

The SRV JOURNAL

ISSN 1932 - 6963

December 2010 • Volume 5 • Number 2

www.srvip.org

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The SRV JOURNAL

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STATEMENT OF PURPOSE

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

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

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

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

EDITORIAL POLICY

INFORMED & OPEN DISCUSSIONS OF SRV, & even constructive debates about it, help to promote its dissemination & application. We encourage people with a range of experience with SRV to submit items for consideration of publication. We hope those with much experience in teaching or implementing SRV, as well as those just beginning to learn about it, will contribute to the *Journal*.

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

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

INFORMATION FOR SUBMISSIONS

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

Submissions are reviewed by members of the editorial board, the editorial advisory board, or external referees. Our double-blind peer review policy is available on request.

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

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TYPEFACE

Main text is set in Adobe Garamond Pro and headlines in Myriad Pro, both designed by Robert Slimbach.

A Brief Description of Social Role Valorization

From the Editor

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

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

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

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

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

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

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

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

RESOURCE LIST

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

FROM THE EDITOR

ONLINE RESOURCE

We continue publishing our blog relevant to SRV: <http://blog.srvip.org/>. Take a moment to read the blog and send us your comments. You can also sign up to receive new postings by email.

VALUES IN ACTION ASSOCIATION (AUSTRALIA) NEWSLETTER

VIAA is publishing a newsletter 'SRV in Action' which I recommend getting your hands on. The first issue came out this past summer and a new issue is in the works for early 2011. Issues will include brief articles on SRV-related topics, columns (including one that will highlight/review our *Journal* articles), 'letters to the editor' and 'my favorite SRV concept.' This would be a great resource to get and read, which you can do by contacting Greg Mackay at viaainc@gmail.com. The newsletter would also make a useful handout at workshops or to give to people you run across in your work who might be interested in Social Role Valorization.

SRV FOCUS QUESTION

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

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

QUESTION

"From an SRV perspective, 'integration' means 'personal social integration & valued social participation.' This in turn would require (a) valued participation, (b) with valued people (c) in valued activities that (d) take place in valued settings" (Wolfensberger, 1998, 123). In light of this understanding, remember the first time(s) as an adult that you were an active, ongoing participant in a particular activity & social group/setting. What valued role were you in? What roles were the other people in the social group/setting in? Who did you look to as role models? What 'good things of life' did this role open the door to? How did you initially become involved? When & how often did you participate? Where did the activity take place? And so on.

*Drawing on this personal reflection, what can you learn, adapt & use to help societally devalued people/groups to acquire & maintain valued social roles in valued contexts & valued activities with other people in valued roles? Keep in mind that valued social roles are key to personal social integration & valued social participation. Lemaay explicitly frames integration in terms of valued roles: "(valued) social participation requires a (valued) role in a given (valued) context; personal social integration is said to be occurring when an individual is engaged in (valued) reciprocated role activities with other (valued) role incumbents in a given (valued) social setting" ([2006]. *Social Role Valorization insights into the social integration conundrum. Mental Retardation, 44(1), 5*).*

INDEX OF PAST AUTHORS

THIS IS OUR TENTH ISSUE, marking the completion of our first five years of publication. We are so grateful to all of the authors who have contributed such a wide range of thought-provoking manuscripts from various categories—reviews, vignettes, poetry, guest columns and lengthy articles—and on relevant topics, all related to Social Role Valorization training and/or implementation. We are quite gratified to look back and see that we have reached one of our initial goals in publishing this journal; namely, to create a body of work that has involved authors from a variety of connections to and backgrounds with SRV. We have published manuscripts from university students, research professors, service workers, doctors, long-time SRV/PASSING trainers, parents and more. We hope that this encourages more of you our readers to consider submitting manuscripts to the journal, as well as to keep reading!

Below is a useful index to the authors we have published during the past five years, including in this issue. After authors' names are dates indicating issues in which that author has a published article. A number in parentheses following a date indicates more than one item by that author in that particular issue. For further reference, check our website http://www.srvip.org/journal_past_issues.php which has copies of the Table of Contents from each issue of the *Journal*.

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LETTERS

TO THE EDITOR:

I AM SENDING YOU an article which I read this week in a local magazine which is an interview with the care home manager who was charged with the offences noted in my article for the *SRV Journal* in June 2008 [3(1), 7–19].¹ She was convicted in 2009 for these offences and sentenced to 150 hours of community service.

