The SRV JOURNAL

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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, 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.

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*.

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.

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. (2013). *A brief introduction to Social Role Valorization: A high-order concept for addressing the plight of societally devalued people, and for structuring human services* (4th ed.). Plantagenet, ON: Valor Press, p. 81.

> ... 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.

A Brief Introduction to Social Role Valorization:
A high-order concept for addressing the plight of societally devalued people, and for structuring human services *(4th expanded edition)*
by Wolf Wolfensberger, PhD

"A long-held rationale of those of us who teach SRV Theory is that the material helps students to see the world from the perspectives of those who receive services and supports, rather than the service provider. Time and again, we hear students describe this as the single most important aspect of taking an SRV Theory course. They talk about how they now have new, or different, eyes with which to see and understand their world. Many describe the realization that *they* first had to change in order for them to address the issues and problems of the people they were assigned to teach or help. When they changed their perceptions of another person, they then changed their expectations of this person, along with their ideas of what the person actually needs and how to effectively address these needs" (from the foreword by Zana Marie Lutfiyya, PhD and Thomas Neuville, PhD).

A Brief Introduction to Social Role Valorization

A high-order concept for addressing the plight of societally devalued people, and for structuring human services
4TH EXPANDED EDITION

Wolf Wolfensberger

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Resources to Learn about Social Role Valorization

From the Editor

• **A brief introduction to Social Role Valorization**, 4th expanded ed. Wolf Wolfensberger. (2013). (Available from the Valor Institute at 613.673.3583)

• **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 Valor Institute at 613.673.3583)

• **A quarter-century of normalization and Social Role Valorization: Evolution and impact.** Ed. by R. Flynn *&* R. Lemay. (1999). Ottawa: University of Ottawa Press. (Available from the Training Institute at 315.443.5257)

• **A brief overview of Social Role Valorization**. Wolf Wolfensberger. (2000). *Mental Retardation, 38*(2), 105-123. (Available from the Training Institute at 315.443.5257)

• **An overview of Social Role Valorization theory.** Joe Osburn. (2006). *The SRV Journal, 1*(1), 4-13. (Available at http://srvip.org/about_articles.php)

• **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.

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

• **SRVIP Google calendar** http://www.srvip.org/workshops_schedule.php#

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

• **Twitter feed** @srvtraining

• **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)** 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' course taught by W. Wolfensberger *&* S. Thomas (DVD set)** purchase online at http://wolfwolfensberger.com/ or call the Training Institute at 315.443.5257

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

Living with Devaluation in Ourselves: Blind Spots to Denial

John Armstrong

Social Role Valorization (SRV) draws on a large array of pre-existing theories (or frameworks) for understanding the experience of devalued parties that has many implications for anyone wanting to improve such life experiences. It is very likely that as understanding within a contributing framework increases, so does the relevance and understanding of SRV's use of that framework. For example, Wolfensberger provided a marvellous model, comprising four components, for the formation of views about another party that incorporated so much of what is known about how humans perceive each other. This included the observer's own experience, the social mores and values of one's own culture, the physical realities of one's context, and finally, what one actually sees, though this last factor has surprisingly little impact given the expectations and stereotypes developed about a party by the preceding three components (Wolfensberger, 1998). It has become a central point of reference for much discussion about the problem confronting devalued people and the necessity to place new information into the mind of the perceivers **if** they are to perceive and treat people differently.

Much significance has been given to the part "unconsciousness" plays in fuelling the formation of judgements and resultant actions by an observer towards a devalued party; judgements that apparently occur so reflexively that awareness of one's own opinions, their sources and resultant actions remains very low.

Much SRV education is based upon increasing the "awareness" and "consciousness" of parties, especially those closest to devalued people, regarding these dynamics; the implication being that increased acknowledgement of our unconscious motives potentially permits a party to alter their devaluing responses to something more deliberate and hence pro-social and beneficial.

Certainly it seems we can't change what we don't acknowledge.

This is especially essential for anyone wanting to improve the perceptions held about a devalued party; one knows how easy it is for observers to clasp, hold and gather-in as much "evidence" as possible to legitimise their escalating low opinion of a devalued party.

Certainly the current SRV explanation of the dynamics of devaluation incorporates many studies demonstrating the need for clear answers about identity: "us-ness" and (others different from us) "them-ness" that develop into categories or stereotypes about people who potentially become devalued as a result. However, these same studies also reveal some nuances that could extend the sophistication SRV provides for understanding this process.

Clearly, perception is influenced by a number of crucial factors, including the nature and identity of one's primary relationships, the state of the physical environment, and the context of the social and moral environment. Such a combination has a mix of intrinsic and extrinsic factors that provide what are both unique to an individual as well as what are shared within one's culture and times. What emerges is a unique individual: a person with a set of viewpoints unlike anyone else, though there is considerable overlap with others contained within their own immediate environment and culture.

It is this robust singular viewpoint that positions a person to believe that their view of the world is correct and their perception of themselves as essentially Right, Good, Just and Fair. That is, the way one views the world and one's place in it is both a unique viewpoint that is never exactly the same as others–even those very close to one–but that is interpreted by each person as being the way the world should be viewed. It's the perspective that acts as our individually crafted lens to the world, which gives rise to our many reactions to it.

Of course, such a unique perspective of what should be is destined to be confronted by differing realities repeatedly. But it is the reality of oneself as Good, Right, Just and Fair that holds special interest for our topic, as such a perspective prohibits any thought, action or accusation which could throw doubt onto such a self-defining conclusion about oneself. After all, few people are ever completely consistent with such noble qualities (not that everyone realises that though), so what is one to do when one is faced with any contradictory reality about oneself?

For example, Leon Festinger (1919-1989) proposed a theory of Cognitive Dissonance which suggests that "a state of tension occurs whenever a person holds two (that is, different) cognitions (ideas, attitudes, beliefs, opinions) that are psychologically inconsistent" (Tavris & Aronson, 2007).

Thus anything we encounter that threatens our internal view of ourselves is likely to produce an internal disquiet or dissonance. But rather than alter our response or behaviour to be consistent with how we want to see ourselves (to 'walk' the 'talk'), cognitive dissonance theory suggests we most frequently alter our perspective to maintain and support our inconsistent actions, leaving our beliefs about ourselves intact. This is largely done by a series of escalating justifications and rationalisations that permit a person to deny the reality of their inconsistent actions and thereby reduce dissonance. That is, we can still live with ourselves and not feel guilty while violating our own standards. It also maintains a wonderfully even sense of self-esteem.

As Wolfensberger attests, devaluation is a negative judgement of another person that nonetheless meets certain important human needs even if they are not very noble (Wolfensberger, 1998).

Enter the "Pyramid of Choice" (Tavris & Aronson 2007). We believe the way we see reality to be a reflection of what is actually true, even though we all see many things in slightly different ways. Lee Ross calls this "naive reality," the mistaken conviction that we see the world clearly–as it really is. Such a delusion breeds many "blind spots" of the psychological variety that converges with SRV's use of "unconsciousness" to explain the origin of much devaluation. As Tavris and Aronson explain,

> …*dissonance theory is a theory of blind spots—of how and why people unintentionally blind themselves so that they fail to notice vital events and information that might make them question their behaviour or their convictions (2007, p. 42).*

> *Blind spots enhance our pride and activate our prejudices. (p. 44)*

There seem to be many reasons we all carry blind spots: it is not possible to take in the whole world and all information; we focus on those things

that interest us whilst remaining oblivious to that which holds little or no interest; we tend to favour, value and identify with what is familiar and reflexively devalue what is not. Interestingly, we seem to carry blind spots related to our privileges because it is in our interest to remain oblivious to them. After all, we may feel entitled to them or even guilty about them but we don't want them threatened or sacrificed.

For example, studies regarding the formation of prejudice and negative stereotyping indicate a feedback loop where observers not only give people negative stereotypes because it demonstrates how the observed are seen, but because such perspectives legitimize rejection. But we are not supposed to reject other people. How can this be resolved if I see myself as essentially good? "Oh, but they are animals, or eternal children or menaces ... " It is OK to reject them, and still feel good about ourselves as good, just, right and fair—even noble. That is, observers need to be able to devalue others because it can preserve 'us-ness' from 'them-ness,' and maintain a sense of legitimate superiority relative to a devalued party.

If we and others like us encounter someone who lacks our privilege (beauty, wealth, intelligence, health, possessions, competencies, beliefs, language, etc.) and especially if we perceive them to be threatening to our own state of wellbeing, we can take a series of immediate but low-level actions towards such a devalued party. But with each small step comes an immediate justification and rationale that supports the action. Each action grows in its infidelity to our own illusory values and thus requires a greater level of denial and justification to reduce its ensuing dissonance. With each justification comes a renewed commitment to our chosen course of action.

For instance, one might:
• only pay attention to information which agrees with one's own position (often referred to as "confirmation bias");

As Francis Bacon noted in *Novum Organum*:

> *The human understanding when it has once adopted an opinion draws all things else to support and agree with it. And though there be a greater number and weight of instances to be found on the other side, yet these it either neglects and despises, or else by some distinction sets aside and rejects, in order that by this great and pernicious predetermination the authority of its former conclusion may remain inviolate.*

• re-write history so as to reinterpret what one has done in a favourable light;
• make oneself the victim and thus entitled to retaliate;
• exaggerate the imagined harm inflicted by a devalued party compared to one's own "necessary" and "legitimate" actions (their evil is worse than our evil), also referred to as an 'exonerating comparison' (Waller, 2002);
• deepen the devaluation of a party so as to justify harsher actions (perhaps as some non-human category, animal, menace, pestilence, disease);
• further deviancy image the devalued party as evidence that they deserve and even like the bad treatment.

IN COLLECTIVE CONTEXTS, justifications and rationalisations abound even further due to loyalties, diffusion of responsibility to other parties, including tacit or explicit permission from authorities and public opinion, the spreading and exaggeration of rumour, and enacting only fragments of actions so that one never feels responsible for the larger state of affairs of a party (as can be the case in large bureaucracies).

Devaluation can be seen as a mechanism bringing psychological harmony to a party, enabling that party to escape self-censure, avoid guilt (a very painful emotion) and maintain the illusion of remaining Good, Right, Just and Fair.

Devaluation can be seen as a precursor to harm-doing, but also the result of harm-doing. If a person harms, abuses, assaults or otherwise treats badly another person, the assaulting party, according to Cognitive Dissonance theory, will further devalue the party as a defence against the violation of their own standards. One frequently sees the deeply disturbing trend of an attacked person being further hated by their assailant after the attack (as in many instances of rape and other forms of assault against an innocent victim).

Rather than an outburst offering catharsis leading to a reduction of anger and hostility (as Freudian perspectives might suggest), the need to reduce dissonance in the face of mounting hostility leads to an intensification of devaluation, because it is urgently needed to preserve a favourable view by the attacker of themselves; e.g., "They had it coming," "Someone needed to teach them a lesson." This could explain why remorse is seldom observed in perpetrators.

The more innocent and helpless the victim, the greater will be the perpetrator's (and their allies) need to engage in intense devaluation in order to maintain self-worth. Evidence the strident denial and outrageous claims of justification of the Turks regarding the Armenian genocide nearly 100 years ago, and more recently the Sri Lankan government's vehement denials in the face of conclusive evidence of appalling atrocities against Tamil civilians by its military.

As one ventures down this side of the pyramid, four additional aspects are evident:

1) A party will end up doing things, well removed from anything they ever imagined was possible for them in the beginning;

2) It is less likely they could ever retreat, admit fault and change. Only rarely does one see someone admit wrongdoing and demonstrate remorse. They have now become so deeply invested and irrevocably attached to their perspective, parties tend to stick to their story of being right and justified; e.g., "they had it coming." Wolfensberger comments when describing the impacts of wounding that the conscience of perpetrators is likely to become more blighted to the significance of their actions (Wolfensberger, 1998).

3) As a party travels down the pyramid, that party is less blind or unconscious about its actions; the party is merely deluded about its blameworthiness. A school bully or a brutal spouse is not unconscious about what he or she is doing; they just don't think it's wrong.

4) This process of progressive devaluation and justification of small steps that weaken the conscience to such acts, is on the same continuum as mass killing and genocide. SRV (or some of its teachers) sometimes imply that devaluation and wounding are unconscious and therefore unintended while genocide and mass killing are deliberate and premeditated. On the other hand, Cognitive Dissonance theory (and studies of genocide and mass killing) would suggest devaluation, wounding and killing are just part of the same continuum of escalating small steps involving devaluation, justifications, and manipulations of evidence and increasing commitments.

In other words, the claim that our devaluations are due largely to our individual or collective unconsciousness (and therefore render us innocent) is itself a potential cop-out from the liability we bear. It could be more accurate to describe our mental state as one of denial, rather than a lack of consciousness. Denial means we know, and choose not to know at the same time (Cohen, 2001). This is reflected in William Wilberforce's famous words to the House of Parliament prior to its members voting on his Abolition Bill in 1789: "You may choose to look the other way but you can never again say you did not know." When confronted with evidence, many find it very difficult to accept culpability. As Oliver Wendell Homes Jr. said: "Trying to educate a bigot is like shining a light into the pupil of an eye–it constricts." After all, it took another 18 years before that Parliament passed the Abolition Bill.

Cognitive Dissonance also explains why a person who performs a favour, is helpful or in some

way pro-social towards the interests of another party, will tend to also like that party more after enacting such service to them. Such warmth of feeling is likely to provoke another cycle of benefit with its resultant increased favour held toward the recipient party, thus strengthening a virtuous circle.

In fact, SRV seizes upon this potential dynamic by positioning devalued parties to appear favourable to the perceiver (by holding the competencies and images associated with valued social roles) and thereby opening the potential for identification to occur towards the formerly devalued party. Cognitive Dissonance theory suggests that the observers, as they become a positive participant in a (devalued) party's life, will enlarge their regard for that person. This both challenges fixed and stereotypical mindsets, and positions an observer so that they might re-assess their stereotypes and devaluations towards not only this (devalued) party but potentially the entire class of people the party represents.

What are some of the implications for the teaching of SRV?

• There is possibly some room to elaborate within the theme of unconsciousness the existence of 'blind spots' (which are unconscious) to the emergence of denial, its motivation and its consequent manoeuvres utilising the contributions from cognitive dissonance theory;

• The goal of awareness-raising about the process of devaluation could now incorporate elaborations about how humans "need" to alleviate and relieve guilt and "need" devaluation as a way of doing that, as well as the need for self-definition that is currently part of SRV 10 Theme events;

• The potential elaboration of the processes involving the evaluation of others and its effects upon theories-of-self may have implications on the themes of role expectancy and mindsets;

• Devaluation and wounding can now be seen as an entrée to a continuum which at its extreme encompasses killing and genocide that can be more fully acknowledged rather than such topics being treated as a separate dynamic, perhaps associated with deliberate acts of 'evil.'

What work can people do on themselves to help ensure they do not succumb to the illusion and seduction of maintaining a good opinion of themselves while negatively stereotyping and treating others with contempt? Indeed, people might need and feel relieved to discover SRV and its emphasis on the dynamics of unconsciousness as an escape by falsely illustrating how noble their intentions against their unconscious actions. Consider for instance how much "person-centred" language has been applied to situations that have shown no improvement at all while agencies and personnel make claims to excellence (Kendrick, 2009).

Can we know our own heart? Is it possible to really be honest with oneself and not enter the undemanding state of self-delusion? Delusion is so much easier to see in other people, and yet to confront such perspectives in ourselves is a significant challenge. Unconsciousness is at play, but the assertion of this article is that devaluation initiates an elevation out of the unconscious to many types of denial and justifications (both personal and collective) which constitute a convenient choice which serves to maintain self-worth.

This discussion has incorporated a short examination of Cognitive Dissonance theory as it might apply to SRV's understanding of devaluation. The purpose has not been to challenge SRV; on the contrary, it has meant to strengthen the social and psychological basis of SRV, especially with respect to the dynamics of devaluation and wounding, and thus to keep pace with empirical developments that further ground SRV in what is known about how humans evaluate and treat each other. ∾

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A Progression of Post-Introductory Workshops for Teaching Social Role Valorization-Based Evaluation of Human Services

Joe Osburn

Overview

THIS TWO-PART ARTICLE is aimed at readers who hold the following basic assumptions about the teaching and implementation of Social Role Valorization (Wolfensberger, 1983b, 2012, 2013): first, that Social Role Valorization (SRV) is important for human service practice (see Kendrick, 1994; Lemay, 1995; Thomas, 1999); and second, that using SRV theory to assess the quality of a service greatly strengthens understanding of SRV and proficiency in putting it into practice. Most readers who desire to help others learn SRV hold these two assumptions. Among such readers are: trainers of other SRV trainers (Thomas, 2004), such as those who teach SRV

and PASSING (Wolfensberger & Thomas, 2007) workshops; people who are at various stages of becoming SRV trainers themselves (Thomas, 2004); college and university faculty members who teach SRV courses; members of national, regional and local groups that promote and carry on SRV teaching; and people who sponsor SRV training for constituents of particular organizations and locales. While most such readers will be familiar with the types of SRV training opportunities currently offered, my purpose is to expand their vision of training possibilities beyond the present status quo. I believe this article also has relevance to readers who are only primarily interested in increasing their own or others' SRV competencies in general, aside from trainer formation.

Part One presents the main ideas; it is the more important of the two parts and can be read separately. Part Two is a supplement which provides a variety of concrete examples of the "post-introductory" training options described in Part One.

Introduction to Part One

THIS PART DESCRIBES the current situation of limited options for "post-introductory" SRV-based evaluation training, identifies the problems arising from this limitation, and suggests ways to address these problems by significantly increasing the array of available options. It shows readers that many more types of SRV training options are not only conceivable, but also how

they themselves can readily design and offer new SRV-based evaluation training workshops based on variations of four key elements: (1) the evaluation instrument(s) taught and used; (2) the type and number of practicum sites each trainee team assesses; (3) the responsibilities assigned to trainees during the training; and (4) the overall level of challenge presented to trainees by the assessment model and its processes. Before further explaining these adaptations, I will first describe the training options we have at present.

Current Options For Training in the Social Role Valorization-Based Evaluation of Human Services

THE NUMBER AND TYPES of options for training people in SRV-based evaluation of human services are fairly limited, and this limitation poses certain problems. The SRV training culture commonly offers only four types of options to people interested in learning SRV, and in learning how to evaluate the SRV quality of human services: an introductory SRV workshop, an introductory PASSING workshop, an "Advanced PASSING" workshop, and a "consultation assessment." Together, these are the primary means for developing SRV teaching/training leaders. The first two types of options, introductory SRV and PASSING workshops, are fairly widely available, and individual trainers of these often incorporate their own format and process adaptations; the latter two options are not widely available and, in fact, are fairly rare. Each of these four types of SRV-based evaluation training options are briefly described below.

Introductory Social Role Valorization Workshops

MOST PEOPLE BEGIN THEIR TRAINING in Social Role Valorization by attending a multi-day introductory SRV workshop. Such introductory workshops are by far the predominant type of venue for teaching SRV. Whatever its length and format, this workshop provides the basic training

in SRV, introducing participants to the essential purposes of SRV, its core thematic ideas and principles, and its major implications at various levels of social endeavor on behalf of people (at risk of being) devalued in and by their society. Most people who receive introductory SRV training at such workshops stop there, and do not go on to further SRV training.

On this point, it should be noted that any additional SRV training following introductory training is really "post-introductory." The other three current options thus fall into the post-introductory category. Also in this category is the option of repeating introductory training, which some people do. That is, they attend one or more introductory SRV workshops after their first one, but often in a role other than ordinary participant, such as small group discussion leader, presenter, or trainer, and possibly doing so many times.

Another plausible, but as yet unmentioned, post-introductory option is a four-day "Advanced Social Role Valorization Workshop." Wolfensberger and Thomas conducted such a workshop in Indianapolis, Indiana (USA) in 1999. But, since that was the first and so far only time an advanced SRV workshop was presented, it cannot be said to represent a common or easily accessed option. However, there is certainly a continuing need for training in advanced SRV issues, so it is worth knowing that such a workshop is at least potentially available in the general SRV training repertoire, and could well be offered again if there were sufficient demand for it.

Introductory PASSING Workshops

WORKSHOPS THAT PROVIDE INTRODUCTORY TRAINING in PASSING (Wolfensberger & Thomas, 2007) are the second type of option. PASSING is the predominant instrument for assessing SRV service quality. Introductory PASSING workshops mainly use applied learning in a "hands on" team approach, and are thus more specialized than introductory SRV workshops which typically use a presenter-participant or teacher-student

format. Also this second option focuses on the application of SRV knowledge in the evaluation of human services as a means to learn SRV implementation in more depth. In fact, by far the best way for people to really learn SRV once they have been exposed to it through introductory training is by practical application; and so far the best way for them to get trained in the practical application of SRV has been by undergoing training in PASS-ING. Because having attended full introductory SRV training is prerequisite to attending PASS-ING training, the introductory PASSING workshop is sometimes looked upon as "part two" of a two-part course of introductory SRV learning.

There are several good reasons why it is important for people to learn SRV-based service evaluation, and to maintain and increase their capacity to use it on an on-going basis. One reason is that such evaluations are highly structured and concentrated opportunities for contemplating the realities of devaluation and the nature of human service. In turn, this can powerfully aid one in internalizing and renewing one's commitment to the practices, principles and underlying assumptions upon which SRV rests. This type of training helps participants to see how SRV applies directly and concretely to real services and service recipients. SRV-based evaluation is also a powerful tool for analyzing and gaining essential insights into both human services and the human condition (Flynn, 1999). Most importantly, this type of evaluation offers a major potential quality safeguard of service to societally devalued people and their life conditions (Flynn, 1993; Flynn, Dansereau, Duteau & Ely, 1990; Wolfensberger, 1983b, 1995; Wolfensberger & Thomas, 2007).

As most readers know, the standard format for introductory PASSING training workshops (Wolfensberger, 1983a) has tended to be as follows (with only slight occasional variations). They are usually about five days in length, with one or more teams of participants conducting two practicum assessments each, of different types of services, during the first four days, and reconven-

ing in plenary session on the last day to hear (and learn from) oral reports of each team's assessments, comments from senior training personnel, and a variety of wrap-up and concluding presentations.

The practice of each team conducting two practicum assessments has always been most strongly recommended for all leadership-level introductory PASSING workshops (as it had always been for all introductory PASS workshops). Even though this recommended practice is sometimes not followed, there are at least five strong rationales for it.

First, experience has shown that when trainees assess two services within an introductory training event, then usually things "click" for them at the second practicum site. This seems to happen because almost all their mental energies are occupied during the first practicum with the initial problem of simply becoming familiar with the assessment tool and its basic application; once this hurdle is cleared after the first practicum, participants are "freed-up" during the second practicum to increase their level of adeptness and familiarity with the tool, and "cement" the learning they began with the first practicum.

Second, the concentrated experience of conducting back-to-back assessments of two fairly disparate services very effectively demonstrates the relevance of SRV to human service endeavors or concerns of all kinds, as well as the breadth and scope of the SRV-based assessment instrument(s) used, and the universality of many human service issues.

Third, there is the advantage of "massed practice" in increasing participants' competencies which comes with back-to-back assessments because they are events of considerable intensity that are contiguous in time and mutually reinforcing (three factors known to impact powerfully on what people learn and remember).

Fourth, an additional advantage for the participant is time-efficiency because several days of travel, related expenses, and orientation are saved by attending only one double-practicum event compared to having to attend two single-site events.

Fifth, the final workshop plenary session (during which team leaders present assessment experiences, from which the senior training personnel also draw and offer important high-level lessons) is–at least potentially–a richer learning opportunity due to the greater number, variety and depth of assessment experiences which can be incorporated into a double- (vs. single-) practicum workshop.

Most people stop their formal (i.e., workshop- or university-based) SRV training after receiving introductory PASSING training and go no further with it, which is to say that most do not attend another SRV training event. Thus, this type of event has been not only the main SRV training option for most people, but also, for all practical purposes, their stopping point. Introductory PASSING training has been offered frequently throughout North America and Australia, and less often in Great Britain. However, it is important to understand that introductory PASSING workshops have been the work-horse training event for developing SRV-based service competency, even at a post-introductory level. In other words–for people who wanted to go on and learn more about SRV-based service evaluation–going to other introductory PASSING workshops was practically their only option simply because few other options were available. Some people repeat introductory training one or more times either as an ordinary participant or in another role, such as one of those described later in this paper in the section on "Assignments of Specific Roles to Individual Trainees."

The two remaining types of training (described below) that people were eligible to attend after their introductory training were also available, but only infrequently and only to small numbers of people.

The "Advanced PASSING" Workshop

After one has received training in PASSING, and if the opportunity presents itself, one may then go on to attend what has been called an "Advanced PASSING Workshop." The fact that relatively few such workshops have been held to date is largely explainable by the fact that they place demands on participants–both trainees and trainers–that are exponentially greater than those they encountered in their introductory training. This point is elaborated in a later section of this paper. There are certain general similarities in the process and format of introductory and those advanced PASSING workshops which have been held to date. However, there are also significant differences between them, as one would expect, the main ones of which are the following.

1. All "Advanced PASSING" workshop participants had previously participated in at least one introductory PASSING training workshop.

2. All "Advanced PASSING" workshop participants were expected to possess at least a fairly strong elementary grasp of the PASSING tool and the processes of its application to human services.

3. In addition to PASSING itself, a PASSING-adjunct rating called "Model Coherency Impact" (MCI) was also applied to the services assessed in most "Advanced PASSING" workshops to date. MCI was not part of PASSING, but rather was a complex rating formulated separately by Wolfensberger, and explained thoroughly in an unpublished manuscript of approximately 100 pages (Wolfensberger & Thomas, 1995) that was made available to leaders and trainees of these Advanced PASSING events. Essentially, it was concerned with whether the major programatic elements of a service, i.e., the fundamental underlying beliefs and assumptions, the service content, and the various service processes, fit together harmoniously with each other and relevantly address the needs and identities of the people served so as to have a positive impact upon them. MCI was based on the old "R113 Model Coherency" rating of the third edition of PASS (Wolfensberger & Glenn, 1975), which itself was based on the rating of "Service Specialization" of the second edition of PASS (Wolfensberger & Glenn, 1973). However,

it is important to note that MCI and its predecessor ratings are now superseded by the new "Model Coherency Rating Tool" (Wolfensberger, 2014).

4. In addition to the 42 PASSING ratings and MCI, some "Advanced PASSING" workshops to date have also applied parts of PASS. PASS is a complex instrument that measures several different aspects of human service quality, the primary one of these being "normalization." However, because normalization has been superseded by Social Role Valorization, this part of PASS has correspondingly been superseded by PASSING, and is thus no longer much used. However, the two sections of PASS containing 16 ratings of "Ideology-related Administration" and "Administration" are still very useful for certain types of post-introductory training in order to evaluate other areas of service quality besides those related to SRV, and as noted, have been used in some of the "Advanced PASSING" workshops held to date.

5. Most "Advanced PASSING" workshops to date have been six days in length. Much of the first day has been devoted to presentations on MCI and parts of PASS, as well as team meetings, etc. The remainder of the first day, days two through five and, if necessary, the morning of the sixth and last day of the workshop have been devoted to an in-depth practicum assessment of only one service, rather than two. The remainder of the last workshop day is taken up with reports and various wrap-up and closing plenary presentations.

6. The services used for the practicum settings have usually been ones which were of either intermediate or high levels of assessment difficulty (see Table 2), and thus (a) were either somewhat or a great deal more difficult than introductory workshop practicums, and (b) presented a significantly greater level of assessment challenge to team members than were posed in introductory PASSING workshops.

"Consultation Assessments"

THE OTHER DEVELOPMENTAL OPPORTUNITY for SRV-based service evaluation training that cur-

rently exists is what has generally been called a "consultation assessment." This kind of assessment is one that is conducted outside of or apart from an SRV-based evaluation training workshop. It is usually done for the combined purposes of providing (a) further training to members of the assessment team under conditions that come closer to those of real assessments than do workshop practicum assessments, and (b) the assessed service with a real or near-real evaluation. The experience of consultation assessments in Georgia, Indiana, Massachusetts, and Pennsylvania, which are among the few places in which such assessments have been conducted, has shown that the benefits in team members' learning have generally far exceeded the benefits to the agencies/programs which have been assessed (though these, too, have often been significant).

