historian Thomas Carlyle said, in the mid-1800s, "If paupers are made miserable, paupers will … decline in multitude. It is a secret known to all rat-catchers"–a most unfelicitous juxtaposition for poor people (p. 88 in Taylor, G. [1969]. *The problem of poverty 1660-1834*. London: Longmans, Green).

*A French prison for juveniles, St. Hilaire, had dormitories during the 1800s that were divided into individual sleeping cages called "chicken coops." In the late 1800s, the system was dismantled, and many local farmers actually bought and used these cages as chicken coops (p. 137 in O'Brien, P. [1982]. *The promise of punishment: Prisoners in nineteenth-century France*. Princeton, NJ: Princeton University Press).

*In 1997, the Ontario Special Olympics put out Christmas cards that pictured 19 cartoon animals–all but four of them rodents–ice-skating. A special ice-skating Olympics indeed.

And two years previously, the Ontario Special Olympics sold Yeti dolls, i.e., dolls of the so-called Abominable Snowman, and the newspaper article about it showed four mentally retarded teenagers surrounded by the dolls. One teen's face even had the same expression as the dolls (*Toronto Star*, 15 September 1995, p. D1).

*In 2001, there was a publicity flyer for a camp for physically handicapped children that pretended to be written by a squirrel, and which used a squirrel as its mascot/logo.

*In some German institutions for the mentally retarded around 1940, there were playgrounds which challenged the agility skills of the residents, but that were unfortunately called "chimpanzee gardens."

*The head of what used to be called the "spastic society" in Britain supposedly once said that having handicapped people run his organization "would be like putting dogs and cats in charge of the humane society."

*A tape recording device intended as a memory aid for blind people is unfortunately called "the Parrot," short for Parrot Voice Recognition Talking Organizer. Furthermore, a computer access system for the blind is called "the Dolphin" (*St. Dunstan's Review*, February 1998).

*In April 2005, the Massachusetts Department of Mental Retardation (US) ran a one-day workshop on "Animals in Translation and Autism and Asperger's Syndrome." The description said the workshop would be "of special interest to occupational therapists, physical therapists, physicians, psychologists, speech-language pathologists, nurses, social workers, parents of children with autism spectrum disorders, as well as animal lovers, those in animal-related fields including equestrians, pet owners, cattle breeders, veterinarians, etc."

*There is a game called "donkey basketball," where players sit astride donkeys and try to shoot baskets. It is often played as a fund-raiser, but obviously can carry image problems for the beneficiaries. In one such event in the Syracuse, New York, area, high school teachers played donkey basketball to raise money "for African wildlife and children," a most unfortunate juxtaposition for the children at issue. However, it was very successful financially (*Syracuse Post-Standard*, 1 March 2004).

The Puzzle Motif

*Afflicted and/or societally devalued people are often interpreted by others as puzzling. This is particularly true for people whose condition is a bit mysterious, or where others do not know what to do for/to them, such as so-called autistic people, and people with dementia. One result is that such people often get juxtaposed to puzzles and puzzle pieces, or works about them (such as textbooks) show puzzles on their covers. Children with "learning disability," mental handicaps and brain injury have all been depicted with or as puzzles. More recently, so-called "inclusion" has been depicted as a puzzle. Dr. Wolfensberger had the world's largest (probably even the only) collection of such art about what we call "puzzle people."

The latest development along these lines is that one can now buy "autism awareness jewelry," such as cufflinks and rings. The problem is that the autism movement in the US has chosen puzzle pieces as its image and logo, and these jewelry works display them too. The cufflinks show two hands putting two puzzle pieces together.

Along the same lines, the main title of a text on autism is *Strangers among us* (*Fremde unter uns*; Frye, 1968). A 1999 book about autism is entitled *Through the eyes of aliens* (O'Neill), and also in 1999, a video on autism was entitled "Autism: A world apart." There is also a Leprechaunism syndrome (later called Donohue's syndrome), and a Happy Puppet syndrome (now called Angelman syndrome). All this also evokes an image of the devalued person as "other."

*Tattoo studios have now launched fundraising campaigns for autism, under the slogan, "Get Ink for Autism." Often, they will tattoo puzzle pieces, which establishes a problematic image link between the tattoo culture and autism (e.g., *Syracuse Post-Standard*, 13 November 2009, p. A9).

A Few Words on Words

*As SRV and normalization historians know, Dr. Wolfensberger was among the first to draw attention to the impact of language and terminology on the image of devalued people, in early normalization teaching in the 1970s. However, over the past decades, he and his associates were in the peculiar position of trying to dissuade people from putting all their energies into language battles that (a) cannot be won, and (b) may do more harm than good, and (c) most certainly will not solve the problem of social devaluation. The language issue will not die, and so we continue to have to report and comment on it.

*The names given to human services, that are so often denigrating or in other ways deviancy-imaging of their recipients, can be instructively compared to the names given to businesses that sell a valued product, or that appeal to valued customers. The names given to automobiles are examples, e.g., they are likened to fast animals such as Mustang and Jaguar, not slow ones such as turtles, and to exotic locales such as Seville and Monte Carlo. An analysis in the Toronto *Globe and Mail* (September 1997) claimed that modern, fancy, Japanese cars get "feminine, crypto-Latin, crypto-virtuous" names such as Integra, Acura, Maxima. Short names are suggestive of modesty and reliability, such as Neon and Volt. And sports-utility vehicles and off-road vehicles get names that sound like activities the owner may aspire to, such as Explorer or Forester–and, we might add, of places they may aspire to reach in their off-road vehicle, such as Yukon and Tundra.