Consultation assessments usually are arranged by mutual agreement among the parties concerned in areas where there are: (a) one or more PASSING leaders, (b) enough PASSING-trained people with potential interest in participating as team members in such an assessment, and (c) a service that wants, or at least is willing to submit itself to, a consultation assessment. Most often the assessed service is one that is familiar with SRV, if not also with PASSING, desires or is at least open to feedback on its SRV performance, and is swayed by the substantially lower costs of a consultation assessment compared to a real one. The senior PASSING leadership invites team members with at least introductory experience to participate in the assessment, and arranges for a very experienced person to lead it. In most instances, the service being assessed pays for the services of the team leader; other team members are sometimes paid a small stipend to offset expenses, but most often participate without reimbursement solely in the interests of their own learning; in real assessments team members are usually paid a stipend and have expenses covered. Consultation assessment teams may spend up to a week on-site, carrying out direct program observation, inquiries

and other formal and less formal contacts, analysis and organization of findings, etc., and additional post-site time devoted to report preparation and other possible follow-up activities. In every such assessment to date that I know of, a written report has been produced and submitted to the assessed service, and typically is followed-up afterwards by meetings with the service leadership to discuss the reported findings.

Consultation assessments have been conducted on a variety of types of services. Most often these have been services of multi-component agencies or sectors of agencies, in which the team assessed several or even all of the different service components at the same time (e.g., all of the residential programs of a medium-sized agency serving adults with physical and mental impairments). In such instances, while the assessment may have been fairly complex overall, each assessed component itself has usually presented only a relatively moderate or low level of challenge (see Table 2). Thus, the "post-introductory" character of the training received by team participants derived as much from the inherent conceptual challenge as from the experience of working usually five to seven very full days with other experienced teammates and an even much more experienced team leader. However, several consultation assessments have been conducted on conceptually fairly challenging programs or agencies.

Usually, a range of SRV-based evaluation competency is represented on consultation assessment teams: some team members may be quite expert in PASSING and other types of SRV-based evaluation of service, others may be at or near the level of competent SRV-based evaluators, still others may be relative novices. For example, someone with very little or even no previous PASSING training may participate on a consultation assessment team in the role of observer and "non-official team participant" (see Wolfensberger, 1983a, 31). When the latter type of participation is arranged for someone, it is important that it be done for reasons which are valid, well-thought out, and highly individualized to the person involved.

Although a consultation assessment could potentially provide an effective learning opportunity for people, not very many such assessments have been conducted to date, which means that only a small number of people have had the opportunity to participate in them. However, for those who have done so, a typical sequence has been to attend one or more introductory SRV workshops, then attend one or more introductory PASSING workshops, and then participate on a consultation assessment.

Though in several places above I have referred to a "typical sequence" of training steps, obviously many other permutations are conceivable in terms of the potential interconnections and pathways people may actually take for further SRV/ PASSING training.

Problems Stemming From a Shortage of Options for Post-Introductory SRV-Based Evaluation Training

THE ABOVE-DESCRIBED SITUATION of few post-introductory training options means that people wanting to learn more about SRV-based service evaluation after initial introductory PASSING training do not have many ways to do that. Most who do pursue further learning do so by simply attending another introductory workshop, perhaps more than once. However, repeated attendance at the same type of event may not be the most efficient way to advance one's competency in SRV-based service evaluation, though it may effectively safeguard and renew one's existing skill levels. Also, the additional benefits to be gained from repeating introductory training are bound to reach a point of diminishing returns, not to mention diminishing interest. Further, as noted above, the "consultation assessment" option has been very infrequent, and therefore (for all practical purposes) closed to most people. Or, one may wait until the opportunity to attend an "Advanced PASSING" work-

shop is offered. While this type of option certainly constitutes "post-introductory" training, such workshops have been held much less frequently than introductory PASSING workshops, and in fewer locales: most of these were held in North America, and at least one in Australia.

This scarcity of available training options has had at least five problematic outcomes.

1. Most people who have participated in introductory PASSING training have never taken part in an "Advanced PASSING" workshop or a consultation assessment, and some may not even be aware that these options exist. Further, the "Advanced PASSING" workshops that have been offered to date have usually been attended by only a handful of people on each occasion. This has meant that most people who have completed introductory PASSING training probably will not progress much beyond a basic level of competence in applying SRV.

2. The current situation for SRV-based training lacks a progression of small incremental steps to facilitate a learner's development. Going directly from introductory PASSING training to "Advanced PASSING" workshops has been problematic, because it was an attempt to encompass, in one single event, multiple distinct challenges: (a) learning parts of PASS, a tool that was new to almost all of the participants; (b) learning a new and abstract theoretical construct (model coherency); (c) learning a new rating (MCI); and (d) learning to assess a more difficult service. Each such challenge could be sufficiently difficult to tackle on its own. Thus the difference between introductory PASSING and "Advanced PASSING" has been almost like the difference between, let us say, getting an elementary school education, then skipping high school and going straight to college, a very big and difficult transition.

3. Relatedly, the current situation does not accommodate persons with different levels of PASSING skill, needs, or interests. For example, the "Advanced PASSING" workshops to date have been attended by people whose SRV/PASSING training needs and competencies differed greatly from one another. On the positive side, it should be noted that some "Advanced PASSING" workshops have offered two alternative levels of challenge for participants to choose between. This practice harkens back to the 1970s when senior trainers in some "Advanced PASS" workshops dealt with a wide diversity of participants' training needs and competencies by employing a multi-track system based on participants' performance on an objective test of their general PASS knowledge (Wolfensberger, no date). While that "tracking system" certainly had its advantages, it was a strategy dictated by the lack of other training options, and was problematic for other reasons too. For example, besides management complexity, it was fairly crude by model coherency standards, and it left some participants feeling that they had been put into the "dumb" track because they had flunked or done poorly on the test–which may indeed have been the case.

4. The current options for post-introductory SRV-based evaluation training rest primarily on PASSING. However, there are other powerful tools for SRV-based evaluation, such as the aforementioned Model Coherency Rating Tool. Also, as noted, elements of PASS teach aspects of service quality that are not related to SRV or to its predecessor, normalization, and those parts of PASS can be used in conjunction with PASSING. While these tools have been incorporated into the few "Advanced PASSING" workshops held thus far, the the constrictions of the workshop allow for only cursory reviews of the concepts upon which these tools are based. In fact, until they actually attended these "Advanced PASSING" workshops, most participants had not been exposed to, and may not have been aware of, these other relevant evaluation tools, even though they were expected to use them throughout the workshop after only a relatively brief orientation. Some people have been able to manage these very major learning challenges (although not without substantial difficulty), and others (perhaps most) have found the

experience to be very problematic and almost too difficult to manage.

5. The seldom-offered "consultation assessment" option also: (a) is perforce restricted to very small numbers of people (just one team), and (b) has mixed purposes (i.e., training and evaluation), and thus may lack the coherency and incisiveness of an assessment designed to achieve a single overall purpose.

All this leads to the conclusion that it would be very desirable to have available many more types of post-introductory SRV-based evaluation training options beyond what presently exists. Fortunately, such increased availability is quite feasible within the current competencies of the SRV training culture.

Design Adaptations for Multiple Potential Options for Post-Introductory SRV-Based Evaluation Training

In order to progress in SRV/PASSING-related competence commensurate with their abilities and interests, many people would need–and probably also prefer–other types of SRV-based training opportunities after introductory PASSING training: opportunities which offer manageable developmental gradations (i.e., bridges or stepping-stones) from which they could select according to their own comfort and competence levels, and which might lead them on to ever more advanced SRV competency. This process of manageable developmental progression is not really accommodated by the present limited range of post-introductory opportunities. Thus, what we need is a greatly expanded range of post-introductory types of workshops.

If they wanted to, senior PASSING trainers, and others within the SRV/PASSING training culture, could easily conceptualize a multiplicity of additional such options. Moreover, they could then be in a position to offer and actually conduct different types of post-introductory training events tailored to their constituents' learning needs, goals and interests.

The key to designing multiple options is to build SRV-based evaluation training events around adaptations in one or more of four variables common to such events: (1) the evaluation instrument(s), (2) the type and difficulty of practicum site(s), (3) the number of practicum sites, and (4) the types of assignments given to trainees. Adaptations of these variables could be applied to the design of (a) specific training workshops, (b) consultation assessments, or (c) curricula for continued education and professional development in SRV. I will now further elaborate each of these four key design features, and sketch examples of potential adaptations.

The Evaluation Instrument(s) Taught and Utilized in the Training

One key dimension of post-introductory SRV-based evaluation training is the method of assessment to be utilized. The three tools most commonly taught are PASSING, Model Coherency Rating, and (parts of) PASS. Each of these tools is constructed so that it can be taught and/or used alone in training, or in combination with one or both of the other two. As shown in Table 1, no less than six different types of events can be designed and offered just by varying this one dimension alone.

Table 1

Six combinations of assessment tools which can be used in post-introductory SRV-based evaluation training

- PASSING only
- PASSING & parts of PASS
- Model Coherency Rating Tool only
- PASSING & Model Coherency Rating Tool
- Model Coherency Rating Tool & parts of PASS
- PASSING, Model Coherency Rating Tool & parts of PASS

Other (variations of) training options could be designed around the use of yet other assessment tools, aside from these three. For example, one could use a "short form" of PASS or PASSING as a training tool in certain instances, such as a "consultation assessment." Or, FUNDET (for "Funding Determination;" see Wolfensberger *&* Glenn, 1975) could be used to build other types of training options that could be highly relevant to some constituents. FUNDET is an adjunct tool to PASS for evaluating human service projects, plans, and proposals–apart from determinations of their (potential) service quality–according to the goals and priorities of their (potential) funder(s). FUNDET can be used either on its own or in conjunction with PASS, PASSING, or other service quality-assessing instruments. Although FUNDET is rarely used or even taught (for reasons that have nothing to do with its potential utility), it is nevertheless one of the most practical tools of its kind, and would probably be of great interest to participants in the types of post-introductory SRV-based evaluation training events that use PASS. FUNDET could be relatively easily incorporated into a practicum in one of these types of events if enough additional time were made available.

The Type and Difficulty of Practicum Site(s) To Be Assessed

A SECOND KEY DIMENSION of post-introductory SRV-based evaluation training has two aspects to it: the type(s) of practicum sites used in the workshop, and the degree of difficulty or challenge these pose to the trainees. Different kinds of workshops could be constructed simply by varying the types of human services to be used as practicums; since there are so many of these, the potential for adaptations is enormous. There are good reasons why one might want to design a workshop that focuses on a specific type of practicum site. For example, one might want to do so as part of an effort to teach a group of mental health service planners and administrators what

constitutes high SRV service quality in a mental heath service.

Relatedly, different kinds of workshops could be developed by varying just the level of difficulty of the workshop practicums. At least three points should be considered.

First is the degree of formality of the service to be assessed. Training practicums virtually always are and should be formally organized human services of some kind (e.g., part of a service agency), as opposed to informal service arrangements such as family members caring for each other, neighborly assistance, one friend helping another, direct voluntary advocacy by one or more people on behalf of one or more others, etc.

Second, if workshop teams conduct assessments of more than one practicum, team members' learning is generally enhanced if the assessed sites are significantly different from one another in the kinds of service(s) provided and the types of clients served (and possibly also in other dimensions as well). For example, the recommended practice for teams in introductory PASSING workshops is to evaluate a residential service for one type of service recipient as its first practicum, and a non-residential service for a different type of recipient as its second. The same rationale would probably also apply to most types of post-introductory training events, unless there were a stronger reason to alter this pattern.

Third is the level of challenge presented to trainees. While virtually any kind of formal human service can be (and has been) assessed by PASS or PASSING, not every kind of service is equally suitable as a practicum site for every workshop. For example, because team members in introductory workshops are learning the basic content and processes of the PASSING tool, the practicum sites used in such workshops should be relatively simple and straightforward settings, though senior trainers have sometimes permitted complicated settings to be used, either through errors of judgment or for non-programmatic reasons, such as "political" concerns. Complicated practicum

settings would not be appropriate for introductory SRV-based evaluation training, but might well be for certain kinds of post-introductory training. For some such post-introductory workshops, practicum sites of "intermediate-level" difficulty would be appropriate, while even very "high-level of difficulty" settings would be suitable for still other types of post-introductory training.

Table 2 shows examples of some types of human services classified into three tiers according to their likely level of difficulty as practicum sites for SRV-based evaluation training workshops. Shown in the first tier are service types that typically present a fairly low level of practicum difficulty, and thus are appropriate for introductory SRV-based evaluation training, and for some types of post-introductory training. Sites shown in the second tier are examples of ones that are typically of intermediate level difficulty and would be appropriate for many types of post-introductory training workshops. Examples of high level of difficulty sites shown in the third tier would be appropriate only for types of post-introductory training presented to be very challenging for trainees.

Table 2

Examples of Various Kinds of Human Services Classified by Levels of Difficulty as Practicum Settings in SRV-Based Evaluation Training

LOW
  group home, unit (ward or section) of certain large institutions or nursing homes, sheltered workshop, day activity program (e.g., for handicapped adults), elementary or secondary school classroom, kindergarten and certain other kinds of early childhood programs, some recreational programs

MODERATE
  apartment cluster program, entire nursing home, service which provides supports to individual recipients in diverse sites, some

camps, so-called "social club" or day socialization program, "senior citizens' center," day care center, small school, transportation service

HIGH
  psychiatric or "forensic" unit, prison, certain types of shelter &/or emergency service, foster care or adoptive service, drug & alcohol abuse program, respite service, certain types of "hospice" programs for people said to be dying, various kinds of "in-home" services

One way to construct such a post-introductory training event would be to have somewhat simpler assessment sites assessed by some teams in the workshop, with yet other teams in the same workshop assessing much more difficult sites. Another potential variant could be built around the assessment of multi-component services or service systems (see Wolfensberger, 1983a, 109-124). For example, a single multi-component service agency, or even an entire service system, could be assessed. Either several teams or one team could assess an entire service system or a service subsystem, as long as (a) the (sub-)system was one of "manageable" size and complexity that could be assessed within a training context, and (b) the parameters of the assessment were clearly delineated. For example, a small regional service system, or even a somewhat large multi-component service agency, could be assessed as part of such a training event. One team, or sub-team, could assess the residential services component of such an agency or system, another team or sub-team might assess the vocational services component, another the central support functions, and so on.

The Number of Practicum Sites Used in the Training

As IMPLIED ABOVE, another key feature of SRV-based evaluation training is the number of practicum settings to be assessed by each team in the workshop. Theoretically, with sufficient time,

willpower and resources on the part of those involved, almost any number of practicum assessments could be built-in to the design of a post-introductory training event. However, since the "law of diminishing returns" would quickly set in after two practicum sites, the real choice in practice would be between either one or two sites per team. Yet, even just this small amount of variance allows the design of quite a few different kinds of post-introductory training workshops, especially when combined with one or more of the other adaptations suggested herein. For example, there could be several different types of one-site workshops, and several different kinds of two-site workshops. Some examples of these are noted in Table 3.

Table 3

Examples of Post-Introductory SRV-Based Evaluation Workshop Variations By Number & Type of Practicums Assessed

- A workshop where each team assesses 1 practicum of Low Difficulty

- A workshop where each team assesses 1 practicum of Moderate Difficulty

- A workshop where each team assesses 1 practicum of High Difficulty

- A workshop where each team assesses 2 practicums of Low Difficulty

- A workshop where each team assesses 2 practicums of Moderate Difficulty

- A workshop where each team assesses 2 practicums of High Difficulty

- A workshop where each team assesses 1 Low Difficulty practicum & 1 Moderate Difficulty practicum

- A workshop where each team assesses 1 Low Difficulty practicum & 1 High Difficulty practicum

- A workshop where each team assesses 1 Moderate Difficulty practicum & 1 High Difficulty practicum

Yet, one should be aware that while a double-site post-introductory event is conceivable, the rationales for conducting such an event are neither the same nor as compelling as those for introductory training events (cited earlier). Thus, anyone interested in conducting such an event should be very clear about the reasons for doing so. (This variation is different than ones suggested earlier in which some teams assess a simple site and others assess more difficult ones.) On the one hand, a double-site post-introductory event may have certain significant advantages. For instance, there could be a double-site event in which each team would assess one easier and one more difficult site for the purpose of combining a "refresher" practicum experience with a more challenging one. On the other hand, a double-site post-introductory event would always have some major disadvantages, such as the three noted below.

1. The primary disadvantage is that such events could be very long. Participants might be required to commit almost twice as much total time to a double-site workshop as to a single-site one; i.e., some such events might require anywhere from 7 to 9 or 10 very full days, with each practicum setting requiring three or more days to assess.

2. Relatedly, double-site variations would place very heavy physical, intellectual, and other types of demands on both trainers and participants, and such demands would increase with the degree of difficulty inherent in adaptations made in the other dimensions.

3. They would be logistically more complicated to arrange and carry out, and thus probably much less likely to be held frequently or even regularly.

Because these disadvantages would weigh especially heavily on the more advanced types of training options, those types of events would only be suitable for people who are prepared to engage in a lengthy, intensive and extraordinarily challenging post-introductory training experience. Further, those conducting such events would need to clearly distinguish not only what types of challenges would be involved, but also how desirable and manageable they would be. For example, one type of challenge in terms of practicality is setting aside enough time, and getting away from other responsibilities long enough, to attend the event. Another type of challenge, which may be even harder to deal with, is the degree of (a) intellectual ability, and (b) adeptness with the assessment tool(s), required by the event.

Thus, a double-site post-introductory training event should not be misconstrued as being merely "the same as a single-site option, but doubled."

The Types of Assignments Given to Trainees During the Workshop

THIS FOURTH KEY FEATURE of trainee assignments in post-introductory SRV-based evaluation workshops also contains two elements which lend themselves to design adaptation: trainee roles and trainee tasks. Each is discussed below, beginning with roles.

Assignments of specific roles to individual trainees. All of the types of training options described/implied above afford opportunities for trainees to acquire, increase, or practice specific skills in the following roles related to SRV-based evaluation competency (see Wolfensberger, 1983a, 19-32):

- trainee team member
- team report-writer
- assistant team leader
- team tracker
- team leader
- external team consultant/"floater" (not a team member)
- senior trainer (not a team member)

Generally speaking, there are two groups of people in SRV-based evaluation training events: the workshop participants or trainees and the workshop leadership. Within the leadership group are people in the roles of "team leader," "floater" and "senior trainer." They are in charge of leading the training event, and their most important responsibility is to teach those in the trainee/learner roles. (SRV-based consultation assessments that have a training purpose are similarly structured, although there probably would not be a senior trainer attached to such an assessment, and maybe no floater or external team consultant either.) Most people who participate in these training events as trainees/learners are in the "team member" role. However, other trainee roles include "team report-writer" (about which more is said in the following paragraph), "team tracker" and "assistant team leader." Typically, a participant filling one of these other trainee roles is doing so in order to gain important experience in preparation for potentially taking on one of the above-mentioned leadership roles at a future training event. Often, one person may carry out several roles in a training event, the most common examples being that the senior trainer is usually also a floater, and that some team leaders and team members may function as team report writers too. Relatedly, some people who are in a leadership role in a particular workshop are learning that role by doing it, and the learning of that role may be their predominant work at the event.

The team report-writer role in particular is one that is on the nexus between that of ordinary workshop participant and workshop leadership. The role of team report-writer is important not only in its own right, but also as a foundation for possible future team-leading and other leadership roles, whether in the context of a training workshop or otherwise (for example, see Tumeinski, 2009, 2012). The issue is not merely that some people should learn to write SRV-based evaluation reports, but that such reports have the potential to greatly affect the learning of

many others. For example, team members (and service personnel, too) get significantly more learning benefit out of an evaluation that they participated in if they receive a written report from it, particularly if the team assessed a service that was of more than introductory-level complexity. Also limited by a lack of written reports will be the learning benefit that can be derived by other people filling yet other trainee or leadership roles in an evaluation. For example, floaters and team leaders can only learn to edit reports by having report drafts (such as ones written by team report-writers) to edit.

The above-listed order of roles may be viewed as representing a kind of developmental continuum, analogous to the continuum of workshop options (to be presented in Part Two of this article). There is a logical sequence of role progression in SRV-based evaluation competency, where the skills and experience gained from one role provide a foundation for the next more challenging role. For example, generally speaking, one starts out as a team member, and may proceed from there to be a team report writer, then a team leader, and so forth. Similarly, one generally fills a certain role first at an introductory level before trying to do so at a more advanced level. For example, in order to be a team leader at even a fairly simple consultation assessment, one usually first must have team-led successfully at at least several introductory training workshops. Relatedly, for the sake of their own progression, trainers generally should try to first conduct training at less advanced levels before undertaking training at more advanced ones. Thus, some role-steps in this progression should never be skipped over because they are such essential building-blocks for filling the next role. For example, with rare exceptions, a person who has not first been a team leader should not be a floater. Likewise, preparation for some roles is aided more by filling some previous roles than others. For example, preparation for the role of team-leading is probably aided somewhat by first being a team tracker, but the role of team report-

writer might provide even better preparation for at least two reasons. First, it usually requires greater levels of self-discipline and commitment, qualities which are essential to the team leader role. Second, and more importantly, having thought and explained issues of SRV service quality by diligently writing about them usually enhances one's capacity to teach about such issues when one is the role of team leader.

Yet, this progression of roles is not an absolute or lock-step continuum that allows no variance. Some people have capably filled certain roles without ever having filled certain other roles which are usually antecedents for it. For instance, most team leaders have never been assistant team leaders or team trackers. Some team leaders (believe it or not!) have never successfully completed the role of team report-writer–in spite of having promised to do so (but that is another issue).

Also, because proficiency is related to frequency (i.e., the more one practices a certain role, the more likely it is that one will learn to do it well), many people participate more than once in the same types of training roles and opportunities (particularly in the more frequently offered introductory PASSING workshops), which is certainly a highly recommendable option. In fact, such repeated attendance is one of the most common effective means by which people gain SRV-based evaluation competencies. In other words, someone who has written ten SRV-based evaluation reports is highly likely to be better at it (and at teaching report-writing to others) than a person who has written only one or two; a first-time team leader is just not likely to do it as well as a veteran; and so on. Of course, there are always a few exceptional people who achieve near-mastery in many different roles with only minimal practice. And there are lots of people who have exceptional aptitude in certain areas but not others, and can thereby become proficient very quickly in one role, but perhaps never in another, regardless of how long they work at it. One who is a good report-writer might not make a good team leader, and vice

versa. A good team leader might not be good at floating. Some good floaters are not equally good as team leaders. The ability to discern and appropriately call on the personal talents and strengths of different people is an important requirement of workshop senior trainers (and others), and is absolutely necessary in constructing coherent training events and "real" assessments.

A related factor is that not everyone who wants to increase his/her SRV knowledge also wants to be in a role other than general learner or team member. For instance, I know several particularly perceptive people who are outstanding team contributors as program observers and insightful participants in the conciliation process, and yet have little aptitude for or interest in attaining the level of procedural competence necessary to be a team leader.

Finally, the types and scope of responsibilities, and the degree of challenge, attached to each of these roles vary according to (a) the type of training option in which each role is being carried out, (b) the competency level of the individual person in the role, and (c) that person's learning needs and aspirations. For example, certain post-introductory training workshops might require that all team leaders are especially expert ones; or that the person filling the role of team report-writer in a consultation assessment is someone who has already proven an ability to write good assessment reports, and whose promise to write a report is as good as gold.

Assignments of specific tasks to individual trainees. For certain types of (usually more advanced) training events, a very useful adaptation is to increase the types and amounts of assessment-related responsibilities given to individual team members, as has been done in some consultation assessments and "Advanced PASSING" workshops. For instance, instead of keeping the team together all the time, and retaining all assessment tasks unto the team as a whole (as is standard operating procedure in introductory workshops), individual team members would be given specific assignments to carry out during, or even after, the assessment. This may be done by assigning individual team members specific assessment-related responsibilities to accomplish either on their own or as part of a sub-team composed of a small number of team members. (Several sub-teams may be formed on any one team.) Four types of individual assignments that are both eminently practical and oriented to team members' developmental growth are presented below (and in Wolfensberger, 1983a, 105-108).

1. Conducting "ancillary" inquiries and contacts, e.g., with service recipients' family members, guardians, advocates, direct and indirect providers of other services (clinicians, therapists, teachers, social workers, service planners, service monitors, etc.), neighbors or other members of the community, and so on.

2. Gathering relevant information (by observation, inquiry, reading, etc.) about other services with which recipients are also involved or get juxtaposed to in order to obtain a more complete picture of what their lives are like.

3. Reviewing/analyzing specific aspects of the assessed service, e.g., program plans, service processes, clinical interventions, treatment procedures, teaching methods, publicity and educational materials, financial documentation, policy and procedural manuals, recipient records, staff logs, meeting minutes/records, correspondence, grant applications, and so on.

In regard to the above three types of tasks, individual (and/or sub-team) members would also then be responsible for reporting their findings back to the team for proper consideration in its analysis and conciliation, as well as for drafting them for potential inclusion in a written report of the assessment, as noted in the next point.

4. Specific writing assignments which can then also become contributions to the written report. A number of potential such assignments are noted in Table 4.

Table 4

Areas of Assessment Reports Which Could Be Drafted By Individual Team Members

- overviews of the assessed agency(ies)/service(s)/program(s)
- descriptions of the assessed service recipients' identities and needs
- team findings regarding one or more major/overriding issues to emerge from the assessment
- a descriptive overview of what a more ideal situation might look like for one or more recipients
- potential resources useful to efforts to carry out assessment recommendations
- an outline or description of the assessment processes and schedules
- a list of documentation reviewed by the team
- a list of ancillary contacts made by the team
- a description of the "culturally valued analogue(s)" to the assessed service(s)
- summaries of the team's analyses and judgments about the assessed service(s) performance in regard to particularly relevant ratings, rating clusters, or subscore areas (see Wolfensberger, 2007)
- a narrative on ancillary issues that could be usefully included in the body of the report or as appendices

Analyses of ancillary (i.e., non-SRV/PASSING/Model Coherency) issues that often arise during an assessment might be usefully incorporated into the body of an evaluation report or as appendices. Also, services sometimes request beforehand that evaluation teams give them feedback about a particular issue which might otherwise be outside the scope of the evaluation tool(s) being applied. Examples of such ancillary issues might be ones

along the lines of "considerations regarding the support of valued work for recipients of a residential service" or "an adaptive orientation by a service toward advocacy on behalf of its service recipients," or "maximizing board member commitment to the SRV mission of the service."

A related variant could be to assign trainees to different teams according to their needs/capacities/desires for carrying out certain kinds of individual team member assignments (described above); then, the practicum assessments of some (but not necessarily all) teams in the workshop could be structured to include those kinds of individual team member assignments.

Additional Potential Variations

Other useful variants on training options can be envisioned and designed by adapting elements of training not yet mentioned. One such variant is to add extra days to an event, so long as the reasons for doing so are legitimately in keeping with the training needs of the participants and do not otherwise diminish its overall coherency. For example, in an event which incorporates PASS, ample time could be added at the beginning in order to allow the senior trainer to give more in-depth coverage of that assessment tool to participants who are not sufficiently familiar with it. One or more extra days could be added at the end of a workshop in order to allow team members to complete as much as they can of their individual writing assignments. Alternatively, an extra day on-site could be used to gather additional information about the service(s) being assessed, or for conciliation, or for more in-depth consideration of the major issues that may have emerged during the assessment, or for maximizing the lessons on the last day of the workshop, or for more in-depth presentations early on in the event, or even for supplemental presentations for which there might not otherwise be time, etc. A

variant that has been employed by some senior PASSING trainers in introductory workshops, but which would also be useful to consider in formatting certain post-introductory ones, is to conduct the workshop not in consecutive days, but to spread it out in time, say over a period of several weeks or longer. This format is often suitable for one-team events in which all team members are from the same local area, and where few of them would or could attend training conducted in typical format(s) or outside their home areas. It would be much less workable, if at all, in most other training circumstances, such as ones with multiple teams or even for single-team events where workshop participants or leadership come from widely dispersed locales.

One could also conceptualize and construct a variety of "consultation assessments" by adapting one or more of the dimensions described above, i.e., in terms of site complexity (e.g., simple, difficult, complex/very difficult); evaluation tools applied (e.g., PASSING, Model Coherency, parts of PASS); and number of sites (e.g., one or many). For example, a team could conduct a "consultation assessment" of a simple service using only PASSING, or the team could assess a very challenging site using PASSING, or PASSING plus the Model Coherency Rating Tool, and so on. Of course, some provisions for training would have to be made in consultation assessments that incorporated evaluation elements with which team members were unfamiliar, as would be distinctly possible for many potential raters in regard to the Model Coherency Rating Tool, or parts of PASS, or (most likely) both.

Conclusion to Part One

I will now conclude with four overall considerations. First, a decision to incorporate any adaptations at all into a training event of any type must take into account how they would affect the event's overall coherency. A major caution here is that adapting and/or combining elements should only be done (a) for clearly articu-lated and compelling reasons, and (b) in a way that maintains the coherency both of the entire event and of the training of participants. Above all, achieving such coherency would necessitate the recruitment of eligible participants whose SRV competency needs match what the event is structured to do and give them. Thus, the design of any event must strive for a coherent match between and among the general identity, training needs and aspirations of its participants, and the other major elements of the event, including its nature and purpose, training content, assessment practicum characteristics and training leaders.

A second consideration, pertinent to a problem mentioned earlier, is how difficult it is for many (probably most) people to proceed on to post-introductory SRV-based evaluation training because the level of challenge inherent in the nearly exclusive post-introductory option that has been offered to date–the "Advanced PASSING" workshop–is enormously higher than the challenge of introductory training. The gap is huge and can be intimidating. This problem could be resolved very effectively by offering a continuum of post-introductory options, and such a continuum could be easily conceptualized and structured via the adaptations I have suggested. My own conceptualization of such a continuum is presented in Part Two, which describes ten different post-introductory options, building on basic introductory training, arranged in a progression of challenge to SRV understanding and proficiency. Collectively, these options constitute a potentially important addition to the repertoire of SRV developmental learning opportunities. This proposed continuum consists of a series of reasonable developmental steps, each of which comprises a coherent training event. Conceptualizing such a continuum greatly increases the possibility that at least some options in it will actually be offered. However, I do not assume that all of them will indeed be offered. Nor do I assume that anyone would want or need to attend every possible type of training option sketched even if they were offered: some

people might not want to attend any of them, but others would.

Third, those who plan and conduct SRV-based evaluation training would also need to take into account the continuity of progression among all the training options made available to trainees, not just in terms of those which they themselves offer, but also the "bigger picture." In other words, it would be a good idea for SRV trainers to plan and conduct their own events so that they mesh well with the totality of other such events that are being offered elsewhere. The reason for this is that presently no single entity or locale exists with the ways and means and mission necessary to support and sustain provision of an entire continuum of training offerings alone. Nevertheless, such a continuum could be offered together by SRV training institutes and similar projects in different locales if several of them pooled their efforts in a coordinated way. This is one manifestation of interconnectedness among trainers that has long been strongly recommended by the North American SRV Development, Training, and Safeguarding Council.

Fourth, which of the above options is best for a given time and place depends on many factors. One of the most important of these is the availability for and receptivity to the event of potential trainees who share a certain set of identity characteristics, training needs and developmental aspirations. For example, in regions where a great many introductory SRV and PASSING workshops have been done, there is likely to be more demand for a variety of post-introductory training events. Furthermore, it also stands to reason that events advertised very far in advance will draw greater participation from other locales than events with shorter advance notice. In other words, being able to make a variety of options viable may depend more on advanced planning, dissemination and recruitment than on some other factors.

One way to determine the extent of interest and availability for various events would be to send a questionnaire to participants of former workshops, both introductory and post-introductory, asking if they (a) would be at all interested in some form of post-introductory training, and (b) would come to such an event if it were offered. The above-listed options could be indicated on the questionnaire, with a brief description of each, and respondents could be asked to indicate preferences.

Similarly, a questionnaire listing potential post-introductory training options with a brief description of each could be distributed at the end of each introductory PASSING event asking participants if they might be interested in any of them. While one could not take an individual's positive response as a guarantee of actual future attendance, it would be an indicator of intent, as well as an incentive to follow through on it. Such a questionnaire might well be constructed and distributed under the auspices of the North American SRV Development, Training and Safeguarding Council or an appropriate committee thereof. The results could provide important data for the development, planning and scheduling of PASSING training events throughout North America, promote training coherency and enable more efficient use of scarce training resources.

Finally, by using the adaptations described in this article, SRV trainers can design and offer an expanded repertoire of coherent training events specially adapted to their constituents' SRV training needs and interests. Further, the adaptations would, if implemented, contribute significantly to the development of SRV trainers of SRV trainers—one of the primary goals of the above-mentioned SRV Council and its "Trainer Formation Model."

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Introduction to Part Two

THIS IS THE SECOND OF a two-part article that rests on three interrelated assumptions. The first is that a most effective way to deepen one's understanding of Social Role Valorization (SRV) theory is to actually apply it on real services to real people. The second is that perhaps the most effective way of learning to apply it

is by means of SRV-based evaluation training. The third assumption, which underlies the other two, is that one would want to do this in order to help assure "the good things of life" (Wolfensberger, Thomas *&* Caruso, 1996) for devalued people by becoming a better practitioner of SRV oneself and/or a better evaluator of SRV service quality.

In Part One of this article, I posited that limited opportunities for continuing education in SRV-based evaluation is a major barrier to gaining competency in it much beyond elementary levels. I also suggested that making available a broader array of "post-introductory" training options would overcome this obstacle, and better address the on-going learning needs and interests of parties who want to increase their proficiency with SRV and PASSING.

Here, in Part Two, my intent is to illustrate how the ideas presented in Part One can be worked out in practice in the design of new options for post-introductory training in SRV-based human service evaluation. Specifically, this part gives detailed descriptions of ten types of "post-introductory" training workshops, spells out their intended trainee audiences, their training content, and other salient features. Together, these ten options are meant to illustrate a feasible continuum of coherent training events which, if implemented, could comprise a major curriculum of continued education and professional development in SRV. In spelling out this continuum, my hope is first to show what at least one example of such a continuum looks like, and second, to enable SRV trainers and planners to choose and/or design for themselves the specific events or series of events best suited to their constituent needs, and then, most importantly, to actually conduct them.

A Continuum of Ten Options for Post-Introductory SRV-Based Evaluation Training

SEVERAL POINTS ARE RELEVANT to all ten options described below. (a) They are listed in an order that proceeds from simpler to ever more advanced levels of post-introductory training, and can be viewed as stepping-stones from introductory SRV-based evaluation training all the way up to and even beyond training that is very advanced and at a (near-)expert level of challenge. (b) These options are all envisioned as training workshops rather than as free-standing assessments, and as multi-team events, which, however, easily could be adapted as single-team workshops. (c) Also, it should be noted that all ten options assume the production of written assessment reports. (d) It is recognized that senior trainers sometimes incorporate "verbal assessment summaries" (i.e., exit reports) by team leaders that offer personnel of assessed services general overviews of team findings. When this is the case, workshop schedules would need to accommodate them. However, decisions about including such reports should always favor rationales that prioritize the learning needs of the workshop participants. Even then, they ought to be approached cautiously because, coming as they do at the tail-end of a team's time on-site, they are often hastily prepared, fragmented and sketchy renditions of assessment findings, and thus must be understood as subject to substantial modification based on further thinking that goes into producing the final written report. (e) And, a general recommendation to the leadership of workshops is that if at all possible they should arrive at least one or two days early before the actual start of the event (i.e., before Day 0) for the following three reasons:

1) In order to meet with the person(s) responsible for making the local arrangements for the workshop, and with the local representative(s) of the workshop sponsors, if any, in order to review the purposes of the workshop, and to go over all of the arrangements for the workshop in detail, including the meeting spaces, materials, participants, team compositions, practicum sites, etc.

2) In order to assure that the proposed practicum sites for the workshop are of the appropriate difficulty level for this particular event by visiting them beforehand. Without this safeguard, an

event may still be highly instructive, but cannot be expected to be as coherent as would be desired because services often turn out to be quite different than they were described on paper or through verbal discourse.

3) In order that the Senior Trainer and any other floaters who will have responsibility for more than one practicum site will have enough time to visit each of their sites before the start of the workshop. The reason for this preliminary tour is that floaters who float over more than one team will only be able to be present during part of each team's visit to a site and the inquiries with its senior personnel. A pre-evaluation visit to a site may even make it otherwise less important to be there when the team conducts its tour, should it prove more important to accompany one or more of the floater's other teams during their site visits. Please note that this recommendation applies to the schedules for all the types of workshops described below.

1. Post-Introductory SRV-Based Evaluation Training With PASSING

The first type of post-introductory option would be a training event where each team: (a) uses PASSING to assess a single simple practicum site of introductory-level difficulty, instead of two such sites, and (b) does so in more depth and with more time than is possible in an introductory PASSING workshop. The two main purposes of this training would be first, to renew or re-establish participants' basic familiarity with PASSING, and second, to move participants toward competency in becoming PASSING evaluators.

As noted, there is a high correlation between the frequency and intensity of one's involvement with PASSING, and one's general PASSING skill levels. Thus, this event would be especially useful for the many people interested in upgrading their SRV-based evaluation skills who have attended only one (or maybe two) introductory PASSING workshop(s), typically in the role of team member, or for whom a significant amount

of time has elapsed since they last attended such training. Perhaps they have not yet used the most recent (2007) version of PASSING. This option would provide an opportunity for such people to re-familiarize themselves with both the basic content of PASSING and its application. Of course, such people could just attend yet another introductory PASSING workshop (and if possible, follow up relatively soon after by attending this or another post-introductory option described herein). However, this first post-introductory training option might appeal to those people who would be reluctant to repeat an introductory workshop, perhaps because they think the potential gain is too modest.

This type of post-introductory training event could be conducted in 3-1/2 days, which is shorter than most introductory PASSING workshops which are typically five to six days long. Yet, in spite of the fact that this type of training opportunity would take less time, it would nonetheless be more advanced than a standard introductory workshop, and much more like a real assessment than a training practicum. Instead of being on-site at the service setting for only about seven hours on one day (as in most introductory workshops), a team in this type of event would spend anywhere from 10 to 15 hours on-site over a two-day period. This extra time would allow the team to acquire more information about the service and the people served than is possible in an introductory workshop. It would also allow the team to give deeper consideration to the major service-related assessment issues. However, the overall workshop time would be shorter because (a) only one service is assessed, and (b) many basic details that are essential for senior trainers and team leaders to cover in introductory workshops would require only brief recapitulation or could even be omitted, perhaps being replaced by required reading prior to the workshop. This option would certainly suffice for anyone whose main concern is to learn SRV better. A suggested possible schedule for this event is provided in Table 5.

2. Post-Introductory SRV-Based Evaluation Training With PASSING on an Intermediate Practicum

A second post-introductory option would be a training event where each team uses PASSING to assess a single site that is more difficult than a typical introductory site, and where the team would assess it in more depth and more time.

Introductory-level practicum sites typically have fairly straightforward assessment issues and logistics, so as to be manageable by trainees who are still learning both the PASSING tool and SRV itself. However, once people have been initiated to PASSING, then learning demands that are more challenging in type and degree than those of introductory workshops are both more manageable and appropriate. This type of post-introductory training is designed to offer participants a somewhat more challenging practicum experience, with service issues that are somewhat more difficult to identify and analyze, in order to help expand their basic understanding of SRV and its implications, as well as to build upon and deepen their elementary levels of PASSING competency. Thus, this event would provide a step up in difficulty from both introductory PASSING training, and the post-introductory Type 1 "re-familiarization" PASSING training described above.

This second type of training event would probably be of interest to people who (through introductory or re-familiarization training) have already acquired a good basic understanding of PASSING and now wish to increase their skill with it, but cannot or prefer not to attend a longer workshop.

Here, too, the whole event would require about 3-1/2 days to conduct, and each team could spend up to 15 total hours over a two-day period on-site in the observation/information-gathering phase of the assessment. A tentative sequence of events for this type of workshop, also described in Table 5, would thus be basically the same as for Type 1 above.

Table 5

Probable General Sequence of Events For Post-Introductory SRV-Based Evaluation Training With PASSING–Types 1 and 2

Day 0

Other workshop leadership staff, i.e., junior trainer, floaters, team leaders, assistant team leaders, team report writers, and (possibly) others, arrive at workshop headquarters, around midday.

Senior Trainer conducts (a usually fairly lengthy) pre-workshop preparation meeting with workshop leadership staff. This meeting is similar to those conducted prior to introductory PASSING workshops, but with special emphasis on the nature and purpose of this particular type of event, the composition and SRV-based evaluation-related learning needs of the trainee audience, and a thorough grounding in the expectations, processes, and relevant guidelines for conducting the workshop. Also, in this meeting, the senior trainer–in conjunction with the floaters and team leaders–makes final decisions about the matching of team leaders to practicum sites, the pairing of floaters to team leaders, the pairing of assistant team leaders (if any) to team leaders, as well as the composition of each practicum assessment team.

Following the above general meeting, workshop leadership staff complete preparations and organization for carrying out their individual roles and functions during the workshop. For example, individual team leaders, along with their assistant team leaders and team report writers (if any), meet with their floater and senior trainer in order to thoroughly review and finalize the plan for the team's practicum assessment, including what, if any, assessment tasks are to be assigned to which individual team members or sub-teams.

Day 1

Opening plenary session of the workshop. This session, which is shorter than those in most introductory PASSING workshops, clarifies the pur-

poses, goals, and expectations of the workshop and its participants.

Each team conducts its first team meeting.

Each team travels to the service to be assessed in order to conduct formal and informal inquiries with service staff and (possibly) others, observe program operations, tour the neighborhood and physical setting(s) of the service, and meet with service recipients.

Second team meeting.

Team members conduct individual team member assignments, if any; individual team members make tentative assignments of levels to some ratings.

Day 2

Teams return to service and practicum assessment continues. Assessment activities on this day may include: completing formal inquires with service staff and others, conducting additional inquiries and contacts, further observations of program activities, additional review of service documentation, etc.

Individual team members and/or sub-teams complete assignments, if any; team leader checks for and, if necessary, acquires any additional information needed to complete the assessment, and conducts follow-up inquiries/contacts, if necessary.

Teams return to workshop headquarters; team members complete individual ratings and other individual/subgroup assignments which need to be completed and then share results with the whole team before conciliation.

Teams begins the conciliation process.

Day 3

Conciliation continues and is completed, if possible.

(If time permits) Team assists team leader in preparing report of assessment experience for plenary session on last day.

Day 4 (1/2-day)

If necessary, team completes conciliation and preparation of report to plenary session.

Team leader (and possibly the floater) and assistant team leader meet with team report writers to assist them in organizing a written assessment report to the assessed service.

Final plenary session, with conclusion and adjournment.

3. Post-Introductory SRV-Based Evaluation Training With PASSING on a Difficult Practicum

This type of training would differ from both types described so far in terms of the kinds of practicum settings used. In this workshop, each team would use PASSING to assess a service that is much harder (vs. only somewhat harder) than an introductory-level one, i.e., more complex, more conceptually challenging, and so forth. In fact, the services to be assessed could be of a high level of difficulty, as noted in the third tier in Table 2 (in Part One of this paper).

The purpose of this type of event is to offer participants who have a solid introductory understanding of SRV and PASSING an opportunity to significantly increase their competencies in at least three major SRV/PASSING-related areas:

a. applying PASSING to very difficult services;

b. carrying out certain assessment-related roles and functions under challenging circumstances, such as the special individual assignments described in Part One; and

c. analyzing and interpreting complex issues of service quality and implementation related to SRV/PASSING.

Because of the high level of demand placed upon participants in this type of training, it would be most appropriate for people who (a) are strongly committed to further developing their SRV/PASSING skills; (b) are, or aspire to be, leaders in the dissemination, application, or interpretation of SRV/PASSING; and (c) may now, or in the future, occupy such roles as mentor, advocate, planner, quality assurance specialist, teacher, trainer, agency/service/program manager, or other roles which require (or are

greatly enhanced by) high levels of proficiency with SRV/PASSING.

Due to this event's added level of difficulty, it would probably require a total of 4 full days, in order to allow sufficient time for information-gathering and/analysis. A possible tentative schedule for this type of event is outlined in Table 6.

Table 6

Probable General Sequence of Events For Post-Introductory SRV-Based Evaluation Training With PASSING and Difficult Practicum (Type 3)

Days O, One & Two
Same as Days O, One & Two described in Table 5.

Day Three
Teams continue and, if possible, complete conciliation.

Day Four (full day)
(If necessary), each team completes conciliation.

Team assists team leader in preparing report to plenary.

Team leader (and possibly also floater) help team report writers organize/outline written report.

Team members begin and, as much as possible, complete their individual writing assignments.

Teams conduct final team meeting, including intra-team evaluations.

Final plenary session.

Conclusion.

People who actually want to become PASSING evaluators would likely find the second and third types of options (or any of their potential variations) to be quite beneficial. After attending one or more such events, they might be very creditable PASSING evaluation team members or even PASSING team leaders on consultation assessments.

So far, all of the types of training events described above would use PASSING only. However, once a fairly high degree of basic PASSING competency has been established (which, it should be noted, may even be the case for any number of people who have not attended workshops of types one, two, or three above), then a progressive range of trainings could be offered that would be built around or incorporate the parts of PASS and Model Coherency Rating Tool both mentioned in Part One. Each of these instruments can be used either alone or in combination with PASSING. The remainder of the continuum of training options discussed below (Types 4 through 10) incorporate one or both of these two additional evaluation tools.

4. Post-Introductory SRV-Based Evaluation Training With PASSING and Parts of PASS

One very useful option of this type would be a training event in which each team would use PASSING, plus parts of PASS (i.e., the nine "Ideology-related administration" ratings and the seven "Administration" ratings) to assess somewhat complex or otherwise challenging sites of the types shown in the first and second tiers in Table 2 (Part One) that would be at least more difficult than typical introductory training sites.

This type of event would be especially useful for people who have a solid basic understanding of PASSING and are interested in learning how to augment it with other measures of service quality, and/or how other aspects of service in addition to those measured by PASSING also affect program/service quality. As most readers know, PASSING assesses only the SRV quality of a service. Yet, many other elements of a service also strongly affect its program quality. Some of the most important of these are measured by PASS ratings, such as a service's or service system's program evaluation and renewal mechanisms, planning processes, and administrative control and structures, as well as the comprehensiveness of the larger service system and service region of which a service is a part.

Of major import in training of this type (and of other types yet to be mentioned) is that it can be very instructive for team members to scrutinize the ways in which non-programmatic issues affect programmatic ones; or, to put it another way, to see how SRV implementive efforts in formal services are almost always impacted by factors outside SRV. More importantly, they might learn ways to minimize the negative effects of non-programmatic issues on SRV quality and to maximize the positive ones.

This type of training would offer an opportunity to gain experience in conducting more comprehensive service assessments than is possible by using only PASSING. Potential participants would include administrators, supervisors, planners, quality assurance and service design specialists, and current and potential SRV trainers and their mentors. Participants would need to study the appropriate sections of the PASS Field Manual in advance of the workshop.

A tentative schedule for this event would require a full 4-1/2 days, and would look something like the schedule provided in Table 7. This workshop would probably require the workshop leadership to include presentations on Day One of the workshop that provide at least a brief explanation of each of the PASS ratings to be used.

5. Post-Introductory SRV-Based Evaluation Training in Application of the Model Coherency Rating Tool

Even more advanced than the above options is a training workshop in which each team would assess a single simple (i.e., low level of difficulty) site by means of the Model Coherency Rating Tool.

This event would offer participants who have a good grounding in PASSING (such as from previously having attended one or more of the post-introductory training options already described) the opportunity to learn how to conduct a much deeper service analysis than is possible with PASSING alone or even in combination with parts of PASS, particularly in regard to

identifying the fundamental underlying beliefs and assumptions which shape the service and determine its quality. This is because a model coherency analysis enables participants to find and examine overriding issues at stake in an assessed service and the capacity of the service–as structured–to resolve those issues effectively. Put another way, this workshop would help participants learn how to conduct an "integrative analysis" of both the parts and the whole of a service by means of the Model Coherency Rating Tool, as contrasted with more detailed analyses of specific areas of service quality assessed by the separate PASS or PASSING ratings.

This type of workshop would provide participants with an evaluation training experience which entails a high level of conceptual analysis and the ideological challenge of identifying the beliefs and assumptions that undergird the assessed service. Close familiarity with the model coherency concept and how to analyze the model coherency of a service would be essential for team members engaged in this workshop and other workshops that also use the Model Coherency Rating Tool. This level of understanding would have to be over and above the somewhat cursory coverage of model coherency that is typically presented in introductory SRV training. Ideally, all participants would have previously received more extensive training in model coherency analysis, such as by having participated in such an analysis previously, and/ or by having attended a workshop on model coherency, such as ones conducted by the Training Institute for Human Service Planning, Leadership and Change Agentry or ones that might be conducted under other auspices, such as that of the North American SRV Council or others. Such prior training would, of course, be a big advantage for participants in this workshop. However, it is not necessarily an essential qualification because lack of it could be compensated to some extent by model coherency presentations built into or held in conjunction with the workshop, and also–most advisedly–by model coherency readings before

the workshop, such as especially parts of Wolfensberger, 2014. It should also go without saying that team leaders would have strong backgrounds in model coherency analysis and provide team members with close instruction and direction in model coherency analysis during the assessment process.

This type of workshop would require 4-1/2 full days and its schedule would be much the same as that for the above-described Type 4 (see Table 7), except that (a) on Day 0, the senior trainer would need to include a review of guidelines for team leaders in regard to the conciliation of model coherency, and (b) the Day One presentations to the participants would need to include at least some teaching of the Model Coherency Rating Tool, and would not include PASSING or the PASS ratings.

This option is included because my purpose is to identify and briefly describe post-introductory SRV-based evaluation training options that are feasible, and indeed a number of "real" assessments have been done using MCI (Wolfensberger & Thomas, 1995) or some earlier versions of model coherency analyses. (Wolfensberger's Model Coherency Rating Tool has not yet been published at the time of this article, and thus is not yet widely available for use.) However, please note that while there is no theoretical constraint to using Model Coherency by itself, there may be a practical one in that it may be very difficult (not impossible, but very difficult) to manage the model coherency analysis without some structured means to identify, organize, and assess the many very detailed sub-components of the "process" element of rating model coherency. Because PASSING, with its 42 separate ratings, provides such a structure, its use in conjunction with the Model Coherency Rating Tool had been strongly recommended by Wolfensberger, and the same was true for MCI.

Table 7

Probable General Sequence of Events For Five-Day Post-Introductory SRV-based Evaluation Training Events–Types 4, 5, 6, 7, and 8.

Day 0
Same as previously described in Table 4.

Day One
Same as first option, except that:
-the opening plenary session would need to be much longer, i.e., probably almost all of the morning, in order to allow time for the presentation of relevant content, depending on the particular type of workshop at hand, i.e., the PASS (and perhaps FUNDET) ratings, and/or the Model Coherency Rating Tool.
-teams would conduct administrative inquiries, based on the PASS ratings being assessed, with the appropriate administrative personnel of the assessed services, possibly including board members, if any, and the service's financial officer(s).

Day Two
Continuation of practicum assessments, including:
    -completion of formal inquiries
    -ancillary contacts and interviews
    -review of documentation.
Team meetings (e.g., over lunch) to review progress, check on individual/sub-team assignments, identify areas (if any) where additional information is required, continue/complete assignment of rating levels by individual team members.
Teams conduct follow-up inquiries/contacts/observations, if necessary.
Teams return to workshop headquarters, complete individual ratings and other individual/subgroup assignments which need to be completed before conciliation.
Teams begin conciliation, if time permits.

Day Three
Teams begin or continue conciliation.

Day Four
Teams complete conciliation.
Team assists team leader in preparing report to plenary; team leader and/or floater help team

report writer organize and/or outline the written report.

Team members continue work on individual assignments.

Day Five (1/2 day)

Team members continue and, if possible, complete individual writing assignments

Teams conduct final team meeting, including intra-team evaluations.

Final plenary session.

Conclusion (around noontime).

6. Post-Introductory SRV-Based Evaluation Training With the Model Coherency Rating Tool and PASSING

In this workshop, each team would use the Model Coherency Rating Tool plus PASSING to assess one site of a low level of difficulty. The purpose of this type of workshop would be to enable participants to learn model coherency analysis of service quality by applying the Model Coherency Rating Tool in a complementary fashion with PASSING (as recommended by Wolfensberger) in the assessment of a service in order to achieve an in-depth analysis of its overall SRV quality. This workshop would be of interest to qualified participants who desire a rigorous evaluation training experience which, like Type 5, entails a very high-level of conceptual challenge, but with the added structural detail afforded by PASSING. Participants who had attended Type 4 or 5 workshops would find this type of workshop to be one (but not necessarily the only) logical next step. The schedule of this workshop would be approximately the same as in Type 5 described above and is shown in Table 7.

7. Post-Introductory SRV-Based Evaluation Training With the Model Coherency Rating Tool and PASSING on an Intermediate Practicum

In this workshop, each team would use the Model Coherency Rating Tool plus PASSING to assess a single site of intermediate level of difficulty. This event would be different from, but somewhat akin to, the "Advanced PASSING" workshops held to date. The purposes, processes, and schedule (see Table 7) for this type of workshop would be the same as those for Type 6 above, the main difference being the somewhat higher level of assessment challenge to be confronted here.

8. Post-Introductory SRV-Based Evaluation Training With the Model Coherency Rating Tool and PASSING on a Difficult Practicum

In this workshop, each team would use the Model Coherency Rating Tool plus PASSING in the assessment of one very difficult site. Participants would be presented with a high level of learning challenge in both the depth of assessment analysis, and in the degree of assessment difficulty due to the nature of the practicum. The main difference between this type of workshop and the previous two would be a much higher level of assessment challenge; otherwise, the purposes, processes, and schedule (see Table 7) would be the same.

People who are or aspire to be SRV and PASSING trainers would be strongly advised to attend at least some of the events (types 5, 6, 7, 8) which incorporate the Model Coherency Rating Tool.

9. Post-Introductory SRV-Based Evaluation Training With the Model Coherency Rating Tool, PASSING, and Parts of PASS on a Simple Site

In this type of workshop, each team would assess one single site of a low level of difficulty with the Model Coherency Rating Tool, PASSING and the non-normalization parts of PASS. This type of workshop combines the purposes, as well as most of the training and assessment processes, of workshop Types 4 through 8. Thus, it would constitute a logical next developmental step to any of these earlier options, by offering the opportunity to learn how to assess services both more comprehensively and in more depth. However, it would be a much more challenging training experience

than any one of the others. In fact, this type of training workshop would take participants into the most sophisticated levels of service evaluation, because they would be confronted with the management of three distinct tools, each one of which by itself is quite demanding to learn and apply. Therefore, it would probably work best for participants who had assimilated both (a) the appropriate necessary preparatory reading materials, and (b) previous training in the Model Coherency Rating Tool and the relevant parts of PASS, such as by having attended one or more of option Types 4 through 8 above.

Because of these added elements of difficulty, this type of workshop would probably require a full six days. A tentative schedule for this type of training event is provided in Table 8, where it is noted that Day One presentations would include at least a summary review of both the Model Coherency Rating Tool and the relevant parts of PASS.

Table 8

Probable General Sequence of Events For Six-Day Post-Introductory SRV-Based Evaluation Training Events–Types 9 and 10

Day O
   Same as described above in Table 5.

Day One
   Same as described above in Table 5, except that opening presentations would include review/summary of both Model Coherency Rating Tool and parts of PASS.

Day Two
   Continuation of practicum assessments, including:
      -conduct and completion of formal inquiries
      -additional program observations
      -review of service recipient records and other service-related documentation
      -conduct of ancillary contacts and interviews.

Day Three
   Continuation of practicum assessments, including:
   -additional program observations
   -completion of individual/sub-team assignments.
   Team meetings in order to share individual and sub-team reports on separately gathered data, and to identify areas (if any) where additional information is required.
   Teams conduct follow-up inquiries/contacts/observations, if necessary.
   Teams return to workshop headquarters, and complete individual team member ratings.
   Teams begin conciliation, time permitting.

Day Four
   Teams begin or continue conciliation.

Day Five
   Teams continue and complete conciliation.
   Teams summarize major overriding issues in service.
   Each team (leader) prepares report to plenary, and helps team report writers organize/outline written report.

Day Six
   Team members complete, as much as possible, their individual writing assignments.
   Conduct final team meetings, including intra-team evaluations.
   Final plenary session.
   Conclusion.

10. Post-Introductory SRV-Based Evaluation Training With the Model Coherency Rating Tool, PASSING, and Parts of PASS on a Difficult Practicum

In this workshop, each team assesses one very difficult site using PASSING, the Model Coherency Rating Tool, and the non-normalization parts of PASS. It is intended for individuals who have successfully participated in one or more of

the above-described training options, and who have been recommended to this training workshop by their senior trainer(s), floater(s), and/or team leader(s). The teams of trainees in this type of workshop would conduct in-depth practicum assessments of highly complex services, agencies, and/or service systems, constituting the highest levels of assessment difficulty and learning challenge, and requiring extensive commitment to and competency in SRV theory and the application of the assessment tools. This workshop could add further levels of challenge via the addition of other optional learning elements, such as those described in Part One. A schedule for this type of 6-day workshop would be the same as that for Type 9, described in Table 8.

This post-introductory option is indeed the most advanced option of all those described in this whole continuum. Anyone who aspires to the most senior level of competency in SRV-based evaluation would be greatly aided toward this goal by going through one or more options in the most advanced levels of this continuum, including Type 10, though of course they may be able to skip some or all of the less-advanced levels. However, other even yet more difficult options are conceivable, such as, for example, some of those in which each team assesses two very difficult sites, instead of only one.

Table 9 provides a composite comparison of certain salient features of each of the above-described potential options.