*In the 1950s and 1960s, Morris and Miriam Pollock were pioneers in guiding parents of retarded children, and wrote a major guidebook for them. Unfortunately, they also wrote *The Clown Family Speech Book* on speech development.

*A handicapped woman wrote an article about herself and titled it "A Treasure in a Cracked Clay Pot" (in allusion to 2 Corinthians 4:7 in the Christian Bible, "We hold a treasure in earthen vessels"). The article was accompanied by a picture of a broken flower pot (*Breaking Barriers*, Fall 2004, No. 65, pp. 6-7). This unfortunately once again plays into the idea that people with mental impairments are "crackpots," and the image of a "cracked pot" would lead most people to assume she is "mental," but since her impairment is physical, this constitutes an additional image burden for her.

*In 1976, a punk band by the name of Devo released a song called "Mongoloid." Devo stands for "devolution," and the mongoloid is really a bourgeois everyman who has a hidden extra chromosome that determines "what he could see." A rather forced capitalization on the concept of Mongolism, and not a particularly image-protective one.

*A benefit concert was held in Boston for the National Multiple Sclerosis Society, with opening acts by "Your Mother's Crotch" and "Beast Over Boston," the main act being "Electric Mummy"–and somehow, this was all tied in with Church of Boston (source item from Jack Yates). One would think that the National Multiple Sclerosis Society would draw the line at something.

*The article referenced below makes a rare admission that it is futile to give devalued conditions one new name after another, because the devaluation of the condition at issue always catches up with the new term. We urge SRV teachers and implementers to continue to stress this point, and to emphasize the other, much more powerful ways that devaluation can be lessened (e.g., via image- and competency-enhancing settings, person juxtapositions, activities). However, the authors did not acknowledge that Wolfensberger had made that point eight years earlier in the same journal (Siperstein, G.N., Pociask, S.E. & Collins, M.A. [2010]. Sticks, stones, and stigma: A study of students' use of the derogatory term "retard." *Intellectual and Developmental Disabilities, 48*[2], 126-134).

*Language fanatics are passing laws left and right to strike the term "mental retardation" from the laws of the various states, and from federal laws. To change a phrase in all the law books of a state or country is enormously costly. So money is being taken away from all sorts of actual service programs, even as vast sums are spent on the wording of laws.

*People carry on the most intense language wars as to where the adjective in a sentence about devalued human characteristics should go, or when adjectives should be avoided altogether in favor of nouns. But no one blinks an eye when they are told that New York State must have "at least one disabled access machine per polling place" (*Syracuse Post-Standard*, 8 February 2008, p. A6). In plain English, this would refer to an access machine (whatever that might be) that does not work at all.

*The term "brain damage" is said to imply hopelessness and has therefore become a politically incorrect no-no, said to be "offensive and demeaning." What has replaced it? Brain injury!! (*Monitor on Psychology*, May 2010, 41[5], 72-75.) This is yet another example of the hopelessness of term-hopping.

*Starting in 1996, many nursing homes in New York State opened "neurobiological units." These were very restrictive units into which many people were placed who had been transferred from state mental institutions for a lower (cheaper) level of care. The peculiar name "neurobiological" would have suggested something like a unit for brain-damaged (oops–brain injured) and maybe comatose patients.

Effective/Ineffective Pedagogies for Competency Enhancement

*One of the most powerful pedagogic strategies is what Dr. Wolfensberger termed "pedagogic verisimilitude," which means teaching in the setting/context, and using the tools, in which what is learned will be carried out–for instance, learning to swim by being in real water, in a real swimming pool or lake, even if one first practices some strokes by making the motions with the arms while standing on dry land. But at a certain point one has to get in the water, and swim–or sink. Unfortunately, this principle is often violated in human service programs, which is one reason why recipients often do not learn nearly what they otherwise might. Even when learning does take place, the lack of verisimilitude gives a peculiar image to the learners. Here are a few examples.

*In one human service center located on the ocean front, personnel artificially contrived to make a "wading pool" by having sand and salt water brought from the shore, rather than taking clients to the shore itself.

*There now are firms that specialize in selling fake shopping malls to be installed in human service settings in order to simulate "the community."

*Every year, an institution in Australia has arranged a fake/pretend cruise to the Fiji Islands for its residents–all held indoors. There is a captain's boarding party, morning teas, a pig-on-a-spit lunch, afternoon cocktail parties and concerts.

An Australian nursing home staged a fake wedding in order to entertain its residents. There was a fake bride and groom, fake bridesmaids, fake flower girl, fake best man and groom's men, and a fake minister, but everyone wore real formal clothing. The residents had to plan what gifts to give to the happy "couple," and there was dancing and eating at the "wedding banquet" (*Hornsby Advocate*, 17 August 1994; source items from John Armstrong).

*Lack of pedagogic verisimilitude can also result from good intentions. For instance, a student so impaired as to be unable to use her hands and arms was reported to have "gone bowling," and the report was accompanied by a photo of the occasion (*Syracuse Post-Standard*, 4 April 2006). However, the teacher and another student actually aimed and rolled the bowling ball down a ramp and into the alley. While the handicapped student may well have enjoyed the outing, the sights, and the socializing, she did not do any of the things one ordinarily associates with "bowling." However, at least the class of special education students of which this girl was a member "went bowling" in a real bowling alley, rather than an artificial one set up in their classroom or some other room of the school.

*Dingfelder, S.F. (2010, Nov.). A second chance for the Mexican wolf. *Monitor on Psychology*, 20-21. What is called "conditioned taste aversion," where one can be turned forever against a particular food because of just one bad (nauseous) experience with it, has been found to be easier to acquire and more long-lasting than any other known form of learning. ❧

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