Table 9

Differences Among Types of Post-Introductory SRV-Based Evaluation Training Options

Option Type No.	Length of Workshop (days)	Sequence of Events in Table	Practicum Level of Difficulty	Assessment Tools Applied
1	3 1/2	4	low	PASSING
2	3 1/2	4	intermediate	PASSING
3	4	5	high	PASSING
4	4 1/2	6	intermediate	PASSING; parts of PASS
5	4 1/2	6	low	Model Coherency Rating Tool
6	4 1/2	6	low	PASSING; Model Coherency Rating Tool
7	4 1/2	6	intermediate	PASSING; Model Coherency Rating Tool
8	4 1/2	6	high	PASSING; Model Coherency Rating Tool
9	6	7	low	PASSING; Model Coherency Rating Tool; parts of PASS
10	6	7	intermediate or high	PASSING; Model Coherncy Rating Tool; parts of PASS

Continuities of Progressions Among Options

THE QUESTION ARISES of what would be a typical or logical progression along this graduated continuum of training workshops. In reality, there are multiple pathways for advancement. While theoretically each workshop type is a distinct step in the continuum, this does not necessarily mean that people are expected to proceed through it in a lockstep fashion from Type 1 to Type 2 to Type 3 and so forth, all the way through to Type 10; in fact, it is very doubtful that anyone would ever do that (and still be alive at the end). Rather, it is assumed that people would attend different events through the continuum depending upon their individual interests, training needs, and desires. For example, after attending an introductory PASSING workshop, one might decide next to attend a post-introductory workshop that teaches the use of the Model Coherency Rating Tool (i.e., Type 5) or one using both that tool and PASSING (i.e., Types 6 or 7). Or, the most beneficial and logical continuity for some people might be to go from introductory PASSING training directly to a Type 8, 9, or 10 workshop. Also, which types of event one might choose to attend will be very much determined by which types actually get offered. Hopefully, having such an array of options will enable people who are not interested in option "X" to do option "Y," or will enable those who are not able to do option "X" now to get there eventually, if they want to. In this way, it is expected that many more people will be able to advance in SRV competency much more readily than if such a graduated continuum of options did not exist--which, as noted in Part One, has been the case thus far.

Table 10 is designed to assist in such considerations by noting some examples of logical progressions among the various options in the above-described continuum. Put another way, Table 10 shows which events are preparatory for others. It can be used after completing one type of workshop to determine which type of event one might attend next, or to plan in advance one's sequence of workshop attendance.

Table 10 (following page)

Examples of Multiple Options for Progression Among Various Types of Post-Introductory SRV-Based Evaluation Training Events

Shown in this table are some examples of reasonable developmental steps from one type of training option to another that are possibly logical ones for some people. For example, options for next steps after attending Introductory PASSING training could be to go on to attend a post-introductory event of Type 1 or Type 2 or possibly Type 7, depending on one's interests. After a Type 2 or 3 workshop, some individuals might logically proceed to a Type 4 or 5 event, while others might go directly to one of Type 9 or 10. After a Type 5 event, some may want to go "back" to a Type 4. At any rate, it should be noted that this table includes only some examples of all possible progressions.

After training in	...one might then attend workshop(s) type(s)
introductory PASSING	1, 2, 3, 4, 5, 6, 7
type 1–PASSING on simple site	2, 3, 4, 5, 6, 7
type 2–PASSING on intermediate site	4, 5, 6, 7, 8
type 3–PASSING on difficult site	4, 5, 6, 7, 8
type 4–PASSING plus parts of PASS	5, 6, 7, 8
type 5–Model Coherency Rating Tool	4, 6, 8, 9
type 6–PASSING plus Model Coherency Rating Tool on simple site	4, 7, 8, 9, 10
type 7–PASSING plus Model Coherency Rating Tool on intermediate site	6, 8, 9, 10
type–8 PASSING plus Model Coherency Rating Tool on difficult site	4, 9, 10
type 9–PASSING, Model Coherency Rating Tool plus parts of PASS on simple site	type 10–PASSING, Model Coherency Rating Tool, plus parts of PASS on intermediate or difficult site

Conclusion to Part Two

AS NOTED IN THE BEGINNING of this article, my intent is to contribute to efforts by the SRV Development, Training, and Safeguarding Council to carry out its "Trainer Formation Model." The main purpose of the Council's "Trainer Formation Model" is to generate SRV leadership trainers and trainers-of-SRV-leadership trainers in an ongoing manner. Awareness of the potential adaptations of post-introductory training will increase the likelihood that more such trainer development will actually happen. While no one single event may attract many participants, even small (one- or two-team) events could advance people far in terms of SRV competency, and could conceivably advance many people farther if they were specially invited/selected to participate. A reason this Part Two is so well-stocked with details about the ten types of post-introductory training events is to increase the chances that these events will actually come to be supported and conducted by readers who are in a position to do so now and in the future.

Finally, both the SRV Council and myself would greatly appreciate hearing from anyone who plans to, or actually does, conduct any of the types of events described in this article. We stand ready to offer any assistance we can regarding the planning and preparation of such an event. This might include such things as general advice, sharing lessons from our own experiences, help in clarifying the purposes of an event or its target audience, help in identifying potential participants as well as possible leadership for the event (e.g., senior trainer, team leaders). Likewise, we are also interested in receiving specific feedback about all aspects of any such events that get conducted: type of event, leadership, participants, structure and processes of the training, descriptions (e.g., flyers, announcements) of the event, evaluations by leadership and participants, and so on. ✌

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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 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.

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Choice, Ideology & the Challenges of Applying Social Role Valorization in Mental Health Work

Lynda Shevellar & Jane Sherwin

THIS ARTICLE emerges from a series of conversations between two author practitioners: one an author/practitioner/senior trainer in Social Role Valorization and person-centred responses, and the other, an engaged scholar/practitioner in community development, with a particular interest in the fields of disability and mental health. Working together for 15 years, we share an interest in the liberation of devalued people, and the promotion of people as the architects of their own lives. Much of this work occurs in what Donald Schön refers to as the 'swampy lowlands' of professional practice. Schön argues that unlike work in the 'hard' rational sciences, working with people means that problems are crucially important but also messy, confusing and incapable of technical solutions (Schön, 1995, 28). The ongoing challenge is to find ideas, frameworks and theories that help practitioners to navigate this complex terrain. The article is necessarily theoretical. However, for us, the theories become more accessible by exploring their application to practice and by paying particular attention to places of resistance and unease for practitioners. We use the word 'practitioners' inclusively and in a spirit of solidarity, to refer to people with a lived experience of disability which includes those with mental health issues, their family members, their allies, and paid service workers who are engaged in this struggle for a life filled with meaning, purpose and a sense of belonging.

In problematizing the relationship between theory and practice, we are conscious of Westoby and Kaplan's qualification that

> Practice informs theory, but is also informed by it, and in this way, there is a constant sense of practice being 'tested out' and 'applied' in a process that is 'forever evolving'. Practice, in this usage, is taken to mean that which is understood as 'skilful means' that is constantly altering, exercised and rehearsed with a view to improvement. (Westoby & Kaplan, 2014, 214)

The article proceeds by checking assumptions about SRV, naming the key dilemmas emerging from a consideration of SRV and work with people with mental health issues, and then exploring both the potential and limitations of the application of SRV to the field. It concludes with a summary of the key insights. The article is deliberately written in a dialogical style to capture this sense of a dynamic and evolving, messy, yet crucially important terrain.

Lynda: Jane, let me spend some time outlining the assumptions I bring to this dialogue so you can make sense of where I am coming from. Then I will pose the key challenges I am wrestling with and invite your response.

Over the last fifteen years, in my work alongside people living with heightened vulnerability, their

families and allies, and the services seeking to support them, I have found the theory of Social Role Valorization (SRV) particularly illuminating and useful. Although it has always been a contentious theory (see for example, Wolfensberger, 1995), it is in the field of mental health–the field in which I am currently engaged–that I have found the most struggle and resistance to its application. In this discussion, I seek to explore with you–if not resolve–the tensions of applying SRV in efforts to support people with mental health issues. Although mental health is my focus, other fields of practice will be relevant and possibly helpful in this discussion. Before jumping into these tensions, let me outline some of my starting assumptions and invite your clarification.

I understand SRV to be a meta-theory, meaning that it draws together a range of social theories including social perception, semiotics, labeling theory, role theory, the developmental model, expectations and self-fulfilling prophecy, and the issue of personal competency enhancement (Lemay, 1995). Through this rich pedigree, SRV emerges as both a tool for social analysis and a practical process for intervention. The origins and the main application of SRV theory lie in disability and in particular, intellectual disability (Lemay, 1995; Wolfensberger, 1998). The theory has been applied to other fields of practice, including with older people (Schultz, 2004; Stirling, 2010), people requiring palliative care (Sinclair, 2007), and asylum seekers (McDougall & Fletcher, 2002). SRV has been utilized with regard to the experience of children with disabilities in schools (Mann, 2012), residential environments (Burchard, 1999) and employment arrangements (Sandys, 2009). SRV has also been utilized to deepen the understanding and practice of social inclusion (Lemay, 2006; Sherwin, 2011).

What SRV offers to all of these fields is an explanation of the process of social devaluation, that is, how people with certain characteristics and identities are routinely and systematically marginalized and 'wounded' (Wolfensberger 1998, p. 12).

However, SRV does more than this. It also provides a set of ideas and strategies to counter this wounding. Proponents of SRV argue that as a tool of social intervention, SRV has the potential to help people who have been devalued by society to gain greater access to the good things of life (such as higher status, positive regard, relationships, a home, the experiences of contribution and belonging to community life) and to be spared at least some negative effects of social devaluation. It does so through the "enablement, establishment, enhancement, maintenance and/or defence of valued social roles for people, particularly for those at value risk, by using as much as possible culturally valued means" (Wolfensberger, 1992, 21).

The notion of 'culturally valued means' reminds me that there seem to be several sticking points that I would welcome your feedback on, my friend.

As a starting place I am thinking about one of the central tenets of SRV. The theory asserts that the more different one is from the norm, the more likely one is to experience the impacts of social devaluation. Thus people who speak differently, or dress unlike others, or who have a different body shape, or who don't think or act the same way that most other people do, become targets for social exclusion, hostility, harm and an ongoing cycle of social rejection. Or, to posit the converse, if people have culturally valued roles in the community–which includes looking, sounding and acting more like what we think is typical–then they are more likely to escape devalued roles and receive the good things in life (Thomas & Wolfensberger, 1999). Although proponents have always been clear that SRV 'emphasize[s] both capitalizing upon cultural values and the need to change at least some of them' (Wolfensberger, 1995, 366), what seems not to be up for grabs is the idea that central cultural norms are referenced; for example, to have a job, to live in a typical kind of home, to have family and friends, to dress in particular ways, and to live a certain kind of lifestyle (Burton; 1983, Chappell; 1992,

Bleasdale, 1996). Yet some of the people I've chatted with who live with mental health challenges are very clear about their preferences. They live in the way they have chosen, they prize their individuality and unique perspective on life, and they don't think their lives should be dictated by greater society and what others might deem to be 'normal.' One of the critiques that I hear about SRV is that it's all about promoting middle class values and doesn't respect diversity and difference. To put it another way, 'who defines what is normal, and in whose interest are such cultural norms promoted and maintained? And why should we pay that any attention?'

Jane: Thank you so much, Lynda, for the opportunity to have this conversation with you. Yes, they are questions that often arise, and not just around people with mental health issues–it will be great to explore them.

There are some key words you mention: normal, cultural norms and values. Let's begin by briefly considering your first question about 'who defines what's normal.' Normal is a problematic word–it is a value-laden expression and is made additionally complex by SRV being grounded historically in normalisation theory (see Flynn and Lemay, 1999, for a rich discussion on the relationship between normalization and SRV). One of the ways that SRV leads us to think about 'normal' is to think about those things in our society regarded as typical or usual. So a 'normal' life would be thought about as a life path, a pattern of life circumstances and lifestyles that are usual, depending on age, gender and culture, and which are typically taken for granted. These would be considered cultural norms.

In answer to your question about who defines what is valued, it is the more powerful groups in society that define not only what is valued, but also what is desirable. It is in their own tribal, economic and identity interests that such norms are promoted and maintained. By 'tribal' and 'identity interests,' I mean that as

humans, we work out who we are by who we are not, thus perpetuating the 'thems' and the 'us' by instigating circumstances that keep the thems as thems (Hewstone, Rubin & Willis, 2002). In terms of economic interests, great numbers of people now make their living out of the existence of people with a devalued status by, for example, working with them or building facilities for them.

I wonder whether, before we further explore the questions you have posed, we might touch base with the societal dynamic that is foundational for understanding and applying SRV, and which you mention: social devaluation. A key point to make here is that it is only if the difference is valued negatively by the more powerful groups in society, that the people are more likely to be subjected to harmful responses from citizens and society at large. A difference like wearing glasses is not negatively valued, and therefore does not lead to devaluation. In part, this is because wearing glasses is not, by and large, contrary to any values of a Western culture. In contrast, differences like hearing voices or having compulsive behaviors are negatively valued. In short, no one with a positively valued status entertains wishes for difficulties with psychological wellbeing.

Lynda: That makes sense, Jane, and there is a lot of evidence outside of the SRV literature about how negatively valued mental illness is. While disclosure of mental health issues is increasing (Reavley & Jorm, 2014), there are still significant negative repercussions of being identified with mental illness. The 2013 study by the Mental Health Council Australia reveals that only a third of people with a current or past mental illness have disclosed it to their current employer, and that 22% of people surveyed report having experienced or observed discrimination against someone with a mental illness in a place where they have worked (Morrison, 2013). The social devaluation of mental health issues can be seen clearly in the reluctance of

people to admit publicly to their own mental health struggles.

Jane: Yes indeed. Understanding the dynamic of devaluation leads us to consider why it is that people with mental health issues are particularly vulnerable to shunning, stigma and discrimination. This is one place where values come into play. Western societies value things like independence, attractiveness, financial wellbeing, employment, economic participation (for example, purchasing items or contributing through taxes), education, thinking abilities, and acceptable social behaviour. Those people who have characteristics that do not reflect these western values are more likely to experience social devaluation and its impacts. The larger the number and the more severe the negatively valued characteristics are, the more vulnerable the people are likely to be.

For example, I'm reminded of a person I have met who, due to an old injury, walks with an odd gait. Poverty and poor nutrition have left him without his front teeth and he struggles to speak clearly. When people encounter a toothless man, mumbling and staggering towards them, they tend to move to the other side of the street or refuse him service in shops. Pain and reduced mobility make life difficult, but these other characteristics compound to greatly increase his isolation.

If we apply an understanding of this dynamic to the perception of and reactions to people with mental health issues, then some things become clearer. Consider someone whose mental health issues impair their thinking and behaviour, whose drugs have impaired the way they move, and where their capacity to look after themselves and to contribute to society is lessened. Some of the things that are done to people with these characteristics include rejection, separation from ordinary life through, say, living in some sort of group accommodation, and control by professionals in the mental health system. This person is also likely to experience a loss of roles: the role of stu-

dent, employee, tenant and neighbour. For some, they even lose the roles of son or daughter and sibling. Some roles are stripped from people when they are rejected, like wage earner, club member, homemaker, and even voting citizen.

Some people are much more vulnerable than others. For example, those who might have a mental health issue but who are still working, or who do not look different from how they used to, are less vulnerable than the picture described above. Mind you, people with mental health issues who are still working have heightened vulnerability to losing their social status if they lose their job, and especially if they then lose their home.

The consequences of being perceived and judged negatively can be vast. Wolfensberger (1998) describes impacts such as: being equated to one's impairment, thus losing one's authentic identity; rejection by family, community and others; being marked in some way as negatively different; losing control of one's lifestyle decisions; being put into negative roles (known colloquially as stereotyping) like sick, menace and burden; being socially distanced from ordinary people and places and being congregated with others with whom one has nothing in common other than a shared diagnosis. In everyday parlance, this is understood as prejudice and marginalisation. What Wolfensberger has done is to articulate the forms that prejudice and marginalisation and their consequences can take. I wonder if the construct of social devaluation as I have explained it here, and its implications for people with mental health issues, resonate with your observations and conversations?

Lynda: Thanks, Jane, for engaging with me and for helping deepen the discussion. The issue of social devaluation is obviously at the heart of much of what we are discussing here. These ideas certainly resonate strongly. But if I can push us a little further, you make the point that if a difference is valued negatively by the more powerful groups in society, then the people are more likely

to be subjected to harmful responses from citizens and society at large. So this raises the question of who is considered powerful and how we know whether those characteristics are valued or not. For example, I can easily imagine someone saying 'But I'm white/educated/employed. I don't devalue people', or a worker proclaiming, 'Sure, some people would devalue that quality–but there are plenty of others who do not', or even, 'I treat everyone equally, it's what's under the skin that counts.'

Jane: I think what you are naming here is the denial of a societal pattern by finding exceptions to the pattern. It could even be an example of denying personal actions that are unconsciously devaluing. First, let's be clear that it is not the purpose of a theory to validate whether a person or group does or doesn't devalue others. However, the theme of 'unconsciousness' in SRV reminds us that there is merit in working towards consciousness about these matters, and being wary of assuming the moral high ground. For example, do our words match our actions? In what ways might there be disconfirming evidence? To what extent are we conscious of the range of influences in our lives in terms of our perceptions of certain groups of people, given that humans mostly absorb values and perceptions unconsciously? Is it possible that we consciously work to value one group yet remain unaware of our devaluing of another?

Lynda: OK, but even if we work towards consciousness, the issue of what is socially valued still sits there. I understand that we are referencing what is culturally normative, so therefore in Australia, a Western values perspective would be dominant. Obviously we are working with some pretty broad generalisations. But even within that space there are some practices where the shared social value is highly disputed. For example, the shaving of body hair for either men or women, tattooing and body piercing are good examples of practices that are normative and even desirable in certain sub-cultures, yet would not be seen as desirable by all. So what happens when a subculture values particular practices differently from the main culture? Cross-cultural examples are rich with tensions. Let me play the devil's advocate for a moment. If an Australian woman is Muslim and her religion and culture value modesty and deem the wearing of the hajib, chador or burka appropriate, then would SRV actually suggest that this is inappropriate as it subjects her to negative stereotypes and potential racism in broader Australia? Would it insist that she give up her cultural and religious practices just to fit in?

Jane: To answer this, we need to return to the tricky issue of what is considered 'valued.' SRV asks us to be 'cultural readers,' referring to what is typical in terms of age, gender and culture. This is because it is members of the culture who determine what is culturally normative. Think of a bell curve. Some actions and images are culturally normative because they occur frequently and are considered typical, such as having friends, family, interests, and a home. Others are highly positive, even if they are not very commonly seen, such as a bride wearing a wedding dress on her wedding day. On this bell curve are also actions and images that are perceived as negatively valued, for example, smelling offensively, having a body that doesn't look 'typical' such as through being badly burnt, or wearing a wedding dress to do the weekly shopping.

Not only does SRV lead us to consider cultural norms, but also the values of a subculture. If an individual wants to be valued within a subculture, then it is the values of the subculture that are the guiding values. For example, in a prison subculture, helping to move drugs around a prison could be valued by at least some prisoners but would not be valued in the broader community outside of prison.

The above prison example illustrates that one consideration depends on who you–or the person you are seeking to support–want to be per-

ceived positively by. To return to your example, if a woman wears a burka and wants to be valued by members of the burka-wearing community, then that acceptance is likely to happen. If she wants to be valued by the non-burka-wearing community, that is less likely to happen, unless there are other mitigating factors, such as people perceiving her to be highly competent in something and/or that people get to know her personally.

This way of understanding the application of SRV is very potent. SRV does not say what we 'should' or 'shouldn't' do. 'Shoulds' are in the realm of values and ideology. For example, I might personally believe that of course non-burka-wearing communities should welcome and accept all women who wear burkas, but that doesn't change our societal reality. In Australian society, as many Muslim women would attest, women wearing burkas are not as easily accepted by a Western community as someone who doesn't wear a burka.

Lynda: Thanks, Jane, this is helpful and I particularly like the phrase 'cultural readers.' What this tells us is that the degree to which the characteristics of a person or group are valued by a culture or a subculture will very likely affect the way they are treated by that culture or sub-culture. I'm reminded of numerous parent-adolescent conflicts that echo this dynamic, with the parent referencing broader social values, and the adolescent referencing their peer sub-culture. The parent knows that particular choices will bring rejection from wider society ('You'll never get a job looking like that!'), whereas the adolescent knows that conforming to mainstream values may actually result in social rejection from their peer group. So if the young person is keen to get a job in hospitality, the removal of facial jewellery prior to an interview would be a helpful strategy and mean that potential employers are more likely to see them–and treat them–positively (McElroy, Summers & Moore, 2014). However if this same young person is desperate to be accepted by the metal-core subculture, abundant piercings

are 'scene currency' and will aid their transition (Rowe, 2012, 13). It is unlikely they will be successful at both of these ambitions. This means that there needs to be some trade-off or surrender of one set of values to the other. In turn, the right to choose needs to sit alongside an understanding of the consequences of that choice.

Jane: That's a good example, thanks. I especially like how you've raised the points about consequences of choices and the need for trade-offs, depending on what outcomes are desired.

I'd like to mention an additional complexity: the impact of repeated and long-term devaluation. For some, a dynamic is set up: they internalise the negative perceptions of the larger culture and have low expectations of themselves, and then justify the low expectations by rejecting wider societal values. This can lead to them eschewing roles and behaviours that are within what is culturally typical and valued; perhaps they prefer to be valued by those who do not reject them? In the example above, the young metal-core enthusiast might reject the idea of working for wages because they value more the opinions of fellow enthusiasts. Another example is highlighted in research by Runswick-Cole (2008) and Glenys Mann (2014) into why some parents choose the special school system. The research revealed that while parents might value the typical school system, they also value acceptance for their child, and they find acceptance in the segregated system. For people with mental health issues, they may find greater acceptance in groups of other people with mental health issues (see for example Shevellar, Sherwin & Barringham, 2014).

Lynda: What all of this demonstrates is how incredibly complex societal dynamics are, particularly when it comes to perception and values, and how devaluation and its impacts play out in human behaviour. Given this complexity, and if I can return to one of my opening concerns, how

do you see the issue of social values and class playing out in this dynamic? Is there any legitimacy to the claim that SRV promotes so-called 'middle-class' values?

Jane: Hmm, what is socially valued or devalued transcends class. For example, those who are poor or the working poor value having a home, safety, security, health and a positive future, just as the middle class do. If people, regardless of devaluing characteristics, want to be perceived positively by the wider community, then it is those values that inform what is culturally typical and valued.

Lynda: Thanks for that, Jane. So far we've wandered into the terrains of what is valued and who defines it, perception, consciousness, who people want to be perceived and accepted by, and shared societal values. What I'd like to do now is pursue another sticking point in applying SRV in mental health work: the tricky issues of choice and power.

There is a dominant ideology in our society that sees choice as freedom, and in the disability sector at least, equates autonomy with choice, privileging people's 'right' to choose. For example, if someone wants to be homeless, chooses not to bathe for a year or wants to wear pyjamas all day, then that is recognized as the person's choice and deserving of respect. And while there are some useful critiques of perversions of choice (see for example Armstrong, 2005), there is an ongoing challenge for work in mental health when support occurs for an adult rather than a child, for someone who doesn't have an intellectual impairment and whose illness may be episodic. 'Who am I to impose my values?' is an oft-heard cry in human services. The critique is that the implementation of SRV theory is paternalistic, and negates agency, free choice and the possibility of the individual negotiating his or her own subjectivities (Campbell, 1998).

Jane: Yes, it's not uncommon to hear that SRV denies people's choice, thereby taking away people's power. It's as if when people hear or read about SRV alerting us to people's vulnerabilities due to devaluation, they imagine that that means treading all over people's wishes. Relationships and dialogue are key. How we establish relationships with the people we support, and what those dialogues are, obviously are critical when trying to hold the tensions between respecting autonomy yet appreciating the vulnerabilities that people face due to devaluation. But let's return to the issue of choice.

Lynda: Perhaps an example will help ground our discussion? I am thinking of a woman in my network who has numerous mental health challenges; she hears voices, and her communication often makes little or no sense to people who do not know her well. She dresses oddly at times, such as wearing a ballet costume to a conference. People who work with her regularly, and know her and value her, will say to me that they understand her behaviour and communication. They observe that her dress choice is not random or weird, but is a deeply conscious act: the conference colours are reflected in the feathers on her exotic headpiece, or the word 'slip' in the conference title has led her to wear her ballet slippers. Her allies appreciate and respect the deeply symbolic level upon which she thinks and relates. They also wish that people would understand and respect her dress choices as being deliberate and thoughtful. This wish is understandable. However, holding this wish does not change the likely perception of her by other people. It is not typical dress and her choice is not valued in the context of a conference, where most people are strangers. The woman is therefore likely to be perceived as strange, and more likely to be avoided and rejected by others.

Jane: Great example, thanks, Lynda. And yes, an understanding of SRV guides us to forecast the likely consequences and to consider the person's vulnerability to further harm through being personally ostracised and through inequities at a societal level. This understanding of consequences is

a contribution of SRV theory and can be used to guide actions. SRV invites us to not simply hold good wishes for someone but to be mindful of working with the person to compensate for or reduce their vulnerabilities.

Lynda: Just to clarify further: if I want to reduce rejection for someone who has already had a difficult life and been hurt a great deal, then this will guide my actions. If I am supporting the woman in the ballet costume, I might respectfully steer her towards a compromise–honouring her symbolism but finding more socially acceptable expressions in her choice of dress, or guiding public and private expressions of her choices. (Perhaps I will ask if we can turn the feathers into a necklace, for example). Alternatively, if I believe that 'the right to choose' and the person's own wishes are all that matter, then I may elect not to intervene. This is ideology. It does not change the fact that there WILL be consequences.

Jane: Ah, you've returned to 'ideology.' Good. And you've made the distinction between a theory that guides our actions, and the ideology that guides whether we act or not.

  Applying SRV theory is helpful only once the personal and/or organisational assumptions and beliefs have been brought to consciousness. These beliefs could be, for example, about choice and whether there is a belief that all choice is good choice. Other beliefs could be about whether people with mental health issues can only be treated through medication and in clinical environments, or whether they can ever live typical lives, including having a home and working other than in a sheltered environment. Yet another set of beliefs could be around the place of families and whether they are generally helpful or harmful to the wellbeing of an individual. What we believe sits in the realm of ideology. SRV is a theory–but whether we apply it is where ideology comes into play.

Lynda: The distinction between theory and ideology is useful. Believing that devaluation is wrong, wishing it was otherwise or holding counter-cultural beliefs will not alter the consequences. Or to put it plainly, having nice thoughts doesn't suddenly make the world a nicer place. The consequences of a choice exist regardless of what I believe.

Jane: That's a great summary, thanks.

Lynda: Another of the key critiques of SRV is that it fails to interrogate and challenge dominant or taken-for-granted ideas and simply settles for prevailing norms (Burton, 1983; Chappell, 1992; Bleasdale, 1996).

Jane: Are you suggesting that SRV does not seek to change dominant social values, such as the emphases our Western culture places on beauty and material possessions, and social norms such as dressing appropriately for work and leaving home when of adult age? If so, then I think that is accurate. If one wanted to challenge those values, then another theory would be helpful. But having acknowledged a limit to SRV theory (and understanding that all theories have limits), it is essential to recognize what SRV does offer in terms of societal change.

  SRV has an emphasis on changing how people are perceived, through people being positively imaged and in valued social roles. Consequently, there are significant values and beliefs that SRV has challenged and has influenced. Beliefs such as 'people with mental illnesses belong in institutions' and 'older people are useless and a burden' are regularly challenged when people are supported into valued roles that lead to both community presence and social participation. That children with disabilities are worthless is a perception that has been challenged through the expectations of decent education and the success of students with disabilities in valued roles in regular schools. There have been significant world-wide policy changes, such that people

with mental health challenges can expect to live in community as tenants and neighbours. Older people are expected to work for longer and they themselves have hopes and expectations of remaining in their own homes.

SRV is particularly valuable as a theory to use when the intention is to change how people with negatively valued characteristics are perceived. For example, people with mental health issues are often stereotyped as dangerous to the public, burdensome to the economy and the health system, untrustworthy, unpredictable, and incompetent. There might be grains of truth for a minority, for example, some people with mental health issues are violent and many find it difficult to keep a job. However, the stereotypes are very unfair and unjust impressions of people. SRV gives us ways to identify those societal and human service practices that reinforce the pre-existing perceptions of people with mental health issues and to do something about them.

Lynda: That's a great point, Jane. At least in this respect, SRV theory aligns with other approaches to mental health, such as 'recovery' and the more recently named 'discovery' approaches (Scotti, 2009; Glover, 2014). All of these approaches seek a shift away from harmful stereotypes, and from other negative roles (such as patient, or menace) to a full and positive life as a full citizen in society. And these approaches honour the person's own history, context and aspirations.

So, following this argument, if people have negatively valued personal characteristics, then they are vulnerable to bad things happening to them (for example, understanding that a person who dresses quite oddly may leave them vulnerable to being ignored or mistreated by others). And if we wish to prevent further harm from occurring, then how do we know the right thing to do? If not adherence to some grand ideology, like 'the right to choose,' then what guides us in how best to act?

Jane: Working out how to respond to someone who seems to be making decisions that are likely to bring, for example, ostracism and low expectations, depends on how well one knows the person. 'Knowing' in an SRV sense particularly refers to how well one is able to discern the needs and the vulnerabilities of the person. This speaks to the challenge noted earlier: 'Who am I to impose my values?'. It is not about imposing my personal values. It is knowing what the person themselves needs and values deeply (such as home or friendships), alongside what society values and penalizes, and trying to hold any tension that might exist, while working through a respectful relationship, to enhance a person's life. The degree of influence I have in someone's life will depend on how well I know them, as well as what role I am in and how skilful I am in working through relationship. Our conversation is moving beyond simply understanding the theory to how we might apply the theory.

Considering the needs and vulnerabilities of an individual or group raises awareness that much more might be at stake for someone than the need to make choices. Depending on people's past experiences, their needs could include (but not be limited to) respect, reconnections to past friends, valued roles, acceptance, belonging, home, transport, purpose, contribution, and so on. Consider some of the needs that might compete with the need for choice. They are often needs for dignity and respect, such as when their own choice raises an image issue and the likelihood of rejection. The need to make choices can also compete with needs for physical wellness and purpose, such as when the choice is to stay in bed all day. It is possible that if we increase our emphasis on 'choice' because of our personal or organisational values without also being mindful of people's vulnerabilities, then we can cause harm in the areas of their other needs.

Recently it struck me that in human services, there is a lot of emphasis on duty of care. This is typically about someone's physical wellbeing:

'safety duty.' Most times there is no debate about whether to act when there is a risk to physical harm. Would it help to see a parallel 'duty' in our discussion? Perhaps we can see the issue that we're discussing as 'roles duty' (helping people maintain or develop valued roles and relationships), 'image duty' (so that observers make up their mind positively about the person or group) and 'competency duty' (so that skills can compensate for other things that are against them)?

Lynda: Responding to needs with the idea of 'roles duty' is intriguing. It also helps contextualise our treatment of risk and extend our understanding of preventing harm.

In doing so, what this discussion gives to me, as a practitioner, is a reminder to consider the larger social and cultural forces that surround us. Discussions of individual choice or individual behaviour stand alongside larger societal dynamics, which we can influence, but that also influence us in turn. We can never truly stand outside of these.

Jane: That's a succinct summary–thank you. In our practice, we tend to focus on the micro as if the macro context doesn't exist. We can still work closely connected to an individual, but we also need to appreciate that many dilemmas come from our societal context.

Perhaps to help us conclude I can offer a summary response to your initial queries? Firstly, we have established that it is the culture and the powerful or dominant groups within that culture that determine whether something is valued or not. This refers to both sub-cultures and dominant cultures; which values matter depends on who one wants to be perceived positively by.

Secondly, choices carry consequences. How well a person manages those consequences will differ depending on their overall vulnerabilities.

Thirdly, there are those situations where someone makes choices that actually heighten their vulnerabilities. Therefore, the following corollaries exist.

(a) An appreciation of the individual's needs and vulnerabilities is an essential starting point. This is not a deficit list but rather those things that, if met, would assist the person to live well and access the good things in life that others take for granted (Sherwin, 2014).

(b) 'Taking away people's choices' is a common critique yet a misinterpretation of SRV theory. Any action is mediated through the relationship. Precisely what happens within the dialogue is outside of SRV theory. Explorations of power-with rather than power-over dialogues, such as work by Kendrick (2000) on 'right relationship,' is very relevant. I am also reminded of comments from our colleague, Neil Barringham, who is so experienced in this area. He said, 'In my mind (as a community worker), one can take the analysis that SRV informs and then ask–how might I dialogue this with the people concerned? It is in this dialogic process that I see emancipation, agency and empowerment happening' (2014).

(c) If someone has no cognitive impairment, then for example, the amount of influence by a worker could be limited to providing information and helping the person forecast the consequences of their decision. On the other hand, if someone has cognitive challenges through being drug affected or having an intellectual or decision-making impairment, then the type of guidance and influence could be greater. This is explained in an SRV theme called the conservatism corollary (Wolfensberger, 1998, 124-127).

SRV invites us into a space where we understand vulnerabilities and hold the tension between competing and complex needs. It is not an easy space to be in, yet is vital if we are to do ethical and helpful work.

Lynda, thank you so much for this interesting conversation. I hope it has been illuminating, and hope others find it informative too. ❧

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On a Role

Marc Tumeinski

Introduction

THE PRIMARY PURPOSE of this ongoing column continues to be to explore the key concept of social roles: in regard to (a) learning and teaching about roles, (b) assessing role dynamics (as in PASSING), and (c) working to help societally devalued people to acquire and maintain socially valued roles, with an eye towards greater access to the 'good things of life' (Wolfensberger, Thomas & Caruso, 1996).

In this column, I expand upon a 1977 article by Payne on role continuity and role development. The author puts forth what she calls a 'mini-theory' in sociology that draws upon social role theory, specifically in terms of the acquisition of new social roles (Payne, 355). This is clearly pertinent to Social Role Valorization (SRV) theory and implementation. My goals are to draw out some SRV-relevant points from the article, and to illustrate how SRV can apply to a range of societally devalued groups, not only to people with physical or intellectual impairments. In this case, Payne's article deals specifically with the societal devaluation of elders.

The author describes this sociological mini-theory as a social restructuring model that tries to anticipate heightened vulnerability of elders and to put resources in place to hold off such vulnerability (Payne, 356). More specifically, the article proposes that helping vulnerable elders to acquire the valued social role of volunteer can potentially bring a number of benefits, while also staving off a number of negative social and psychological experiences–including imposition of the sick role (Payne, 355). In light of SRV, this can be seen as a concrete role goal. Payne describes the volunteer role as:

- having a positive social status
- being a fairly normative role for elders
- promoting or maintaining independence
- fostering self-esteem
- contributing positively to organizations that use volunteers (Payne, 356, 358, 359)

Sociological Theories of Aging

IT MAY HELP to briefly consider this mini-theory in light of other contemporaneous sociological theories of aging. The **disengagement** theory of aging proposed that elders almost inevitably withdraw from activities and social roles as they age, and thus voluntarily 'make room' for next generations while also preparing for death (Novak, 2012, 143). Though largely discredited within sociology, some people may still unconsciously hold beliefs consistent with this theory. The **activity** theory challenged disengagement theory, proposing that disengagement is not inevitable nor necessarily voluntary. Rather, elders seek out new activities and roles to replace any lost activities or roles (Novak, 2012, 144). **Continuity** theory proposed that elders instead go through a more evolutionary change consistent with their entire lifetime of roles and activities. Rather than simply taking on dis-

tinctly new roles to replace old ones, elders build on past roles, choices and experiences to adapt or incorporate new ones (Novak, 2012, 144-145).

Potential Links with SRV

WHILE THE AUTHOR does not draw on SRV theory, some of her findings are consistent with facets of SRV, and are suggestive of possible SRV implementation strategies. In essence, Payne's article touches on such SRV-relevant concepts as heightened vulnerability, social and societal devaluation, wounding, role loss, valued roles opening doors to the 'good things of life,' the culturally valued analogue, role domains, role expectations, age-appropriateness, and issues of image and competency.

As noted above, Payne's article draws on what is commonly called a continuity theory of aging; namely, that the significant choices that an elderly person makes are generally consistent with their lifetime of experiences and beliefs (Payne, 355, 356; cf. Atchley, 1989). As the developmental model in SRV similarly makes clear, human beings build on existing competencies, abilities and skills. In line with continuity theory, therefore, Payne advocates that elders could be encouraged and supported to draw on a lifetime of role-related competencies and role-relationships, with the aim of taking on the valued social role of volunteer (Payne, 356). Such skills and relationships could be a rich 'resource pool' that can become a basis for stepping into a new valued role as volunteer. For example, competencies gained through work roles (e.g., writing, budgeting, personnel management, scheduling, conflict resolution, dialogue, etc.) could be restructured or adapted to be useful in the volunteer role. Connections and relationships made through work could continue or be supported to continue, though likely with some changes, in the volunteer role. Note that these goals would not necessarily occur naturally for elders vulnerable to societal devaluation, but would likely need to be consciously implemented.

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:

Marc Tumeinski
The SRV Journal, 74 Elm Street, Worcester, MA 01609 USA
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The social restructuring model proposed by Payne could ideally provide a level of social participation and continuity with past skills, roles and relationships, while also supporting entry into a new socially valued role. It could contribute to additional forms of growth and competency enhancement (Payne, 359-360). Such restructuring of existing skills could provide an adaptive alternative to taking on the devalued role of sick person, for example.

Payne recognizes that some elders may be taking on the volunteer role for the first time, while for others, it may be a continuation or a regaining of a volunteer role. Myriad volunteer roles exist in a range of cultural and societal domains–for example, volunteering in a school, community theater, neighborhood group, conference, not-for-profit organization, political organization, religious community, sporting event or museum.

Payne highlights the idea that the role of volunteer must be real, meaningful, instrumental (e.g., making a tangible contribution), age-appropriate, and socially valued or prestigious (Payne, 356). Not all volunteer roles, for example, are equally societally valued, image-enhancing or competency-enhancing across all societies, cultures and sub-cultures. The volunteer role can also ideally incorporate both instrumental and expressive role dimensions–that is, it can foster social and relationship skills, as well as task-specific competencies (Payne, 360; Wolfensberger, 1998, 71). For example, volunteers in a community theatre may be interacting with patrons (expressive), or helping to set up stage lighting or assisting in the design of a fundraising plan (instrumental). The above are key distinctions consistent with a nuanced SRV analysis.

In terms of the SRV concepts of social devaluation and wounding, the article author proposes that the role loss that elders often experience commonly leads to vulnerability, negative labeling, loss of competency, entry into devalued roles, and loss of self-esteem (Payne, 355). In most western cultures, this is so often tied to the forfeiture of work roles; for example, through retirement, layoffs or downsizing. Payne further notes that some forms of organized human service geared towards older persons may actually exacerbate such wounding and devaluation, resulting in the negative labeling of elders and lowered self-esteem (Payne, 356). This is a keen insight at a time when some residential and 'day' models of service aimed at elders do reinforce heightened vulnerability, e.g., by creating or reinforcing congregation and segregation; life-wasting; and imposition of devalued roles, such as child, burden, or better off dead.

An indirectly related SRV example is that many PASSING teams which visit nursing homes or adult day health centers, for example, are faced with this harsh social reality that reflects the shifting values of the culture around elders, as well as the imposition of non-programmatic factors (such as personal, political and societal funding decisions and constraints) on elder services. While this speaks to a more significant degree of devaluation and subsequent wounding than Payne's caution, it is not unrelated to the more systemic problem of devaluation caused or exacerbated by human services (whether consciously or not).

The social reconstruction model described in Payne's article is predicated upon anticipating role loss and subsequent devaluation, and acting to prevent or minimize such devaluation (cf. Wolfensberger, 1998, 82). This is a key insight: rather than wait for role loss to occur, this model calls for acting ahead of this risk by beginning to move into new valued roles, and/or to enhance valued roles already held (Wolfensberger, 1998, 100). This point also connects to the idea of anticipatory socialization described in a previous column (Tumeinski, 2014).

Put into SRV language, Payne proposes that the valued roles from various role domains which elders filled during their adult life–even if they have exited these roles–gave them skills and relationships which they can then use to acquire new valued roles, and thus help to forestall, prevent or minimize wounding and devaluation

that typically come from role loss (Payne, 356). Some of these role skills and role relationships may have come through employment, membership in church or other faith-based communities, family, leisure activities, belonging to community organizations, and so on. Someone with experience in budgeting may use those skills to volunteer for a not-for-profit organization, for example. The relationships and connections that one built up as an adult can be drawn upon to find out about available volunteer positions, can lead to introductions to the right people that open the way for taking on a volunteer role, and so on.

The author bases her recommended model and actions upon an analysis of the predominant values of the surrounding culture. In this case, Payne's evaluation includes the recognition that productive work is expected and even highly valued for adults. This understanding is consistent with the SRV analysis typically presented during leadership-level SRV workshops, and generally conducted as part of PASSING workshops (e.g., particularly around the discussion of the culturally valued analogue). It also fits with the SRV framework of the 'good things of life' (Wolfensberger, Thomas & Caruso, 1996). Payne notes that this understanding of the value of work raises the reality of vulnerability for those elders who are no longer able to perform a work role at the same level of productivity.

Based on this study of the contemporary culture, Payne focuses on the role of volunteer as a distinct valued societal role that is simultaneously related to the work role (Payne, 356) and yet may be more accessible to elders. This emphasis is relevant to the SRV role goal of "enabling entry into positively valued new roles" (Wolfensberger, 1998, 88); in this case, the valued social role of volunteer. Payne points out that exiting from the role of worker within a culture that holds these predominant values around productivity can create a vacuum, at least if it is not replaced with another societally valued role such as volunteer

(Payne, 356). SRV theory adds that such a role vacuum often opens the door to the imposition of societally devalued roles, such as the sick role or the role of burden.

In relation to the role of volunteer, Payne also prudently emphasizes the importance of the meaningful use of time in that role (Payne, 356; cf. Wolfensberger & Thomas, 2007, R232). She highlights the importance of regular enactment of a valued role–in this case, exemplified by daily or at least regular engagement in the volunteer role (Payne, 359). Meaningful time spent carrying out the role can contribute to both image- and competency-enhancement.

Conclusion

IN SUMMARY, a study of Payne's article reveals several SRV-relevant points, including:

• reading the culture to understand its predominant values

• anticipation of heightened vulnerability and role loss due to entry into a (more) devalued social status (e.g., whether due to aging, impairment, impoverishment, etc.)

• the reality of devalued roles 'pushing in' to fill vacuums left by loss of (valued) roles

• building on past roles to build new valued social roles

• focusing on roles that are image- and competency-enhancing, and that open the door to greater access to "the good things of life"

Although the author concentrated specifically on the acquisition of the new valued role of volunteer for elders, some of her lessons are broadly relevant to other societally valued roles and role domains, and for other societally devalued and vulnerable social groups. What possibilities exist for further adaptation of Payne's work in light of SRV and PASSING? SRV-based adaptation of her ideas would take even further study, analysis and description. I encourage readers of this journal with experience in such work to submit articles to the *Journal* on this topic. ☙

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Announcing the availability of
A Set of Five DVDs of Two Presentations by Dr. Wolf Wolfensberger on the History of Human Services

In 2009, the Minnesota Governor's Council on Developmental Disabilities produced a set of DVDs, based on a videotape, of two one-day presentations on the history of human services presented by Dr. Wolf Wolfensberger & Susan Thomas at Millersville University in Pennsylvania. The first day 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, & Some Universal Lessons for Planning & Structuring of Services Which Can Be Learned from This History." It constitutes approximately six & a quarter hours running time.

The second day is entitled "Reflections on a Lifetime in Human Services, from Prior to the Reforms of the 1950s-70s to the Present, with Implications for the Future: What Has Gotten Better, What Has Gotten Worse, What Is the Same, & What Lies Ahead." It constitutes approximately four hours running time.

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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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REVIEWS & MORE

GENIE: A SCIENTIFIC TRAGEDY. By R. RYMER. NY: Harper Perennial, 1994. **REVIEW AVAILABLE ONLINE @ www.srvip.org**

Reviewed by Bill Forman

THIS HARROWING STORY describes how Genie, a young girl, is raised by an abusive father to have almost no contact with other people from a very early age. She is tied into her bed or on a potty training seat, and shut in a darkened room. Her father does not permit any contact with her, and intermittently barks like a dog at her door when she makes noises. When, upon her father's death, she is finally liberated, she becomes an object of curiosity for the professionals who uncover her. Despite the efforts of one loving social worker who wants to make a home for her, Genie becomes a scientific commodity. The fact that she acquires a certain level of language proficiency disproves the Chomskian theory of language development, but at a terrible cost to the child. For the Social Role Valorization instructor, this book is invaluable, however horrific. It does indeed make an inarguable point about the developmental model but, more importantly, it shows the importance of family and the dangers of professionalism run rampant. Genie's humanity is first denied by the abusive conditions of her home, and then consumed by the dehumanizing machinery of professionalism that swallows her up.

BILL FORMAN is an SRV trainer with over 30 years of experience in human services, advocacy, community development & adult education. He is a founding member of the Alberta Safeguards Foundation, an SRV training group.

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THIS MAYOR'S DECREE: SMILE. By C. KILGAN-NON. New York Times, online version 22 March 2013; print version 24 March 2013. **REVIEW AVAILABLE ONLINE @ www.srvip.org**

Reviewed by Bill Forman

The 'Local Character:' A Social Role with Real, but Tenuous Value

OCCASIONALLY, VARIOUS POPULAR MEDIA FEATURE stories about someone who is a fixture in a local neighborhood or community, but who occupies few, if any, major normative roles. The person is often viewed with affection by others in the neighbourhood; the stories tend to be quite sentimental and inspirational in both intent and content. Typically, the person described has a (sometimes great) number of regular contacts and activities, some attached to minor social roles. Often, these people are eccentric or disabled in some way, and differ in their behavior, lifestyle and competencies. They are treated as colorful 'local characters.'

One such story, 'A Keeper of Memories,' in the March 24, 2013 edition of *The New York Times*[1] describes the lifestyle and some of the life history of a man named Bobby Fibel, who lives on Broadway, in New York City, near Columbia University. The article begins "Every neighborhood in New York City has its unofficial mayor, and Morningside Heights has Bobby Fibel." Elsewhere in the article he is referred to as the "King of Broadway."

Mr. Fibel did not finish grammar school, and took odd jobs as a boy. Now 69 years old, he still earns spending money by running errands for the merchants of his neighborhood. The article attributes his lack of a "more regular job" to his being "intellectually delayed."

Stories like Mr. Fibel's are often held up as proof of the continuing existence of 'community' in a broad sense: social comity, good will and a commitment to one's vulnerable neighbors, albeit in small, contained locales. From the article:

"This neighborhood is his universe," said Michael Zoulis, co-owner of Tom's Restaurant. "The way he lives, it's like something you'd have in a small town, not in Manhattan."

It is difficult to characterize the social role for people such as Mr. Fibel. In earlier times, such people may have been 'village idiots.' The village idiot was at one time a formal role, to which one was elected or relegated by the consensus of one's community. In later times, the role and its title persisted, but were informally attributed. In modern parlance, it is a pejorative.

The village idiot role may not, however, be an adequate term for people such as Mr. Fibel. In spite of his disability, lack of typical major social roles and (in some regards) low social status, Mr. Fibel does seem to enjoy a level of personal respect and affection from his neighbours.

People in similar circumstances might also be seen as mascots for socially valued others. The mascot role is a common one for many devalued people, and can be imposed at all stages of the lifespan. It is a variation of the role of trivium.

Some valued persons found in valued social roles may have characteristics in common with the ones in question here. Privileged people sometimes filled the roles of 'man about town,' 'bon vivant,' etc. Many people who occupy such roles are not dependent on employment for income, and so have no work or career roles. Their activities and roles focus on socialization. One social role useful for a comparative SRV analysis of people like Mr. Fibel might be that of the 'flâneur.'

The concept of the flâneur seems to be peculiar to French urban culture and language, though it has wider use[2] and multiple meanings. Webster's Online Dictionary[3] defines it as an "an idle man about town." The term may still apply in Parisian life. A headline in a recent *New York Times* travel section is titled "Paris: Four restaurants for the flâneur."

Even if one were to choose the life of the flâneur, many modern cities, especially North American

ones, are not characterized by either neighborhood stability or a vibrant street culture, both of which work against the achievement of the flâneur role.

There are some important differences between Mr. Fibel's social roles and that of the flâneur. One is the protection provided to the latter through social status and economic means. The flâneur is someone who has the economic means to pursue his lifestyle without holding down regular employment and relying on the income. He also enjoys a high social status as part of café society.

Mr. Fibel, on the other hand, is reliant on his social security cheques, pocket money earned through errands, and free meals provided by the restaurateurs and barkeeps of his neighborhood. (He does, interestingly, have more than sufficient shelter–a 5 bedroom (!) rent controlled apartment on Broadway.)

Mr. Fibel was raised by an aunt and, one assumes from the article, continues to live in her apartment. He has a part-time home attendant on weekdays. The article states that he is supported by neighbors, and receives much in the way of free goods, food and services from sympathetic shop owners in the neighborhood. It also describes some less appealing aspects of his lifestyle: his apartment is "sparsely furnished" and he sleeps on a couch, covered by a thin blanket. He sits in a folding chair, watching television while keeping "one eye on Broadway."

Though not always attributed to SRV or Wolfensberger, many human services support people with disabilities to attain and maintain social roles, including avocational ones. Roles that are enacted during the day that are not work or career related are challenging to imagine and construct, as most people of working age are at their workplaces, acquiring skills and competencies for a career, or looking for work. The work roles in turn lead to fulfilling social relationships.

Often, human service workers and agencies will default to accompanying the people they support, either individually or in groups, to a patchwork quilt of activities that hold little potential for either social inclusion or relationships, and contain little or no elements of role identity. These activities, based in community settings, are counted as successful 'inclusion,' ranging from walking through shopping malls to sitting in coffee shops to recreating and exercising.

While Mr. Fibel's life and lifestyle does include more positive elements than those described above, it also contains some vulnerabilities. His neighborhood is, for the moment, filled with places where he is known and welcome, and includes many people who seem to 'look out' for him. Neighborhood gentrification can change all that quickly. When just a small number of people, businesses or social locales (or even only one), disappear, the character and comity of a neighborhood can change rapidly. As Mr. Fibel lives alone, one wonders if any of the neighborhood people currently concerned with his well-being would sustain their relationship with and commitment to him, should they be displaced or choose to move. Mr. Fibel's current lifestyle is sustained by a network of such relationships, and contains few major social roles or essential responsibilities to tie him to others. As he ages, the question raised is how much more support he will require to care for himself. Living alone may present new challenges, and he may require the concerted, committed advocacy of one or a number of people around him to ensure his well being, independence and participation in community life.

There are, to be sure, many positive aspects to Mr. Fibel's story, which can be instructive to human services and others struggling to help people acquire non-vocational social roles during the day. Mr. Fibel lives his life and is seen as a unique individual. He is not part of a group of people with disabilities that participates in community settings and activities, mediated by human service involvement. Mr. Fibel's roles and lifestyle seem, from the evidence in the article, to have been almost entirely constructed not by human services, but, rather, voluntarily by his fellow citizens in

Morningside Heights. As such, it may be more organic; free from the constraints of human service priorities, funding and regulations, and derived from a freely given and affectionate motivation.

The article is also written in the vernacular, and so is both understandable and compelling to non-professionals. The narrative is inspiring in how it describes how caring citizens can respond to potential vulnerability without formal intervention from human services. It does describe some instrumental support he receives from his community, some genuine, though minor, roles and responsibilities, and some affectionate relationships. Lastly, it does describe a neighborhood where some degree of social cohesion and comity does exist, however tenuous that might be.

It is not constructive, however, to be romantic or seduced by this type of story. As noted earlier, the good life that Mr. Fibel currently enjoys (at least as described in the article) may be tenuous, and secured only by the good will in his current relationships. He has many vulnerabilities and the article does not indicate that any conscious analysis or planning has taken place to safeguard against these. It would be misleading to equate his role with that of the man about town or flâneur, as the latter have many other powerful safeguards in the form of income, social roles and high social status.

William Stringfellow describes a similar phenomenon in his book "My People is the Enemy,"[5] when he talks about the plight of African Americans in New York , who are similarly trapped in a vocational underclass.

> *Kids like Bob go to school and receive nothing there which fits them for life and work in the city. If the young person is conscientious, as Bob was for a while, he tramps the streets and tries and tries to get a job. But because of his … functional illiteracy, and because his clothes may not be as presentable as other applicants,' because he's not a*

> *member of a particular union, and finds that he can't get into it when he applies, he ends up, if he's lucky, with some part-time, short-term, marginal, menial job.*

Articles like this one could be very useful in teaching the implementation of SRV, especially if the instruction includes an analysis of their shortcomings. Another resource is a documentary film called "The Collector of Bedford Street." It describes a man, Larry Selman, who also lives in a neighborhood of New York City.[6] Like Mr. Fibel, he had little in the way of typical career roles (though he was a dedicated and tireless fundraiser for charities), and was seen as something of a 'local character.' Unlike Mr. Fibel's story, the film describes how his neighbors undertake a very conscious and concerted strategy to address his vulnerability. When the family member upon whom he relied for financial and instrumental support, monitoring and decision-making was no longer able to carry out that role, Mr. Selman's neighbors formed an "Adult Supplemental Needs Trust," sponsored by the Bedford-Barrow-Commerce Block Association, through the UJA-Federation Community Trust for Disabled Adults. This trust established by his neighbors was the first time a group other than family had done so through the UJA Federation. It allowed Mr. Selman to continue living in his apartment and neighborhood. Mr. Selman died on January 20, 2013 at age 70.

Yet another danger is that articles such as this one can paint 'community' as magical, and romanticize its capacity. Deinstitutionalization and community inclusion efforts have fallen prey to this, with disastrous results. Efforts to secure vulnerable people in social roles and community life typically require analysis and coherent strategies and models. To merely hope that the good things in life will emerge by 'being in community' is naïve at best.

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THE LOBOTOMY LETTERS: THE MAKING OF AMERI-
CAN PSYCHOSURGERY. By MICAL RAZ. Rochester,
NY: University of Rochester Press, 2013, xii,
pp 166, illustrations, endnotes, index, $85 US
hardcover. **REVIEW AVAILABLE ONLINE @
www.srvip.org**

Reviewed by Thomas Malcomson

The Story Is In The Letters

DR. MICAL RAZ HAS WRITTEN a detailed account
of America's most avid promoter of lobotomy,
neurologist and pathologist Walter Freeman. It is
a different approach than other histories of psy-
chosurgery, in that it attempts to let the contem-
porary context carry the evaluation of this proce-
dure rather than to look back at it with distain.
He also focuses on one physician's (albeit a major
proponent of and innovator in the technique of
lobotomy) use of the method to treat people ex-
periencing mental disorders. To this end he uses
the personal files and letters of Dr. Freeman to
tell the story. The book that is produced is inter-
esting but it is not for the novice; some general
knowledge of the brain, psychosurgery and basic
psychoanalytic theory is required to get the most
out of the volume.

In the first section of the book, Raz locates lo-
botomy in the context of the psychiatric and med-
ical thinking of the mid-20th century. It is appar-
ent that lobotomies were developed within the
professional conflict that arose between neurolo-
gists, psychiatrists and neurosurgeons during the
late 1920s and early 1930s. Each of these areas at-
tempted to use the new research into the brain and
mental disorders to create an approach that could
give them an effective treatment over the seem-
ingly untreatable problems. The second half deals
with Freeman's use of lobotomy, his innovation,
how he judged success, and his abundant corre-
spondence with ex-patients and their families.

One of the major issues in understanding the
brain at this time was the debate over whether

capacities or functions were localized at specific
spots or distributed more holistically across the
brain. Freeman rejected the holistic approach, in-
stead holding that specific functions had specific
spots in the brain. In terms of mental disorders,
the problem was the interaction between the per-
son's foresight and insight, two elements of the
personality located in the frontal lobes (at the
front of the brain behind a person's forehead) and
the thalamus, a brain structure located slightly
lower in the brain, which controlled emotional
responding (among other things). Freeman saw
mental disorder as an imbalance in the thalamus's
involvement with the frontal lobe; the emotion-
al element invading, in a sense, the personality's
abilities of foresight and insight, causing a per-
son with a disorder to focus too much on their
own emotional interpretation of the world. The
theory suggested that lobotomy disconnected the
frontal lobe from the thalamus and thus turned
the emotional focus away from the individual and
outward to their surroundings. What the person
lost in the process was their foresight and insight.

Originally the lobotomy was performed in a
surgical procedure where the neurosurgeon would
drill a hole in the skull of the patient just above
each temple (called a craniotomy). A surgical
blade would then be inserted to a pre-determined
depth, moved back and forth and then removed,
the hole being closed over. In this format the pa-
tient would be anesthetised and x-rays used to
guide the insertion of the blade. This was a lengthy
procedure and, with exposing the brain, patients
could contract fatal infections. While he learned
to do lobotomies this way Freeman developed a
radical alternative procedure. In 1947 he created
an instrument, called the leucotome which resem-
bled a long thin ice pick, with markings to indi-
cate the distance along the shaft from the sharp
point. This instrument was inserted between the
patient's nose and their eye. When the leucotome
reached the back of the eye and the transorbital
bone of the eye socket, a small hammer was em-
ployed to drive the instrument through the bone

and into the brain. After moving it back and forth horizontally and then vertically in a prescribed arc the instrument was removed. The same area cut by the craniotomy procedure was sectioned by the transorbital method. The difference was that Freeman's innovation was quicker to perform, could be done by non-neurosurgeons, on an outpatient basis and led to fewer cases of infection. It did not use x-rays to guide the placement of the instrument, occasionally resulting in patients having to have the procedure done more than once to get it correct. Failure to know the exact position of the leucotome sometimes caused profound impairment and even death, when the instrument was placed too far into the brain. Not everyone approved of the new technique, especially the neurosurgeons who saw themselves being excised from the procedure. Dr. James Watts who had practiced, explored and wrote about lobotomy with Freeman eventually stopped working with him over disagreements about the new technique.

Freeman employed a childhood metaphor to address the condition many patients' found themselves in after the procedure. Freeman suggested that the lobotomy reduced the person to an infant-like state requiring them to re-learn appropriate behaviour (much like a child), in order to be socially competent. Raz states that seeing them as child-like "was a form of management of frustration, as caregivers and nurses were encouraged to punish and even spank the patient [an adult] as part of their treatment" (p. 4). The best case scenario was the return to adult-like behaviour without symptoms of the former mental disorder. This ideal state did not occur often and when it did it was usually short lived as symptoms of mental disorder returned. Many lobotomy patients lost the ability to plan or coordinate their daily life, were emotionally flat, many fell silent, incontinence was not uncommon, along with the failure to understand the consequences of behaviour, and occasionally epilepsy resulted from the procedure. This state which Freeman labeled as child-like was a permanent state for many. SRV's

greatly discouraged image of the eternal child was within the practice of lobotomy a totally acceptable state (if not the preferred state) and considered at least a partial success.

It is clear that Freeman saw the operation as the last opportunity for patients with major mental disorders to be cured and to return home to their families. He followed up each case with repeated examinations and letters asking for an update from the patients who were no longer near to where Freeman's practice was located. He appears to have kept all correspondence with his patients. When travelling across the United States, he would visit former patients to see for himself their progress or lack thereof. This man believed totally in his method and did care deeply about his patients though only within his framework of the cause and treatment of mental disorders. He viewed failure to improve as not so much his fault but resting in the profoundness of the patient's mental disorder or the failure of patient or family to engage in the proper post-surgery rehabilitation.

Success for Freeman was judged by the patient's ability to assume some form of employment, from paid work or performing unpaid house cleaning chores. Work was a sign of adulthood and adjustment. It also meant the person could leave the institution, provide for themselves or help maintain a household and not be dependent on the state. If we stopped here with his view on work and returning home, SRV theory's position on valued roles and good living arrangements would appear to be met. But Freeman's perspective did not value the job or home as the ultimate end goal; it was rather to save tax dollars needed for institutionalization and/or care in the community, a true utilitarian perspective. He held that saved public funds even outweighed the grievous side effects many patients lived with for the rest of their lives.

For this reviewer, the most troubling aspect of the book is the clear sense from the letters of patients and their families that many of them saw (like Dr. Freeman) this treatment as a last hope

to end the patient's struggle with mental disorder and return them home to their family. The disturbing element is that they tended to view the outcome as fulfilling that wish, regardless of the physical and psychological impact the lobotomy actually had (see p. 93). Letters to Freeman from patients and their family members speak of dealing with the side effects of the operation, in some cases the operation's clear failure to 'cure' their relative by any stretch of the imagination, but none given in the book criticize or blame Freeman. Most matter-of-factly report the patient's condition, thanking Freeman for his letters asking for an update on the patient. A few speak of the agony of the return of the mental disorder and the patient's deterioration, one even asking for another lobotomy (which Freeman said was not possible). Some even asked Freeman's opinion on other life decisions, clearly respecting and admiring the man who performed the lobotomy on them or their relative. There is a profound sense of strength in the "voices" of the patient and the family in the letters, but they are here largely in the role of supplicant to the great physician.

Raz views the praise and acceptance of the outcome (even when it is poor) by patient and relative as the same as the acceptance of this procedure by neurosurgeons, neurologists, psychiatrists and other physicians and institutional administrators as providing the context in which lobotomies could be continued to be performed, even without truly significant patient improvement (p. 99). Only when the "new" psycho-pharmacological approach was shown to alter symptoms of mental disorders and the understanding of the brain advanced past that of the 1950s did lobotomy begin to look primitive and ill-advised. Freeman performed his last lobotomy in 1967, killing the patient and thus losing his hospital privileges. The remainder of his professional career was marked by Freeman's descent from notoriety and the rejection of his ideas.

The faith in "new" technologies to bring healing and cure is a big part of this narrative, though not really touched on by Raz. The story of Freeman and that of his patients and their families, as told in the letters, is about the way that an idea, not truly tested, escapes into the theatre of practice where it is enacted repeatedly and is hailed as a success, even though it often left a person impaired. The rush to acceptance is fueled by a desperate hope within physician, patient and/or family to find a cure, a fix, for the patient's troubling state of being. In the case of the lobotomy, it would appear an emotionally flattened, lethargic, uncommunicative outcome was considered better than being in the grips of the mental disorder.

The book's three images include two photographs from Freeman's work with lobotomy patients and a cartoon representation of the relationship between lobotomy and a variation on the psychoanalytic model of id, ego and super-ego. One image in the book is that of an "adult" patient's teddy bear, sitting on a bed. The teddy bear has a bandage around its head, we are told, like that of its' owner (112). The lone figure is an example of a follow-up chart for a lobotomized patient. Ample endnotes provide direction to both primary and secondary sources used in the book. The index is brief but workable.

Those with an interest in medical history, especially in psychosurgery, will find this book informative. People engaged in studying or involved in the application of SRV will find the book provides a clear example of three things; 1) the casting of patients into the role of eternal children, 2) compliant response of patients and their families to the physician's explanations and treatments of the patients' mental state, and 3) the use of a physical 'fix' for conditions deemed problematic even after the 'fix' does not deliver.

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A Beautiful Mind: The Life of Mathematical Genius and Nobel Laureate John Nash.
By Sylvia Nasar. New York: Touchstone Book (Simon & Schuster). Trade Paperback, 461 pages.
REVIEW AVAILABLE ONLINE @ www.srvip.org

Reviewed by Ray Lemay

This biography is the now famous story of John Forbes Nash, the American mathematics genius, born in 1928, who is the subject of a fictionalized film biography by the same title. There is much in this story that is instructive about schizophrenia and the power of social roles to protect and to aid in a person's eventual recovery. This story allows one to ponder Social Role Valorization's possible application in a field other than intellectual disability.

John Forbes Nash was an odd little boy growing up, and though he showed sparks of genius, it was only when he got to the university that it was clear that he had a great mathematical mind.

He first took up engineering at the Carnegie Institute of Technology in Pittsburgh and then, because he showed real promise, was offered a scholarship to attend Princeton University, then the epicenter for mathematics in the United States, where one found individuals such as Albert Einstein, Kurt Gödel, J. Robert Oppenheimer, and John von Neumann, some of the leading lights in physics and mathematics in the world.

Nash reached Princeton in the fall of 1948, but he attended few classes and mostly worked on his own. He was a good-looking man, physically fit and very brilliant, he had an incredibly intuitive mind that could make great leaps of logic that quickly grasped unforeseen and surprising solutions for very difficult and arcane mathematical problems.

Nash had an inquisitive mind and worked on many problems at once. He sought out the great names at Princeton, not as a student, but rather as an equal trying to work on some of their problems. For instance, he looked up Albert Einstein at one point to discuss a mathematical solution for a problem that Einstein had been pondering.

The Princeton department of mathematics was then a place where there was much camaraderie, discussion, much informality, and much game playing, particularly chess, go, and many other games with mathematical permutations. In 1949, Nash invented a game that quickly took over the common room where everybody played it. The game was independently invented by another mathematician, and the board game company, Parker Brothers, eventually marketed the game as HEX.

Nash's claim to fame concerns what is now called Nash's Equilibrium, a game theory that deals with the process of bargaining. It is a complex but, we are told, elegant theory that explains how individuals behave when competing against each other. The theory challenged the orthodox economic beliefs of the day that were then still tied to Adam Smith's theory of free markets and competition, and it has far reaching implications for economics, political science, world trade, bargaining, and international relations. He developed this theory over time, however he finally published it in 1949 in his second year at Princeton University. The equilibrium theory also served as Nash's Ph.D. thesis and eventually won him the 1994 Nobel Prize for economics.

Nash went on to be a consultant with the RAND Corporation, a very high profile military think tank, and in 1951 became an instructor at the Massachusetts Institute of Technology (MIT). In 1952, Nash had an extended affair with a woman called Eleanor Stier who was somewhat older than he. He never married Eleanor but he did have a child with her, John David. At the same time, Nash's life was becoming fairly erratic and he was already showing early signs of his coming breakdown. His erratic behavior also showed up at work. However, mathematicians, by and large, are pretty bizarre people and there is usually a very high level of tolerance in mathematics departments for eccentricities and bizarre behavior. He was involved in a few brief and short-lived homosexual relationships over this period of time

and in 1954, while still working at the RAND Corporation, Nash was arrested for exposing himself and soliciting a homosexual encounter in a public bathroom. He was not prosecuted, but he was fired from the RAND Corporation.

In the same year at Cambridge, he started going out with one of his former students, Alicia Larde, a very beautiful and brilliant young woman from a distinguished South American family. Nash courted Alicia for a fair amount of time and they were finally married in 1957. Alicia was aware of his now ended affair with Eleanor and of the existence of his first son.

From 1950 to 1956, Nash published a number of papers on important mathematical problems and his repute as a first class mathematician became well established. He was now known at MIT, in the United States and elsewhere in the world as one of the finest mathematical minds in the world.

In 1957, he started to tackle one of the most important problems in mathematics that remains unsolved today: the unresolved contradictions in quantum theory. Indeed, in 1995, Nash suggested that it was this work that eventually led him off the deep end and to his schizophrenia. Nash's first breakdown occurred in February 1959 when he was just barely 30 years old. It would seem that age here might have been an important factor in the onset of his schizophrenia. Mathematicians usually achieve greatness when they are very young. Indeed, Albert Einstein achieved his fame in his early twenties working in a patent office in Switzerland, his great works are early works, and he spent the rest of his life doing important things, but he was never able to match the brilliance of his early career. This is quite true for many other mathematicians. Nash was undoubtedly very much aware of this and, as his thirtieth birthday arrived, it is quite clear that he might have been struck by a sense of foreboding about the possible decline of his mental powers. In February 1959, he had a serious breakdown with moments of deep paranoia, delusions and hallucinations. He was hospital-

ized against his will at McLean Hospital, near MIT, which is a beautiful estate-like hospital that looks much like a New England college of the late nineteenth century. It is not so much described as a mental hospital but rather as a kind of sanatorium where one finds high-strung poets, professors and graduate students. Alex Beam (2001) describes how McLean was famous for its practice of the "moral therapy" that attracted many a famous person requiring a "luxurious rest cure;" he describes a scene where the Pulitzer Prize-winning poet Robert Lowell was holding court with a "small crowd of patients and staff while sitting on the bed of a young man named John Forbes Nash" (6).

One important difference between the facts of Nash's life and the Hollywood rendition of it in the Academy award-winning movie, is that Nash never suffered from visual hallucinations, which are rare and usually induced by chemical agents. Nash's hallucinations were auditory–voices in his head. Silvano Arieti (1974), writing about schizophrenia, suggests that a person who maintains a certain responsibility for such voices has a much better prognosis than a person who comes to believe that the voices in his head are controlled by some external force. In his treatise on schizophrenia, he describes that

> *In some cases he may give little importance to the phenomenon, but in others he undergoes a sudden, profound, and shaking experience. He hears a powerful voice, or sound, with a message directed to him, only for him, a message which is related to his whole psychological being. In several cases it is the response of the patient to this first experience that determines the course of the illness. Although badly affected and frightened, the patient may say to himself, "What I perceive is not true; it is only my imagination." If he is able to respond that way, he still has the power to resist schizophrenia. (p. 267)*

Indeed, Nash describes his efforts to control such voices and their effects on him as the result of his desire to continue working and interacting with his peers–indeed the maintenance of his professional roles, his need for social acceptance, and his continued social integration were important factors in his efforts to maintain such self-control.

During Nash's stay at McLean, Alicia refused to countenance all forms of invasive treatments such as shock treatment and the like. We are told that she was very concerned with preserving Nash's genius, she didn't want any drugs or shock treatments that would interfere with his brain. Also during this first stay, his friends at the university (or more likely his acquaintances, because the prickly Nash we are told rarely did have any friends), organized the visitors' schedule so that people from the university would be with him at all times.

At McLean, Nash was given a diagnosis of paranoid schizophrenia. "McLean's treatment philosophy boiled down to the notion that it was impossible to be social and crazy at the same time. The staff was dedicated to encouraging all new patients, no matter what the diagnosis, to relate. Along with the milieu therapy, as it was called, intensive, five-day-a-week psychoanalysis was the main mode of treatment. At that time, nobody thought of Thorazine as anything but an initial aid in preparing the way for psychotherapy. Stanton's [a lead psychiatrist at McLean's] attitudes harked back to early days of moral treatment of patients, said Kahne, which included having expectations of them and having staff become close to patients. The idea was to involve patients in decision-making and to abolish some of the hierarchy of medical institutions" (259). Alicia was pregnant when Nash was hospitalized and she gave birth to her son, also called John, on May 20th while Nash was still hospitalized. Interestingly, because of all the turmoil going on in their lives, the baby remained nameless for almost a year.

Nash returned to work for a time, went on to Europe, particularly France, and tried to get involved in establishing a world government, a grand delusion indeed. He became fervently anti-American and attempted a number of times to give up his American citizenship. We are told that he even escaped to East Germany for a while but was returned by East German authorities when they found him to be quite out of his mind. Alicia accompanied him during this trip and attempted to stay with him most of the time but Nash was very unpredictable. At one point Alicia left Nash to spend some time with her girlfriend in Rome and during this time Alicia's mother cared for their newborn son.

Nash would briefly recover but then fall again into his delusions and hallucinations. In 1961, he was hospitalized once again at the Trenton State Hospital. The State Hospital was a public hospital, and here the care was of a different quality. Nash was given insulin treatment that is also called insulin shock.

For a period of two years after this hospitalization, Nash was able to return more or less to a semblance of normal life and his work at the university. Nash also tells, however, that one thing he learned during his latest hospitalization was to keep his overt behavior in check to show as few signs of delusions and hallucinations as possible. In fact, what he learned was to conform and not let on about the turmoil that was continuing to go on in his own mind. However, this period of calm only lasted approximately two years. During this time, Nash was somewhat productive, but he also complained that his brilliant intellect had been dulled, and that this in fact is what probably led him to this next period of sanity. In this period, he learned French and published a paper in a French mathematics periodical. In 1963, Nash was hospitalized in the Carrier Clinic in a locked ward for over five months. Nash tried to escape from the clinic a few times and it seems that he was not treated with electroshock at Carrier, though it was used there with alarming frequency.

It was during this period that Nash was placed on a treatment of Thorazine, though Alicia convinced the doctor to keep the dosage as light as

possible. After his hospitalization, Nash again departed for France where he once again engaged in very bizarre behavior.

Nash didn't like the Thorazine and its side effects. Upon his return to Boston in 1965, he saw his psychiatrist on a weekly basis, and that was pretty much the only regular human contact he had over this period of time. He was by then estranged from his wife. From 1967 to 1970, he stayed with his mother in Roanoke.

The author, Sylvia Nasar, points out that it is very difficult to distinguish the effects of the disease from those of the treatment when it comes to schizophrenia. The medication is truly powerful, especially in its production of devastating side-effects.

Nash and his wife divorced in 1963, but upon his return from Roanoke, and around 1970 when he was living almost as a derelict, Alicia took him back in as a boarder. From 1970 to 1990, John Forbes Nash was like a phantom who wandered the grounds and the halls of Princeton University in the math or physics departments or in the old library. Students would brush up against him without knowing exactly who he was. "Within a few days or weeks, the embryo scientist or mathematician would discover a very peculiar, thin, silent man walking the halls, night and day, with sunken eyes and a sad, immobile face. On rare occasions, they might catch a glimpse of the wraith–usually clad in khaki pants, plaid shirt, and bright red high-top Keds–printing painstakingly on one of the numerous blackboards that lined the subterranean corridors linking Jadwin and New Fine" (332).

Over this 20 year period, Nash slowly but surely awoke from his insanity, he read at the library and learned about computers. The staff in the computer room always allowed him to run programs and allowed him to learn about computers. Indeed, over time, Nash became quite adept with computers, which was to serve him later on.

The author tells us that the prevailing wisdom is that there is little likelihood of recovery from schizophrenia. Manfred Bleuler, "a German psy-chiatrist, was the first researcher to systematically challenge this view. In a twenty-year follow-up of more than two hundred patients, he found 20 percent fully recovered. Moreover, he concluded that long-lasting recoveries did not result from treatment and hence appeared to be spontaneous" (352). A longitudinal study of 500 schizophrenic patients found the following results: 25 percent had died mostly of suicides, another smaller number were still institutionalized and receiving treatment, another group was living with their families but still had some symptoms, and finally another "quarter–25 percent–seemed to be symptom-free, living independently, with a circle of friends, jobs in the professions for which they had been trained or had held before they got sick" (352).

We are also told that Nash refused to take anti-psychotic drugs after 1970, which of course might be quite fortuitous because some of the terrible side effects like tardive dyskinesia never developed.

Thus, from 1970 to 1990, Nash made a gentle reappearance on the scene at Princeton and started to engage to the world around him. In 1994, when he was quite completely recovered, he was nominated and was awarded the Nobel Prize for economics based on his first work on the Nash Equilibrium Theory. From 1994 on, Nash recommenced his career as a teacher and started publishing again. Today, he continues to work successfully on many difficult problems of pure mathematics. The Wikipedia site about John Nash indicates that he and his wife Alica remarried in 2001.

Certain aspects about this story from an SRV perspective

First, Nash's role as a mathematician and genius provided a great deal of insulation against devaluation and having a lot of bad things done to him. First and foremost the role of genius, particularly in mathematics, comes with a great deal of tolerance for eccentricity and even insanity. Moreover, since Nash mostly hung around other mathematicians, he wasn't the only one who seemed bizarre. Indeed, there is the running joke about how you

can tell an extroverted mathematician from all the others: he looks at your shoes rather than his own when he speaks to you.

Moreover, Nash's notoriety as a genius also led to a number of protective measures being placed around him including a safeguarding of his mind-brain; thus he was not subjected to some of the more powerful and devastating treatments that were and are still currently used for schizophrenia: he only received a few insulin shock treatments, never received electroshock, and only received low doses of Thorazine for a short period of time. Moreover, it was tolerated that he would not take Thorazine and other medications from 1970 on. Indeed, the choice of McLean Hospital and its country club setting and "A" list patients was likely influenced by his status as young-genius.

Another important feature of his role as mathematician-university-professor is the brotherhood and camaraderie that occurs in university settings. Nash was a star and a fellow professor and when he was hospitalized or traveling around the country or in Europe with many of his insane delusions, professors would welcome him, tolerate him, and provide him with shelter and assistance, and this despite the fact that Nash was not a particularly likable or socially adept individual. Moreover, his years at Princeton from 1970 to 1990 showed the extent to which his professorship and his genius were protective in that other professors tolerated his presence and even attempted to make him feel at home at the university as much as possible. For instance, he was allowed to use the computer system at Princeton at no cost to himself. He used the library, the university facilities, and wandered the grounds unobstructed. Indeed, during this time, many of his former colleagues attempted to maintain at least an acquaintanceship with him and would sometimes stop and talk. When he "reawakened" in the late 1980s and early 1990s, they engaged him in conversation and in game playing.

Nash's description as very good-looking also probably served him well.

Throughout his life and his illness, Nash maintained a firm grip on his identity as a professor, as a mathematician and as a genius; those around him and his surroundings kept on reminding him of this identity and allowed him to stay well-anchored to it. There is no doubt that this in some way allowed the man to survive and indeed recover.

This story also confounds the hypothesis that proposes an organic basis for schizophrenia, and especially its degenerative nature. Firstly, as is noted in the book, it is hard to distinguish the effects of the drugs and treatments from the actual mind and behavior disorder. There is a high likelihood that the degenerative "nature" of the "disease" is caused by the treatments, the long-term use of the powerful medications and the social consequences of the attendant devaluation that comes with the diagnosis. Moreover, Nash, on his own (with a tremendous amount of social support from his ex-wife and acquaintances, and his powerful role identity) was able to re-establish control of thought processes and of his life. Nash thus gained competence in controlling his disordered thoughts: this is a story of the developmental model having ascendancy over the medical model. This is certainly a story of resilience, positive development, and the power of valued social roles.

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Advanced Issues in
Social Role Valorization Theory

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Social Role Valorization

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Wolf Wolfensberger

About Social Role Valorization (SRV)

Social Role Valorization (SRV), a human service theory based on the principle of normalization, proposes that positively valued social roles are needed for people to attain what Wolfensberger has described as the good things of life (well-being). This is of particular importance for individuals with impairments or otherwise at risk of being socially devalued by others, and therefore of great importance for human services to them.

About the book

The first two chapters explain SRV, and give depth and background to SRV as an empirical theory that is applicable to human services of all kinds, to all sorts of people. The remaining chapters are all revised and expanded versions of presentations that Dr. Wolfensberger had given at previous international SRV conferences. The topics treated in the chapters move from the general (chapters 2, 3 and 4) to the more specific (chapters 5, 6 and 7).

   The contents of the book are especially useful for people who do, or want to, teach SRV; for SRV researchers; and for those interested in implementing SRV in a systematic way, especially in service fields where SRV is new, not yet known, and not widely—if at all—embraced.

About Wolf Wolfensberger, Ph.D. (1934-2011)

World renowned human service reformer, Professor Wolfensberger (Syracuse University) was involved in the development and dissemination of the principle of normalization and the originator of the program evaluation tools PASS and PASSING, and of a number of service approaches that include SRV and Citizen Advocacy.

Book Chapters
 • Foreword
 • Preface
 • Chapter 1: A brief overview of Social Role Valorization
 • Chapter 2: The role of theory in science, and criteria for a definition of Social Role Valorization as an empirically-based theory
 • Chapter 3: The hierarchy of propositions of Social Role Valorization, and their empiricality
 • Chapter 4: The relationships of Social Role Valorization theory to worldviews and values
 • Chapter 5: Values issues and other non-empirical issues that are brought into sharp focus by, or at, occasions where Social Role Valorization is taught or implemented
 • Chapter 6: Issues of change agentry in the teaching, dissemination and implementation of Social Role Valorization
 • Chapter 7: The application of Social Role Valorization principles to criminal and other detentive settings
 • Conclusion to the book

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:

DRUNK TANK PINK: AND OTHER UNEXPECTED FORCES THAT SHAPE HOW WE THINK, FEEL, AND BEHAVE. By ADAM ALTER. NY: Penguin, 2012.

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

INCLUSIVE LIVABLE COMMUNITIES FOR PEOPLE WITH PSYCHIATRIC DISABILITIES. (2008). Washington, DC: NATIONAL COUNCIL ON DISABILITY, 84 pages.

BODY & SOUL: DIANA & KATHY. (2006). By ALICE ELLIOTT (Director). 40 minutes.

ACHIEVING COMMUNITY MEMBERSHIP THROUGH COMMUNITY REHABILITATION PROVIDER SERVICES: ARE WE THERE YET? (2007). *Intellectual & Developmental Disabilities, 45*(3), 149–160.

HALL, A., BUTTERWORTH, J., WINSOR, J., GILMORE, D. & METZEL, D. PUSHING THE EMPLOYMENT AGENDA: CASE STUDY RESEARCH OF HIGH PERFORMING STATES IN INTEGRATED EMPLOYMENT. (2007). *Intellectual & Developmental Disabilities, 45*(3), 182-198.

WOLFENSBERGER, W. HOW TO COMPORT OURSELVES IN AN ERA OF SHRINKING RESOURCES. (2010). *Intellectual & Developmental Disabilities, 48*(2), 148-162.

ABERNATHY, T. & TAYLOR, S. TEACHER PERCEPTIONS OF STUDENTS' UNDERSTANDING OF THEIR OWN DISABILITY. (2009). *Teacher Education & Special Education, 32*(2), 121-136.

Social Role Valorization News *&* Reviews

Susan Thomas

THE INTENT of this 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.

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

Also, in light of articles by this author and Raymond Lemay in the July 2013 issue of this *Journal*, from here on I plan to have an "implementation corner" to begin each column, with items that relate specifically to SRV implementation.

An Update (Once Again)
on the Pistorius Trial

*We continue deriving role lessons from the trial of Oscar Pistorius, who was found guilty in September 2014 of culpable homicide but not murder. An article that ran during the trial captured the centrality of social roles to what would happen to him. It was headlined "Oscar Pistorius: Heroic Blade Runner or cold-blooded killer?" (AP in *Syracuse Post-Standard*, 2 March 2014, p. C2). However, an article reporting on the verdict already called him "former track star," role language that does not bode well for him.

*During the trial, Pistorius was ordered to undergo psychiatric evaluation at the request of the prosecution, because his defense argued that he has "a generalized anxiety disorder." This argument was the defense's third, after self-defense and involuntary action, to explain his shooting of his girlfriend (*Syracuse Post-Standard,* 15 May 2014, p. A16). In SRV terms, his attorneys were trying to find a less devalued role and less devalued interpretation of his motives, which is not as good as attaining positive valuation, but a lessening of devaluation may be all that is achievable in some situations.

SRV Implementation Corner

*At a suburban high school, a 17-year old student with Down's syndrome was encouraged by her special education teacher to join the girls' track-and-field team (her teacher is the team's coach), which was a special challenge for her because of her poor physical coordination. Despite what were at the beginning almost overwhelming

fears, she has participated regularly in team practices, and has run and completed at least one relay race with the team. As a result, not only have her physical skills improved, but she is also learning about being part of a team, she occasionally leads the team chant in practice, and she has joined others at the lunch table where previously she sat alone at the end–though so far, she has only joined her teacher, rather than fellow high schoolers (Webb, in *SPS*, 6 February 2014). This illustrates how a role can help develop competencies, and that it may take the initiative of an already-involved party to help an otherwise marginalized person join a group activity in which a valued role might be obtained. If the special education teacher had not been the team coach, one wonders if the possibility of joining the team would have been suggested.

*Another human service acronym is CBNW which stands for community-based nonwork activities–i.e., things people do other than paid employment–and includes such things as volunteer work, recreation and education, running errands, going out to eat, and general community exploration. In one US state, some type of CBNW was the main service rendered to 22% of recipients of day services–but for almost all of them, the primary activities were going to the park, going out for fast food, taking walks and going for drives, buying things at a store, and window shopping at the mall. These certainly constitute activities, and may even have elements of normativeness to them; servers also "took individuals' preferences into account in deciding on activities," even though almost all the activities were conducted in groups. Nonetheless, these activities hardly constitute valued daytime roles for adults. There were also occasional volunteer activities, but they were truly occasional: once or twice, and at settings for other devalued people, such as a homeless shelter or nursing home. Sometimes the participants spent the whole day away from the physical site of the segregated day service, but most of this time

was spent in traveling from place to place in the agency van. Staff were working to fill people's days and keep them occupied, which may be commendable but is not a vision for valued roles. One of the responsible service personnel stated that they had much to do in "paying attention to ... valued roles," (p. 48), with which we would heartily agree. Interestingly, one participant switched from a paid work role to CBNW because of her parents' concern that she would lose Social Security payments if she began to earn any kind of income, which, as we noted in our article in a previous issue of this *Journal* on valued unpaid work roles (see Wolfensberger *&* Thomas, December 2009, "Some thoughts on the role valorizing merits of valued paid *&* unpaid activities," *The SRV Journal, 4*(2), 12-18), is indeed a problem for many impaired people. Another administrator noted that even some severely impaired people do work, but only two to three hours a week (Sulewski, J.S. (2010). In search of meaningful daytimes: Case studies of community-based nonwork supports. *Research & Practice for Persons with Severe Disabilities, 35*(1-2), 39-54).

What we did not say in the December 2009 article but now wish we had is that the elimination of sheltered workshops for handicapped people is not going to lead to a better situation for them since the prospects of all the handicapped people currently or formerly enrolled in sheltered workshops obtaining full-time paid work in ordinary employment are and will continue to be so poor; and idleness, recreation, childish activities and schedules, and mere activity for activity's sake, may be worse overall than the at least adult schedule and adult image of work, even if sheltered work often falls short of living up to that image. And yet many people now see and interpret sheltered workshops as being inherently bad, not defensible under any circumstances, and with no potential for being social role-valorizing in any way for anyone; for example, an editorial (*Syracuse Post-Standard*, 26 Sept. 2011) said sheltered workshops are "more traditional models" that "as-

sume people with disabilities are a monolithic lot with the same needs," but "segregate people from society." Relatedly, many people now seem to believe that no degree of shelter or separation, let alone segregation, is ever merited or justifiable; and further, that no more than one or two handicapped people at the most should ever be congregated together to receive a needed service. Such a development is worrisome for several reasons, including because of the assumptions that there will be full and complete integration in all aspects of life for every handicapped person regardless of their degree of impairment.

Those who want to see handicapped people receive the good things of life via valued roles need to face the hard realities of the employment scene, and be able to exercise good judgment as to which options are "less worse" than others. This is one of the things that familiarity with PASSING can assist in doing, because PASSING parses a service into 42 different features that affect the role-valorization of the people served, and assigns weights to each of them. Thus, one can ask "Are each of the image- and competency-contributors of this service option better or worse than each of the image- and competency-contributors of an alternative service option? And which one has a greater number of more heavily weighted, and therefore more important, features than the other?" This is apt to yield more role-valorization benefits than asking merely "Is this one segregated, and is that one not, or is this one 'fun' and that one 'work'?," etc.

* Kleinert, H.L., Miracle, S. & Sheppard-Jones, K. (2007, February). Including students with moderate and severe intellectual disabilities in school extracurricular and community recreation activities. *Intellectual & Developmental Disabilities, 45*(1), 46-55.

Patterson, I. & Pegg, S. (2009, October). Serious leisure and people with intellectual disabilities: Benefits and opportunities. *Leisure Studies, 28*(4), 387-402.

Both these articles deal with mentally handicapped people participating in role domains other than school (for students) and work (for adults). Kleinert, Miracle and Sheppard-Jones investigated whether and with what assistance more severely mentally impaired students in one US state participated in extracurricular activities in school and what were broadly called recreational activities in the community, which included church and church group participation. Not surprisingly, only few individuals in their survey had such participation, and almost always it was with the assistance and support of their parents, though occasionally also a teacher or other educational staff member. Also, while their article mentions roles at the very end, their investigation seemed to focus on activities rather than roles, and unfortunately, experience has shown that people can engage in a role-related activity but for various reasons not be seen in, and/or not be helped to fill, the role that encompasses that activity.

Patterson and Pegg suggest that because the likelihood of obtaining employment in valued jobs in open society is so dismal for so many impaired people, an alternative could be the pursuit of "serious leisure," which they define as a central part of life from which one does not making a living but in which a person invests a large amount of physical, intellectual, and/or emotional energy, such as the pursuit of a hobby or sport or career volunteering. (The latter relates to the concept of unpaid valued adult work roles that has been advocated as a role-valorization possibility for many devalued people; see the Wolfensberger & Thomas December 2009 *Journal* article referenced in the preceding item.) They found that the pursuit of such "serious leisure" was indeed possible for at least mildly and moderately mentally handicapped people, and that it did indeed bring them such good things of life as broader social networks, new acquaintances and friendships, self-esteem, sometimes public recognition, increase in competence, and sometimes even openings into other opportunities such as part-time paid work.

*We were very pleased with the nuancing of the headline "Entrepreneurship is answer for some with autism" (J. Rosenberg, *AP*, 19 August 2014) which described efforts by especially family members to help their autistic son or daughter open a business. The emphasis is on "some," in contrast to the herd mentality of the human service field which tries to fit all impaired people into only one or two work options. The article noted that the autistic person may only be able to conduct one part of the business, and that others have to be employed to keep the books, handle marketing, even make phone calls, and engage the public. Thankfully, the article also noted that this option is really only viable for less impaired people with autism. We would add that the autistic person must be able to do at least some work activity, or else it is a pretense that the autistic person is the entrepreneur. Unfortunately, the author quoted as authoritative the statement by a principal of a school attended by some autistic pupils that "only in the last two decades has society come to realize that many people with disabilities including autism can work"–!!! That even severely mentally impaired people can do real work is not a recent discovery at all, it has been known and put into practice since at least the early mid-20th century, and most likely was known and practiced long before then too.

*Some college students in Ontario who had learned SRV found that in one of their practicum day services, adult clients were given children's school work sheets to work on. They managed to replace them with recipe sheets. They also substituted the stringing of bird feed for the stringing of children's beads. This shows how easy it can sometimes be to upgrade an otherwise negative image, even if a small one, provided one has consciousness of the issue.

*"Changing Sports, Changing Lives: The Power of Adaptive Sports to Transform and Enrich the Lives of Persons with Disabilities," 2014, approx. 1 hour, color. This documentary film, produced by students at Syracuse University's sport management program, provides the recent history of so-called adaptive sports, meaning sports played primarily by people in wheelchairs. Without ever using the terms "social role" and "good things of life," the film is testimony to how the valued role of athlete, and especially competitive athlete, provides access to many of the good things of life. Among those good things cited in the film are: better health, "empowerment," socialization, having friends, a better relationship with family, overcoming depression, more confidence, less shyness, "liberation," integration and "inclusion." A number of the impaired people interviewed in the film also obtained paid work roles via this avenue. The visual imagery of the film–actually seeing impaired athletes perform their sport and compete at a high level–is very compelling.

At least the more recent history of these sports derives from the power of valued roles. Namely, shortly after World War II, a man (Ted Nugent) at the University of Illinois initiated there all sorts of wheelchair sports, some with changes in the rules, for veterans of the war who had been injured so severely as to be in wheelchairs. Similar programs were initiated in England at the same time and for the same people by Dr. Ludwig Goodman at Stoke-Mandeville. In other words, young men who had previously held valued roles before going to war, and who held the then-valued role of war veteran, were the impetus for starting this form of sports. This early influence continues to this day, in that the University of Illinois has numerous competitive adaptive sports teams, and even actively recruits impaired athletes; and just like the ordinary competitive athletic teams at the U of I, they too are called "Fighting Illini."

Over 90% of the film is devoted to adaptive sports of the above type, with a very few minutes on so-called "unified sports," where impaired and non-impaired people play together, often with the non-impaired people sitting in wheelchairs too. (In SRV, this would be called a "role equalization"

strategy.) Another very few minutes are devoted to mentally handicapped people playing floor hockey as part of Special Olympics, which is unfortunately held up as the highest competitive athletic possibility for such mentally impaired people. The film thus reveals a strong bias in favor of physically impaired people who are mentally competent, over those with mental impairments and especially those who are more severely retarded.

*As readers have surely picked up from other sources than this *Journal*, the public education system in at least the US is in very bad shape, with very poor results to show for its massive costs. Many efforts have been made, and continue to be made, to reform the school system. Another in this category is called "project-based learning," in which students focus on hands-on projects conducted together by groups of students, rather than listening to lectures and taking notes thereon. This type of school is also said to "shred traditional concepts of the school day," the division of subject areas, and even the relationships between students and teachers, with teachers being more guides than authority figures (Riede, in *SPS*, 27 March 2014). Of course, it is well known that the more involved all of a person's senses are in an enterprise, the more the person will learn from it and/or be changed by it. This could be an example of matching a program process to a need or disposition of a recipient, assuming recipients of this so-called New Tech teaching would not learn as well or better via traditional classroom methods.

*In Syracuse, NY, half of all 16-year olds in local high schools are behind schedule in earning enough credits to be able to graduate. Thus, another new idea to try to address the high dropout rate in some locales is to offer what is called a Twilight Academy for students who are failing or at risk thereof. The school runs from 3 to 6:30 p.m. on school days, and offers intensive classes, one course for nine weeks straight, followed by another. (Such intense exposure also has peda-

gogic benefits.) The class sessions are longer than in a typical school day, and use a different curriculum. Students in the program are required to sign a contract for attendance and behavior, and parents sign a contract too. However, despite the signed contracts, only about half the Syracuse students show up regularly. Administrators nonetheless say that even if only this half of students accumulate enough credits to graduate, that increases the graduation rate and so they see it as a victory of sorts. What is commendable about the program is that it is attempting another model of secondary (high school) education that may fit the needs and identities of at least some students better than the traditional one. So at least some of the students report. But obviously, if only half of those who sign up actually follow through, it is not a good model fit for some others (Riede, *SPS*, 29 April 2014).

*In another new type of high school that is "redefining what it means to be educated in the 21st century," students are not called students but "innovators," and are welcomed to the school by a corporate vice president who talks to them "as if he were talking to a valued client." This type of school, called P-Tech (for Pathways in Technology Early College High school), tries to focus high school students on career skills rather than academics, which for at least many students is more model-coherent content than abstract academics (see also the item on vocational education in the June 2013 column). Expectations for the performance of the students–oops, innovators–are high, because "when we ask more of kids in terms of curriculum, they always hit the bar—always," says another corporate vice president (Foroohar, in *Time*, 24 February 2014).

*A fairly safe prediction: this is not going to work. An agency that has offered training to people in prison to help them re-integrate back into society (and we don't know how well they have succeeded there) is now going to offer training for

eight hours a day over a 10-day period to former gang members with histories of violence, poor reading skills, and little or no educational success. What training will be given? Stress management, how to conduct themselves in job interviews, and "solving problems and making decisions." As a headline put it, "How do you transform former … gang members into attractive job candidates in less than two weeks?" The program will not offer what it calls "hard job skills," like how to actually paint a house or lay tiles or any other such work competency. It is reported that about 40% of the students who go through its training programs so far find jobs afterwards, but whether they are able to keep them, and whether the training actually helped, is still up in the air (Stein, in *SPS*, 4 May 2014). In the absence of instruction in competencies, or in addition to it, instruction in image enhancement, and actual personal impression management, is probably more likely to be effective for the intended students.

*Handicapped people are much more present in the ordinary media than they once were; for instance, they now often appear in advertisements for consumer products. In connection with the 2014 winter Olympics, many individuals and entire teams of competing athletes were shown in print and video advertisements, including people with obvious–and sometimes not so obvious–impairments, and in valuing juxtaposition with non-impaired athletes.

Two recent magazine articles, both in the same locale, showed several girls with cerebral palsy, two in a wheelchair, all of whom were wearing typical ballerina rehearsal attire of leotards, tights, and ballet slippers, and some were identified in the text as "dancers," others as "students." The ballet lessons help the children gain greater control over their bodily movements, balance, muscle control and strength, and better posture. Thus, the children acquire important bodily competencies even if they never get beyond the role of ballet student. Also, importantly, the lessons are taught not only

by therapists but also by local high school dancers (who are dressed in black leotards, tights, and slippers) who volunteer to assist with the lessons (*Upstate Health*, Winter 2014). It is thus a more normative way to develop these competencies than physical therapy. However, the occupational therapist who runs the program says "this isn't therapy, it's an extracurricular activity."

Unfortunately, once again there is a tension between a relevant and helpful class, and integration. On the one hand, the class is called Ballet for All, but it is really only ballet for some, because all the ballerinas have physical impairments ("movement disorders") such as cerebral palsy. Their impairments would make integrated ballet lessons difficult to do at any level beyond beginner's, unless the lessons were very highly individualized, particularly if the children's impairments are severe.

The Common Wounds Inflicted on Devalued People, Including In & By Human Services

*The wounds of functional impairment that come with obesity include more than finding it difficult to walk and run, or find a comfortable chair to sit in. Obese children not only develop diseases usually associated with adulthood, such as heart disease, diabetes, and atherosclerosis (what used to be called "hardening of the arteries"), but their bodies physically age as well. Researchers even wonder whether children who are given drugs to try to stave off or repair damage caused by obesity will ever be fully healthy, even if they eventually lose the excess weight (Park, *Time*, 3 March 2014). This points to the urgency of helping overweight children gain or regain bodily competency as via exercise, sports, and a healthy eating regimen, competencies that can of course also be converted into valued social roles.

*Thirty years after the advent of AIDS, and of the retrovirus (HIV) said to cause it, the fear and stigma that once surrounded the disease and those who have it have been reduced, but still exist, in-

cluding in some surprising quarters. For instance, among the so-called "gay" community, there is now something called "HIV shaming," which is open discrimination against people with HIV. Also, of the estimated 1.1 million people in the US who have HIV, as many as 16% of them do not know it, and so are at high risk of passing it on to others. There is still no AIDS vaccine, even though one had been promised "within two years" in 1984, but there are now drugs to enable those with the disease to live decades longer than they did when the disease was first recognized, and to live in much better health–hence the new expression "living with HIV." But there are also drugs that enable people to engage in promiscuous sex with a much lower (75% less) risk of infection–and people do use them (Holt, *Los Angeles Times*, 27 April 2014).

*The writer Peter Matthiessen relates that one of the poor women he met on the New York streets concisely captured the role of waste material, garbage and discard when she said, "You know what we are to you people? We are like a piece of Kleenex that somebody's blown their nose into and thrown on the rainy sidewalk. Who wants to pick that up?" (in Rosenbaum, *Smithsonian*, May 2014).

*As if there were not already more than enough status differentiation and outright devaluation in US health care, now some private physician practices are establishing Gold and Platinum levels of patient care, in what is called "concierge medical service." By paying high fees (high enough to be more than suggestive of the cost of gold and platinum), patients can have "direct access to the doctor, 24/7," including all sorts of internet connection at the Platinum level along with house calls; save 20% off the cost of Botox treatments; and receive the help of special support staff as well (Markoe, in *Time*, 17 February 2014). The doctor will still see other patients, but one is left to wonder whether the disadvantages of being an "ordinary" (brass? copper? nickel?) patient in such a practice

would outweigh any advantages, if indeed there would be any advantages. While the non-precious metal patients in such practices may hold valued roles in the world, they clearly constitute a devalued class in the doctor's office.

*One form of distantiation of devalued people is denaturalization. In Laos, Christian families in one village had their national identity papers revoked by local authorities, as well as their family books (which serve there as combination birth certificate–and–identification). Without these books, the families could not buy or sell anything, nor could their children attend school or register for government services. The families moved to another town where they were allowed to enroll their children in school, but without their family books (which had not been returned to them), the children could not receive graduation certificates and would therefore be ineligible for jobs (*VOM*, October 2013). This cast them into the role of illegal aliens in their own country, and possibly even the role of non-persons.

*Stancliffe, R.J., Lakin, K.C., Doljanac, R., Byun, S-Y., Taub, S. *&* Chiri, G. (2007, February). Loneliness and living arrangements. *Intellectual and Developmental Disabilities, 45*(6), 380-390. According to this research into the loneliness of mildly to moderately mentally retarded people living in community settings, "more social contact and liking where one lives were associated with less loneliness. ...Variables, such as being afraid at home or in one's local community, were strongly associated with greater loneliness," the latter because if one is fearful of leaving one's home, one's opportunities for social contact outside the home are greatly diminished. Increasingly, mentally retarded people in residential services live in settings of three or fewer residents, or alone. Residents in larger settings reported more loneliness. Loneliness is also more widespread among mentally retarded people than non-retarded ones, and having friends is

rarer for them. They have fewer significant relationships and smaller social networks than non-handicapped adults, and their networks tend to be composed of family, service staff and fellow service recipients.

Sadly, the researchers also reported that "staff support for contact with family and friends may be one way to help alleviate loneliness," but cautioned that this suggestion needed to be subjected to empirical study. It seems self-evident, doesn't it?

*Williams, P. What price friendship? In England too, 75% of mentally retarded people in one national survey had no friends who were not also mentally retarded, 31% had no contact with any friends, and 5% had contact with neither family nor friends. And, when handicapped people did have non-handicapped friends outside service worker roles, service efforts often tried to put an end to the friendship, as by forbidding visits until a mental capacity assessment was performed, and withholding information on where the handicapped person had moved to–moves that were often the result of being assigned to a new service. (We know one man who took a troubled boy into his home and raised him for over a decade, and once the boy reached majority, the service system would not provide the man any information so that he and the young man could stay in touch, all on the basis of rights to privacy and confidentiality.) Service workers were also often subjected to what are called "professional standards" that prohibit them from seeing someone they serve outside of work time, inviting such a person to one's home, giving or receiving presents with the person, etc. All this raises the question: how are handicapped people ever to gain and hold onto the role of friend, with all the many good things of life that come with this role?

*An article–that appeared on the obituary page–reported that the governor of New York State proposes to keep pay flat for the sixth straight year for those who serve handicapped people in state-funded services, which also includes non-governmental agencies that are supported by state monies. At this low rate of pay, many service workers end up having to work two jobs or a lot of overtime to make ends meet, even as some already work much more than a 40-hour week (Virtanen, *AP* report, 13 February 2014). This is of course a non-programmatic issue that goes beyond what SRV can address, though it has numerous effects on the handicapped people served. Namely, it casts an image on the people served as not being worth much; it is also apt to lead to "deviant staff juxtaposition," as less well-qualified, less competent people will end up taking these service jobs while the more qualified and more competent will head to better-paying jobs; and it is apt to contribute to even more social and relationship discontinuity of service recipients with their servers, as servers depart at their first chance for better-paying work. However, one low-paid worker said it helps her and her clients identify with each other, as they suffer similar financial hardships.

*The insecurity of wounded people who may have a long history of discontinuities and failures behind them is illustrated by one mentally handicapped man who moved into a stable small community residence that emphasizes long-term-ness of place and relationships. He lived out of a suitcase which he never unpacked for an entire year, telling everyone he was "just visiting," until he had built relationships and finally decided that this was his home (*Lights of l'Arche*, spring 2014).

*And speaking of suitcases, found objects often tell a story. A few years ago, New York State put on a traveling exhibit of abandoned suitcases that had been left behind, and then found in the attic of a derelict building in a closed state mental institution. The exhibit included reportage of the state of the institutions at the time the suitcases were brought there, but the found items themselves–the suitcases–spoke eloquently.

Another tale-telling found item is a ration ticket, of the kind that were issued to American Indians when they were forced onto reservations in the mid- to late 1800s, and that they used to obtain meats, beans, grains, and occasionally sugar, coffee, soap and tobacco. The food had sometimes already gone bad before they got it, and was unlike what the traditional Indian diet had provided. Indeed, the very purpose of relocating the Indians onto reservations was so that they "may live after the manner of white men," as an 1883 act of Congress proclaimed. Indian men were also forced to work for these rations, and yet the government supplies were so deficient that in 1884, a quarter of the Blackfoot people on a reservation in Montana died of starvation. As one military observer wrote about how the Indians were affected by the white man's gold rush of 1849, the situation of the Indians was "a picture of cruelty, injustice, and horror scarcely surpassed by that of the Peruvians in the time of Pizarro" (Least Heat-Moon, in *Smithsonian*, November 2013).

*Yet another woeful tale of a wounded life is Dave Bakke's 2000 *God knows his name: The true story of John Doe No. 24* (Carbondale & Edwardsville, IL: Southern Illinois University Press), about a man who spent 50 years in institutions and nursing homes until his death in the early 1990s. He was picked up, a vagrant and unable to speak, and was therefore incarcerated in one of the state of Illinois' institutions and given the identity "John Doe 24." Readers who have been to an SRV workshop will remember the story of "Mary Doe 4" that is recounted at the end of the presentation of the common wounds of devalued people. The tragedy of these stories is not only their constant repetition of a very predictable sequence of wounds that worsen the person's situation (which was not good to begin with), but also the number in the person's name, in this case revealing that there were at least 23 more men to whom the same things probably happened–and probably numerous unknowns who followed number 24, and of course similar numbers of women.

*When the massive earthquake rocked Haiti in January 2010, families that had been waiting a long time to adopt Haitian orphans found that the process was suddenly greatly speeded up. One middle-aged single woman took in a 3-year old girl from Haiti, and was driven to contemplating suicide from dealing with the little girl's woundedness: uncontrollable rages, kicking, spitting, biting, and refusing to sleep. The adoptive mother's French was not the same as the girl's native Creole tongue, and the cultural differences were almost overwhelming (A. Woods, 2013). This underlines not only that people can be so deeply wounded even at a very early age in life, but also how important it is for those who serve them to be well-prepared and well-supported to anticipate and hopefully pass the tests that the wounded person may invent.

Tracking/Surveilling of People

*Recently, many different kinds of devalued and marginal people are getting devices attached to them so that their whereabouts can be tracked. This may serve a useful purpose for their servers, and even for some of these people themselves (e.g., to keep them from entering harmful situations), but it is deviancy-imaging, and those concerned with role-valorization would want to make the visibility of such tracking as minimal as possible. In the US, national legislation has been proposed to provide GPS (global positioning system) tracking devices for any "autistic children and others with a tendency to bolt from parents or caregivers." On the one hand, we are constantly told that there is an autism "spectrum" that ranges from mild to very severe manifestations–just as in mental retardation (see the related articles by Wolfensberger and by Thomas in the July 2014 issue of this *Journal*)–but on the other hand, this legislation could apply to anyone identified as autistic, not to mention other per-

sons as well. The government has been providing such devices to track people "with Alzheimer's" (*SPS*, 30 January 2014).

*As part of an ongoing series of articles entitled "The Autism project," The *Toronto Star* newspaper ran one headlined "Freedom," about a severely autistic man who was incarcerated for more than eight years in a maximum security forensic "hospital" (read: prison) for one incident in which he grabbed a female staff member and fondled her breast. She pressed charges, he was found not fit to stand trial, and was sentenced for "an indefinite period," which may have meant his entire life. As is the case for people with other devalued conditions, autistic people are overrepresented in the prison population as against their presence in the general population, and they tend to stay there longer. Apart from these general trends, this particular man was subjected to electric shocks and many different mind drugs during his imprisonment, as well as being taken advantage of by other prisoners. Thanks to strong advocacy on his behalf, he was released to a community service agency for autistic people where he now has his own apartment and much greater freedom, just as the headline announced. Two unfortunate things about the article were that it showed the man in most unflattering attire, baggy sweat pants and holding his arms in a stereotypical "autistic" position; and it recommended that autistic people carry an "autism identification card" to supposedly reduce problems in potential interactions with police (Scrivener, 18 November 2012). Despite whatever benefits it may bring, such an identification card is clearly a means of tracking people.

More on Both Unconsciousness, *&*
First *&* Other Impressions

*It is possible for people to become desensitized to, and eventually even be able to forget, traumatic and very painful memories by being asked to revisit and relive the memory repeatedly, going through it over and over again, but in safe condi-

tions. Eventually, the memory loses some or all of the conditioned response of fear associated with it. However, this only works with recent memories, not with long-entrenched ones. This would argue for helping people who have been traumatized (as by war, violence, witnessing a horrific event, etc.) to become desensitized to any fearful memories as soon as possible, rather than letting the memories become embedded and then resistant to extinction. This also explains why the deep wounds of so many devalued people continue to strongly affect them decades after the initial incident (and despite the much-vaunted human resilience) because the painful memory of the initial incident was never "purged." It also explains why so many negative first impressions last, because they also are not extinguished right away (Conniff, in *Smithsonian*, May 2014).

*On the one hand, memories can be very strong, but at the same time, memories are very unreliable and easily shaped by suggestion, by retelling them, and even by chemicals and brain manipulation. It has even been possible to implant in mice false memories that they had received a shock, so that the mice will avoid the place in which they "remember" having been shocked (Healy, *Los Angeles Times*, 6 August 2013).

*The emotion of rage has been documented to speed faster than almost any other through what is called "the online community" in a "widening circle of hostility." Whether something reported online goes viral is not determined by its tone but by whether readers felt "activated" upon reading it. Anger is an emotion that does drive people to take action, though not necessarily positive action. The only emotion that outpaced anger was awe, as might come over a reader upon hearing of an exciting new scientific discovery (Shaer, in *Smithsonian*, April 2014).

*There are at least twenty-one distinct emotions that can be expressed by the human face, which is

yet one more reason why first impressions are so lasting and cannot be "undone" by talking to people about them: the visual information received is too clear and too quick to be undone by verbal (re-)interpretation.

*That brings us to physical appearance which is among the strongest contributors to first impressions, and to continuing ones. Evidence continues to pour in that physical attractiveness is highly positively valued, and that people therefore pursue it, in part because it yields many advantages in life. For instance:

Good-looking professors and football players all earn considerably more than their homelier counterparts.

Economists at the University of Wisconsin found that attractive people get hired faster, promoted sooner, and paid better than less attractive people. At the highest executive levels, attractive people can even improve a company's stock and help it get better deals in negotiations. This is called "the pleasure of dealing with good-looking people."

Sixty-four percent of hiring managers in a 2010 survey said they believe companies should be allowed to hire people based on their appearance, with 57% believing–or perhaps being honest enough to admit?–that an unattractive but otherwise qualified candidate would have a harder time getting hired than an attractive one.

Women are even having expensive surgery performed to shorten their toes so as to fit their feet more easily into high-heeled designer shoes that are almost as expensive as the surgery itself.

However, studies also show that each dollar spent on cosmetic products yields only a 4 cent return as salary. And because people tend to hold lower expectations for less attractive people, when such persons exceed the expectations, they may be rewarded for it (sources: *Reader's Digest*, Feb. 2012; *Smithsonian*, Nov. 2012; Maestripieri, in *Psychology Today*, cited in *Jerk* magazine, March 2014).

There is also evidence that physical attractiveness is more likely to draw nurturing caretaking, which is particularly important to children, and to adults who need such nurturing caretaking (Bandura, 2001).

All of this supports the SRV teaching that people's physical appearance impacts on how others perceive them and what roles and good things of life they will be offered. For more on how to improve people's personal appearance, if that is what one decides to do, see Wolfensberger, W. (2009). *APPEAR: A Personal Physical appearance Evaluation and Record*. Syracuse, NY: Syracuse University Training Institute for Human Service Planning, Leadership & Change Agentry.

*Numerous poor people, including many homeless ones, go around city streets collecting discarded bottles, for which they can get cash at recycling centers. Sometimes such collectors can be seen with shopping carts, or with bags slung over their shoulders, which makes them and what they are doing very obvious. In some locales, they get chased by security personnel who do not want them rummaging through trash–and probably in part they get chased away because it is so obvious what they are doing. We know one man who also collects bottles, but who looks like an ordinary, lower-middle-class businessman in his sports jacket, and who does not use a shopping cart but an older model car. In contrast to those who "look like they are collecting things from the trash," he is let alone. One college fraternity has even asked him to come by their house regularly, to collect all their cans and bottles; one might say he has a contract with them. This once again illustrates the power of personal appearance, though in this case perhaps only relatively positive in comparison to what it might be.

This same man once went out without his false teeth, and while he was standing on a street corner, a sympathetic soul offered him money, presumably because he just looked like a beggar without his teeth.

*According to the historian Philippe Ariès, it is a principle of social perception that whenever any group is formed on the basis of a single characteristic, it is inevitable that other characteristics among the group members will be noticed (Postman, 1982/1994, pp. 42-43). This would of course mean that when a group is identified, or even created, because of a devalued characteristic that group members share, then the group is likely to also come to be seen to have additional shared characteristics, and (many of) these may also be devalued, thus further reinforcing their initial devaluation. This fact alone would argue against unnecessary groupings of any devalued people, and for their adaptive integration within groups of valued people.

Language & Logos

*It is widely known that the word "bedlam" is derived from a corruption of the name of the medieval St. Mary of Bethlehem (later Royal Bethlehem) Hospital in London, that eventually became an insane asylum. This is why any homeless wandering madman in England came to be called Tom O'Bedlam, because initially, they were the "deinstitutionalized" former inmates of Bedlam (the female equivalent was Old Bess O'Bedlam). However, not as well known is why, starting around 1561, vagrant beggars in England were widely called "Abraham" or "Abraham men." This term referred to men who formerly lived in the Abraham ward of Bedlam who, upon discharge, were given a badge that allowed them to roam the country and solicit alms. This privilege began to be grossly abused as other vagrants pretended to be Abraham men, which practice began to be called "to sham Abraham."

*One of the juvenile correction institutions in England (near London) was named Wormwood Scrubs. A juvenile correction facility near Nottingham, England, was located in Lowdham, and called Lowdham Grange (Healy, W. & Alper, B.S. [1941]. *Criminal youth and the Borstal system.*

New York: Commonwealth Fund), which could be read as "low damn"–a not very enhancing image. Hopefully, no one with Down's syndrome got put there, lest they be seen as "low down" or even "low damn down."

*In 2002, there was a vehicle for transporting sick people that was marked on the outside "Seats 9A/3WC." We inferred that this meant that the vehicle could carry 9 ambulatory persons and 3 in wheelchairs. So a person in a wheelchair has now become a WC, thereby being toilet- and excrement-imaged (WC is the abbreviation for water closet).

*In one public school system, there are three programs called "Aggression Replacement Training," which is a clear and descriptive term that has the positive acronym ART; "Achieving Through Learning in an Alternative Setting," or ATLAS; and "Success Through Early Prevention" or STEP. The district also offers "Parent University" to provide skills to parents to help their children succeed in school. These are positive terms, but unfortunately, approximately 70% of the teenagers in the school district fail to graduate high school.

*British author Zadie Smith wrote a novel *White Teeth* in which occurs a radical group called Keepers of the Eternal and Victorious Islamic Nation, or KEVIN. Says one of the characters, "We are aware that we have an acronym problem" (*Newsweek*, 1 May 2000).

*A recent Cherokee chief was Wilma Mankiller. The Cherokees explained her name as being "a military title." She herself called it a "nickname" (*Syracuse Post-Standard*, 7 April 2009, p. A13). It is certainly an unfelicitous image juxtaposition, not exactly image-enhancing at least in the mainstream culture.

*A new role identity claimed by, or bestowed on, many classes is "survivor," e.g., cancer survivor, survivor of child sexual abuse, to name only

two. This is seen and interpreted by its users as more empowering, in contrast to the role of victim which implies that the person has no power to make changes, control what happens to them, etc. At the same time, for at least some conditions, victim does capture the reality of what happens to people. Also, the word survivor has now become almost stereotypically associated with many serious, even life-threatening medical conditions, and other traumatic events. Thus, it is at least beginning to acquire some negative taint, if it has not already. We wonder what readers might suggest as alternatives to both these role terms; for example, former cancer patient, chronic HIV patient, adult who was abused as a child, all have their own problems.

*Trying to give image-enhancing names can draw ridicule or worse when the new name is ridiculous or bizarre. For instance, a dishwasher at a restaurant was titled "Underwater Ceramic Technician" (ODB, 3/4/5/2014). We doubt it improved her pay grade, but perhaps it gave her and her fellow underwater ceramic technicians a chuckle while they worked.

*We have begun to run across the most peculiar uses of the term "individual." In one instance, "family members" were distinguished from "individuals," the latter being code for handicapped persons, but one would have to be "in" to know that. In another, the log of a group home reported "A former individual stopped by for a visit," referring to a former resident. And in the New York State mental retardation service system, reference would be made to "individuals" and "staff." Can no one else but us see how futile and backfiring are these word games?

*Silvers, A. (2003). On the possibility and desirability of constructing a neutral conception of disability. *Theoretical Medicine, 24*, 471-487. "Essentially contested concept" is a philosophic term that means something with an "underspecified definition" that people with different beliefs and political values may "flesh out" in different ways. The author claims that disability is such a concept, contested by the world of medical bioethics that sees disability as a problem to be dealt with by some form of medical mistreatment or even deathmaking, and the "disability community" which does not. She proposes that a "neutral notion" of disability be "constructed" that is "free of passionate presumptions and politicized interests." But unfortunately, this proposal does not acknowledge several important realities: (a) that human perception is inherently evaluative, and (b) that the closer something comes to human identity and even human essence, the less rational (and less "neutral") are people about it.

Despite her unrealistic proposal, she makes several interesting comments. One is that she talks about "individuals whose self-sufficiency is compromised by specified corporeal or cognitive limitations." While it is a mouthful, it is an accurate if incomplete description of the people to whom we are broadly referring by the words "handicapped" or "impaired." Impairment itself she defines as "an absence, deletion, omission, reduction or diminution."

She uses the peculiar phrases "biologically anomalous people" and "species-typical individuals" to refer to impaired or disabled people, and non-impaired ones. We cannot see these ever catching on, nor do we see these as improvements over current language conventions.

*Elections are full of evidence of the power of imagery, and of the importance that candidates and their handlers give to imagery, in how the candidates dress, with whom they appear, what they are shown doing, etc. Even what the candidates call each other during debates carries imagery and can sway listeners. This is an example of what SRV calls the imagery associated with direct forms of address. For example, some candidates call their opponent by first name, and when candidates hold valued political roles (e.g., senator, president), their opponents may not use these role

terms in addressing them. Both these practices imply informality but also less respect and that the opponent is not to be taken seriously (*Syracuse Post-Standard*, 30 September 2012, p. A4). This once again underlines the importance not just of how a devalued or at-risk party is spoken about, or referred to, but also how that person is spoken to, and is introduced to others.

*The more things change, the more they stay the same. As people who have been with SRV for awhile, and normalization before it, know, we are often accused of being old-fashioned and dated in our teaching, including in the examples we use, even though we try to explain that we use examples from many different places and times to illustrate the universality of issues, both the bad ones of devaluation and the good ones of role enhancement. Thus, we were gratified in a perverse sense (though not, of course, in terms of the imaging of devalued people) to see an event called "disabilifunk"–described as an evening of "karaoke and an engaging, inclusive, and exciting series of performances"–advertised with an entire series of figures with … disconnected heads! The figures were of different colors (presumably to show one kind of diversity), and one was in a wheelchair. (People newer to SRV may ask why this was perversely gratifying to us: because starting already in the 1970s, we documented that figures with disconnected heads were often used to represent handicapped people and services to them.)

Further, there seems no end to people incorporating the prefixes "handi-" and "dis-" or "disabil-" to an event, a program, a service tool, etc. In almost every case, it is an instance where less is more.

*At a 2014 conference presentation on "Society as Theater, Symbolic Language *&* the Mentally Ill," Ian J. Abbott-Hook used the term "hieroglyphic cultural language," by which he apparently meant what we talk about in SRV as broadly understood and shared messages that are conveyed by imagery. In other words, it is a form of language, shared by or within a culture, that is encoded in hieroglyphics or symbols.

*Manufacturers seem to think a logo is a sine qua non, because it draws people in and gets them to listen to "the story" the promoter of the item wants to tell. Indeed, logos are tremendously successful: one study found that 94% of people around the world could identify the logo for Coco-Cola. With the advent of computerized advertising (e.g., on the Internet), color has assumed greater importance in a logo than before, and some companies have tried to buy the ownership rights to certain color tones. This is because color registers on the mind before the logo does (*Globe & Mail*, 25 November 2011, p. B6).

*As noted in SRV teaching (and as can be observed everywhere in society), it is very rare for an image that symbolizes death or disease to be selected to represent a valued product, or something that a manufacturer wants to sell. However, there is now Crystal Head Vodka, a supposedly superior vodka, which comes in a clear glass bottle shaped like a human skull (e.g., ad in *Time*, 5 December 2011). The text of the ad says "pure spirit." Who can explain this–and convincingly?

*In 2009, a group of handicapped people announced an autumn clothing and food collecting drive, and decorated the announcement with a leaf–except it was a marijuana leaf, which implies that this group is into illegal street drugs.

*There is an *International Journal of Verbal Aggression*. In its volume VIII, we learn some of the terms that medical personnel use to express their contempt for certain of their patients:
• Blimp or whale (noun) = a grossly obese person
• Brain stem prep (noun) = a deeply comatose patient
• Crock (noun) = a patient who has many complaints but not really much disease

• Dump (noun) = a patient who is transferred, or dumped, from one medical setting to another because nobody wants to take him/her

• Not even in the ball game (adjective) = very confused or senile

• PPPPPT (noun) = "piss poor protoplasm poorly put together"

• Sundowner (noun) = a senile patient who changes from being quiet during the day to being agitated, loud, and confused "when the sun goes down"

• Thick chart syndrome (noun or adjective) = patients who have been admitted many times and made many outpatient visits

• Walnut storage disease (noun) = a crazy person, based on their being likened to a squirrel

*A British organization-run residence for handicapped people who have a special interest in the creative arts is called CRYPT, for Creative Young People Together.

There is also a service for homeless people in London, having operated from St. Botolph's Church since 1957. The service is located in the church crypt, and not surprisingly came to be referred to as "the Crypt Centre."

In Massachusetts, a Tai Chi program for the elderly was held in the crypt of the local cathedral, and was so advertised on flyers.

*An obituary on a 26-year-old man stated that he died "after a long struggle with cerebral palsy" (*Syracuse Herald-Journal*, 22 December 2008). This made it sound as if cerebral palsy were like cancer or other diseases.

*A Catholic priest drove the city streets picking up intoxicated men in a large old black hearse, to take them to a shelter he ran. The sign on the back of the hearse read "Bring them back alive."

*Senility is virtually equated with death, and therefore those who are senile get placed in the dying role. A newspaper headline proclaimed "the endless funeral of Alzheimer's disease;" a book on "Alzheimer's" was entitled *The Living Death*.

A man with a terminal brain tumor invited 80 relatives and friends to a "living funeral."

*In police parlance, an "EDP" is an "emotionally disturbed person."

*Derelict people of the streets have been referred to as "skels," short for "skeletons." They may be referred to this way even they are robust and not emaciated.

*An announcement for "a fun-filled day of non-competitive games and activities for school-aged children and youth with identified disabilities" referred to them as the Winter Adapted Games, or WAG, and used the symbol of three dancing pigs, each with the letter W, A and G on their chest, because "this year our theme is fairytales!" and "participants are welcome to dress up in a costume." The day could be just as fun-filled without the negative imagery.

Social Roles, Valued & Otherwise

*Many interesting role points can be found in the story of a former Olympian, the Englishman Michael "Eddie the Eagle" Edwards who competed in ski-jumping, as told by Lidz in *Smithsonian*, February 2014. He earned his fame not by doing well at the games where he competed, but by showing determination to finish, despite being "short on talent" and having to cope with "no money, no coach, no equipment, and no team." He came in almost dead last. But in preparation for the competition, "there wasn't anything he wouldn't do to jump more," and nothing "could stop him from jumping." His true amateurishness was to many people an embodiment of the Olympic spirit, at least as an ideal. His adulation during and after the games was a mixture of true admiration, and joking about his poor record of actual achievement, and thus there were elements not only of good fun but also of ridicule mixed in. He

was besieged by "an entourage of managers, flunkies and would-be wives," he earned more than a million dollars–and lost it too. However, the legal wrangle over mismanagement of his funds by trustees prompted him to gain another valued role: he became a lawyer. Interestingly, he was not perceived at all positively by his fellow ski-jumping competitors, who viewed his presence among them as a mockery of their sport, not to mention as drawing attention away from themselves. He continues to be recognized by at least the British public more than 30 years after his games, and he also continues to make at least some of his living by capitalizing on his kooky celebrity identity.

*One thing to note about instances where people with devalued conditions hold valued roles is whether the roles are very unusual, or pretty ordinary. The unusual ones often get press coverage, just because they are unusual. But the ordinary ones can also be very instructive, and they demonstrate that valued roles do not have to be earth-shattering or one-in-a-million (like Olympic athlete) in order to be valued, and to afford their incumbents the good things of life. A story about a man with spina bifida who became a very good bass guitar player, legendary in music circles in his own locale, illustrates this. He learned to play guitar as a teenager, spurred by his love of rock-and-roll–a love he shared with a neighbor boy who became a life-long friend based on this common interest. He began hanging out at bars where local bands played, often joining them. In fact, he was so good and became so well-known among these circles that musicians would recommend him to others and contract him to record with them. He had a job as a bookkeeper at not just any business, but a music business that, among other things, supplied and repaired string instruments. So even at his paid job, he was connected to the music and the specific instruments that he loved. Once, when he was in a physician's office, the nurse looked up and said "Don't you play guitar?," recognizing him from his valued

band member role in local clubs where she had seen him. As the journalist who wrote about him noted, "He had succeeded: his music, not his physique, defined him" (Kirst, in *SPS*, 8 May 2014).

*The role of "prodigy," unqualified, would be considered a positively valued role. A 12-year old boy from China, described as a violin prodigy, has been brought to the US where he is surrounded by adults who are coaching him in music. In his first nine years of life, he spent only four weeks in school, but he has spent thousands of hours practicing the violin. And while he is already good at the violin, and becoming even better, he is woefully behind his age peers in school competencies and social skills. His behavior has been so problematic that, despite his musical talents, he has been evicted from summer schools and camps for the musically gifted (Tobin, in *SPS*, 15 December 2013).

*Here is another example of one of the innumerable valued work roles that exist in the world, but that few of us know about, and that can be the avenue to the good things of life for marginal and devalued people. A musician goes by the name "Radio Bob," because ever since his youth, he has been tinkering with and repairing radios, televisions, and musical equipment. He grew up poor, and after a divorce was left with only a guitar, a few amplifiers, clothes, and two towels. Now he has a collection of more than 60 antique radios, hundreds of records, and various other pieces of music equipment. He said, "I didn't want to hang around barrooms and get smashed drunk all the time. I needed to have something to do," a recognition of the importance of role-related activity. He made his living at such repair for over 20 years, and then for nearly 20 more years practiced it as a hobby. It is a very unique niche that he fills, and it certainly contributes to, as he said, "keeping him out of trouble" and giving him an identity: "Everybody knows me as 'Radio Bob'" (*SPS*, 3 April 2014).

*A segregated school in New Jersey, called a "special education school," that serves primarily children who have been removed from their homes due to abuse, neglect, and their own troubling behavior, was flooded by the 2012 Superstorm Sandy that hit the US east coast. A charity associated with the annual Super Bowl football game renovated and updated the school and its facilities. The story that reported this was titled "Helping Kids Feel Like Winners" (Hauser, in *Parade* magazine, 2 February 2014). Is "winner" a role, and if so, how long does it last (assuming the person called a "winner" actually has won something)? And what did these children win, if anything?

*At least 25% of children in Afghanistan have what would be considered in the west to be full-time adult work roles at very young ages. As early as six years of age, they may work in brick-making, carpet-weaving, even construction, mining, and farming, not to mention small businesses and selling items on the street. On the one hand, this is consistent with a cultural value there that the older sons provide for their families, but at the same time, it deprives the children of the relaxation and leisure of childhood, not to mention of much education (Zucchino, *Los Angeles Times*, 27 April 2014).

*One of the more common roles for many poor teenage girls is young, single mother. It is a role that is becoming more normative than it once was, but is still not positively valued outside certain sub-cultures; and, regardless, such mothers–and their children–are more apt to get the bad rather than the good things of life from this role. Here is what a British author had to say.

> *The conventional wisdom on the centre-right is that teenage pregnancy is an economic reaction to a benefits system that supports, and so encourages, very young mothers who have children, by giving them increased benefits and priority access to social housing. In some cases this may well be true–but it is only a part of a wider explanation. As anyone who has worked with teenage mothers will tell you, these pregnancies are often a reaction to lack of love, lack of status, or lack of a role in life … As a mother, she automatically takes on a role–and a role of some status, which demands the attention of others. (Norman, J. [2010]. The Big Society: The anatomy of the new politics. Buckingham, England: University of Buckingham Press, 137)*

Some efforts to combat teenage pregnancy try to help girls at risk occupy other roles, such as accomplished student and athlete, but any such alternate roles have to be seen to have positive value by the girls themselves and within their sub-culture, not to mention that such girls tend to be surrounded by many models of young unwed motherhood.

*Under China's one-child policy, if a family has a third child, this child is treated as nonexistent: it is not recorded in official statistics, and not entitled to an education or medical care (*Record*, 10 April 1995). In other words, the child is put in the "already dead" or "never been alive" role.

*Much pre-natal testing, and certain practices associated with giving birth, have been found to weaken the bond between mother and child. For instance, pre-natal screenings tend to make women feel they are not "really" expecting, and in any case they should not announce it to others, until the unborn infant has passed the screen, that is, been found to be without defects that the mother would then be counseled to abort. This not only weakens or delays the bond between mother and child, but also weakens her perception of herself in the mother role. In fact, not seeing herself as "yet" in the mother role greatly eases the way to abortion. Similarly, if a woman is not deeply at-

tached to her baby before or at birth, it is easier for her to commit infanticide, or allow others to do so to her child. This is yet another example of how roles can be protective against deathmaking: if the complementary roles of mother-and-child are strengthened rather than weakened before birth, the vulnerable infant is more likely to be let live, nurtured, etc.

*Scheper-Hughes, N. (1979). *Saints, scholars and schizophrenics: Mental illness in rural Ireland.* Berkeley, CA: University of California Press. The author documented life in a rural village on the West Coast of Ireland in the 1970s, focusing especially on the amount of identified mental disorder, and the institutionalization of such persons. Treatment consisted almost entirely of mind drugs (p. 86). She found that many more males than females ended up so identified and then put away, and many of these the youngest sons of the family. She attributes this to the need to identify a scapegoat for the family problems, and since eldest son(s) are favored, and both these sons and any daughters often emigrate to make a better life, that leaves only the youngest son, who often also remains a bachelor and takes care of both his old parents at home.

On pp. 77-78, she talks about most villages having had people who filled "the sanctioned role of fool, entertainer, and clown," and how only one person out of many eccentrics would be singled out as "the fool." She refers to certain roles as being "disvalued" (p. 180), and also notes that certain role niches were saved for physically handicapped people (p. 180).

*A nursing home administrator captured the catastrophic role loss that so many people who end up in such a facility suffer, when she said, "People once had big fabulous lives, and now everything they did or had is reduced to a bed, a bureau, and a closet." Indeed, it is a big challenge to craft new valued roles in such a narrowed and limited context; much more role-valorizing would be to try to preserve their "big fabulous lives" as much as possible, at least serving them in small, non-congregated settings.

Housing, Homes & Home-owner Role Issues

*Many homeless families are currently living (and very crowded and expensively, we might add) in hotels, at county expense, because there is not sufficient affordable housing for them. In an effort to address this problem, a county to the west of Syracuse is going to build a six million dollar housing project consisting of a complex of 14 buildings housing 28 apartments, with two more buildings for administration, maintenance, and community functions (Hannagan, in *SPS*, 13 February 2014). In other words, it is a small segregated village for homeless families. The only difference between it and public housing projects for the poor is that these poor are identified as homeless. While the shortage of affordable housing options is a real problem, dispersed rather than congregated housing would be better for all concerned.

*Until late 2002, the City of New York had been using the former Bronx House of Detention for Men (a former prison) as emergency housing for homeless families (AP in *Syracuse Post-Standard*, 20 September 2002).

*Public housing projects tend to congregate together members of devalued classes (the poor, often racial minorities and new immigrants). Unfortunately, they are also often the site of gang recruitment and activity, drug-dealing, and other crimes–not usually considered the good things of life. Many young people who grow up in public housing also end up as members of devalued classes–in fact, they may live in one public housing project after another their life long. However, such projects often also have a strong sense of community, with adults watching over each other's children, children wandering in and out of

neighbors' apartments, and finding substitute or "adoptive" fathers and grandmothers, and some young people who grow up in such projects also enter into sports and school achievement roles through programs that are offered there. However, these valued roles could be achieved outside the projects where so many dangers, and not too many good things of life, lurk.

*In part as a result of Hurricane Katrina and subsequent storms that devastated very poor parts of the US, there have been efforts to develop sturdy houses that the poor can afford. One design is for a home that costs only $20,000. The designers were students in a university architecture department. They set the cost of the house based on what people on the lowest of incomes would be able to pay every month, and worked backwards from there. Very importantly, they based their designs on local knowledge, such as higher ceilings with window fans and raising houses off the ground so the air can circulate under and around them. The design also includes a porch on every house so that the home owners could be a part of community social life (Luscombe, in *Time*, 30 September 2013). Once again, the obstacles to people obtaining the valued role of home-owner are so often non-programmatic, not programmatic.

*As reported before, the new strategy to address homelessness seems to be to get homeless people a place to live (not in a temporary shelter), and to address later, after they are ensconced in (permanent) housing, whatever problems they may have that led to their homelessness such as alcoholism, drug addiction, mental disorder. Early reports on this strategy say it is successful, at least in getting homeless people off the streets, and even helping them to overcome the above-mentioned problems. However, one has to remember that unless people's precipitating problems are in fact addressed, they may not last long in these new places to live, and particularly so if numbers of formerly homeless are placed into settings where

they live without any assistance or supervision. It has not been uncommon for formerly homeless people to end up drinking and drugging, and having loud parties in their new homes, thereby getting in trouble with the neighbors, landlords, and even police.

The Situation in Prisons

*We continue our reporting on prisons and prisoners. The US has 5% of the world's population, but almost 25% of the world's prisoners, a population that has increased 800% in the past 30 years. Black men have a 32% chance (that's about one in three) of serving time in prison, compared with a 6% (or one in 20) chance for white men and a 17% (or one in five) chance for Hispanics. And black men serve an average 20% longer sentence than a white man for the same crime. (US Sentencing Commission, as reported by Scherer & Rhodan in *Time*, 24 February 2014; and *Time*, 8-15 Sept. 2014). This is a clear example of the wound of multiple jeopardy.

At the same time, in the US, blacks commit 50% of all murders though they are only 13% of the population, and 90% of the murders of black people (Klein, in *Time*, 1 Sept. 2014).

*In an editorial in the *New York Times* (21 Feb. 2014), the Executive Director of the Colorado Department of Corrections wondered whether solitary confinement is overused. He spent a night in solitary confinement to see what it was like, and as so often is the case, he emerged with a greater sense of identification with the prisoners who must endure it (and usually for much longer than only one night).

The 22 April 2014 episode of PBS-TV's "Frontline" was entitled "Solitary Nation," and focused on the use of solitary confinement at the state prison in Maine; it called solitary confinement a "prison within prison." The problem is that solitary confinement is one of the few punishments that prison administrators have available when an inmate commits an offense while in the prison,

and yet solitary confinement makes prisoners harder, meaner, more likely to commit another offense, and is known to drive many of them mad. In one of the insanities that are found so frequently in human services, people who commit offenses when they are in solitary (even offenses against themselves, such as cutting themselves with razor blades) are then sentenced to more time in solitary, in a vicious cycle. Prisoners who go mad in solitary may get placed temporarily in the "mental health" unit of the prison, in which there is more freedom, they receive counseling and have contact with other prisoners–but once they are mentally stabilized, they get sent back to solitary to finish their term there. Just as the US is the world leader in the number and proportion of its population that it imprisons, so too the US employs solitary confinement more than any other country; currently, there are at any time 80,000 US inmates in solitary confinement.

* R.I.P. Donald Cabana was a former warden of the Mississippi State Penitentiary who was once invited to sit in the gas chamber (where prisoners were executed) on a tour of the prison as a 25-year old, an offer he declined. He became an advocate against the death penalty, decrying it as ineffective as a deterrent to crime, inhumane–both to those who are executed and those who carry it out, and a very expensive waste of money. He said "there is a part of the warden that dies with his prisoner," presumably something that could be said about the other officers that play a part in executions. He died in October 2013.

Attitudes & Attitude Change

*Starting a few decades ago, people who said they wanted to change attitudes towards handicapped people for the better started to use puppets representing such persons to tell especially children about impairments and impaired people. This was a problematic development, since the puppets often looked strange, and since they rather than real impaired persons were used to introduce or sensitize others to real impaired persons. Such puppets continue to be used for this end. For instance, there was a 2012 "puppet workshop about autism and Asperger syndrome" advertised by a most peculiar character, presumably one of the puppets. SRV teaches how to improve attitudes towards impaired persons via such measures as facilitating identification of valued with devalued persons, improving the image associated with impaired persons, and helping impaired persons to fill roles that are positively valued by others.

*Here is not a way to improve attitudes towards a devalued class. There is now an offense called "microaggression," in which very small, subtle, perhaps unintended and sometimes only seeming slights are interpreted as having very bad attitudes behind them, such as racism, sexism, "able-ism." One writer described it as "bullying disguised as progressive thought" (McWhorter, 2014). Accusing someone of microaggression may make the slighted party feel better, but it does not make for more positive attitudes, and in fact, is likely to worsen them.

*Two comics (Keegan-Michael Key and Jordan Peele) propose to "Make fun of everything," and no condition or status is out-of-bounds for ridicule. They note that members of a particular sub-culture or even just a particular group (say, burn victims in wheelchairs) may ask for routines that poke fun at them, but when people outside that sub-culture or group ask for it, or laugh at it, it makes people worry about insensitivity or meanness–or, perhaps they might say, "microaggressiveness" (see previous item). Key and Peele look forward to "the day we can make fun of a black lesbian dwarf with Down Syndrome (sic) who's in a wheelchair, and someone who isn't a black lesbian dwarf with Down syndrome is able to laugh–instead of trying to protect the dwarf's feelings" (*Time*, 24 March 2014, pp. 31-32).

*Sometimes, people write letters to the editor of the local newspaper to tell about something that has happened to them, even if it was not reported in the paper, and therefore other readers would not likely know about it. Sometimes, writers want to publicly thank some party, for example, the doctors and nurses on the floor of a hospital for the good care given to a patient. However, sometimes letters also report and take to task someone who has done something. For instance, a writer who said he was "disabled and use(s) a wheelchair" reported that a stranger had tried to help him up the ramp into a post office, when he really did not want or need such help. It escalated into a shouting match between the would-be helper and helpee, and the letter-writer was writing to both report it and presumably educate others about what and what not to do, such as ask before helping, take no for no if a person declines help. Unfortunately, once again, the venue of a letter to the editor may not be the best place to convey this lesson, especially if it is written in anger following such an incident. And it is unlikely to do anything to improve the attitude of the man who was caught up in the shouting match with the letter-writer. Venting and getting things off one's chest do have their place, but should not be confused with effective attitude change strategies.

*A very unfortunate advertisement for what was called "a cabaret by adults with intellectual disabilities" showed a man with Down's Syndrome with a wide open mouth covered by the words "Say what you will," the name given to the cabaret. It was hard to tell whether the man was to have been yelling, screaming in pain, or possibly singing very loudly. Of course, while the cabaret gave the performers at least the temporary valued roles of singers, dancers and performers, it was segregated, and once again, one could ask "would it be possible for these same performers to participate in a cabaret with non-handicapped people, and still enjoy the benefits that come with putting on a show, the rehearsals, the camaraderie from working hard together on a common project (which builds identification), etc."

*The Media Access Awards is an annual recognition of people in entertainment and broadcast to promote awareness of people with "disabilities," accessibility for people with "disabilities," and accurate depiction of characters with "disability." It is an example of providing recognition and positive reinforcement for positive steps that can contribute to creating and reinforcing (more) positive attitudes.

Some Concluding Miscellany
*Different types of human impairment pose different challenges to both the impaired parties, and unimpaired ones, as to how to identify with each other, and how to integrate the impaired persons into the unimpaired and presumably valued world. For instance, the central challenge with mentally retarded people is to address, or at least compensate for, their reduced mentality which, depending on its degree, can make it difficult for non-retarded people to see themselves as similar to the retarded person, i.e., to identify with them, and to relate to them even if they want to do so. And deafness affects how the deaf person relates to, experiences, and communicates with the world, which can be an almost insuperable obstacle even to those hearing people who want to relate positively to the deaf. An interesting take on this latter problem is the reminiscence "Are you listening: Conversations with my deaf mother" by Andre Aciman (*The New Yorker*, 17 March 2014). His mother, born to French-speakers living in Egypt in 1924, learned to speak and understand French, and to varying degrees some Greek, Arabic, Italian, and American English, but she was taught to lip-read and to speak, and never learned sign language. She married a hearing man but, writes her son, "her deafness always stood like an insuperable wall between them," affecting her interests and the degree to which she could join in and appreciate his, such as movies without

subtitles and highly conceptual novels. Her humor was physical, not cerebral or witty. She loved the company of her deaf friends, but even they used a sort of shorthand of hand and facial signs, not a true language, and could only discuss things like "sewing, recipes, horoscopes," but not complex ideas. At the same time, his mother became superb at reading expressions and faces, and at figuring out what people were trying to say to her even when she could not read their lips. She also wanted other people to participate in her "more immediate ways of communicating." He says "Language was a prosthesis, a grafted limb that she had learned to live with"–earlier he talks about her going through life "pretending to hear"–"but that [language] remained peripheral because she could do without it." There is no point in disguising that true integrative culture of both the deaf and non-deaf is extremely difficult, and will not hold together, unless both parties learn some type of language that is common to them both, and that both can and will employ with each other.

*We don't exactly know what to call this: diversity gone mad, or a glimpse into the end-point of rights combined with complexity? Syracuse is a city of small to mid-size (depending on one's frame of reference) of about 120,000 people, in a surrounding county of about 500,000. In a recent mailing from the county department of social services (also known as "welfare"), the entire back of a 5x8-inch envelope was covered with the message "Important notice enclosed. If you need help reading the notice, contact your worker" in ten different languages–and presumably these were only some of the languages that recipients might speak or read. In larger cities (e.g., Toronto or New York), it is easy to imagine 20 to 30 more languages being represented among social service recipients. And this considers only the diversity in language of the recipients, not other features such as those of dress and appearance, religion, calendars, etc. Once again, we remind readers that a population's assimilation potential for difference or diversity has limits, and simply must be accommodated if efforts at integration or "inclusion" are to be successful.

*How's this for making a problem that requires service address out of everything? Even if you do not have a specific "eating disorder" (such as anorexia or bulimia), you may have "the most common eating disorder" which is "EDNOS (eating disorder not otherwise specified)," which is described as "irregular eating habits and distorted ways of thinking about food" (Charbonneau, March 2014 in *Jerk* magazine, March 2014).

And on that note, we end this column, with the fond wish that in our next one, we might conclude on a happier note. ☙

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