The journalist paints a sympathetic picture of the woman and clearly believes that she has been wrongly convicted. The care manager continues to protest her innocence and says she will continue to fight to prove this. She defends her actions by saying that she used practices which would have been acceptable 10 years earlier. Using this rule of thumb we could also say that it would be fine for DNR (do not resuscitate) orders to be used in hospitals in cases where a person with disability is admitted with a life-threatening condition, as this was routinely practised not so very long ago.

An alarming aspect of this case though is the fact that the Queensland Civil and Administrative Tribunal (QCAT) ruled in her favour when she appealed for reinstatement of her Blue Card (which would allow her to work with vulnerable adults and children). A public outcry followed and the Children's Commissioner appealed against the decision to reinstate the Blue Card which was upheld by QCAT.

Surely a person with a standing conviction of assault and deprivation of liberty against vulnerable children in her care should never have been considered fit to work with vulnerable people again.

While the outcome as it now stands in this case is sound, it is alarming that the initial decision by QCAT was reached. If her convictions were overturned and she were declared innocent then that might be a different matter.

I thought you might be interested in knowing how this particular case concluded, if it has concluded, that is.

Best wishes,
Sharyn Pacey
Brisbane (AUS)

1. Pacey's article, entitled *What keeps people safe? An exploration of Australian historical roots & contemporary expressions of abuse*, was based on her presentation given at the Fourth International Social Role Valorization Conference held in Ottawa in May 2007. The article described an investigation into the abuse, assault and neglect of people with disabilities within government-run or government-funded services in Queensland, AUS. Pacey focused on two stories of particular individuals who had been abused. She ended the article with SRV-relevant recommendations on what helps to keep societally devalued people safe.

Papers and Presentations are now being accepted
for the Fifth International Conference on Social Role Valorization

Getting the Good Life: From Ideas to Actions

Social Role Valorization

as a Framework for Transforming Lives

Where and When

Hellenic Club in Canberra, Australia from 21– 23 September 2011

Purpose of the Conference

The conference will address the question of what it takes to secure ‘The Good Life’ for those people who live lives apart from society. Delegates and presenters will explore strategies and approaches that provide a genuine alternative to the continuing reliance on human service approaches—especially ones that bring much formality and bureaucracy—and consider the compelling outcomes of a service that is truly beneficial.

Conference Themes

The conference will address social marginalization through:

- *Meaningful and Sustainable Relationships*: What is the glue that makes relationships sustainable; how might reciprocity be obtained; how do people identify with each other when a party is devalued?
- *Belonging*: When do people really belong; what brings sufficient safety and security; what is it that people become connected to so that belonging is a legitimate experience?
- *Contribution*: When are people free to contribute; what does it take for observers to recognise the contributions of a devalued party; when do the contributions of severely impaired people become recognised?

Registration

Full conference registration information will be available in March 2011.

<http://www.socialrolevalorization.com/>

CONFIRMED LOCAL AND INTERNATIONAL KEYNOTE SPEAKERS INCLUDE:

Susan Thomas holds degrees in psychology and special education, and has been an associate of Dr. Wolfensberger at the Syracuse University Training Institute (US) for many years. She is author of several articles on Normalization and Social Role Valorization and is co-author, with Dr. Wolfensberger, of *PASSING* and other publications. Ms. Thomas has also worked for many years in voluntary, informal service to people with disabilities, and poor and homeless people.

Ray Lemay holds a M.Sc. in the Education of Emotionally Disturbed Children and is the Executive Director of Integra pour enfants et adultes de Prescott-Russell/Integra Children and Adults of Prescott-Russell in Plantagenet, ON, Canada, a multi-service organization with over 450 employees. He has authored articles and books on resilience, normalization, Social Role Valorization and management.

Janet Klees has been coordinator with the family-governed Deohaeko Support Network (Canada) for the past 15 years and has been deeply affected by the lives of the people that she has come to know. Janet is the author of two books directly rooted in the Deohaeko experience as well as numerous other reports, documents, tools and writings. Janet works closely with other Scarborough, Ontario families, and several family groups and projects across Durham Region.

Debbie Killroy was imprisoned for drug trafficking in 1989 for six years. After her 1992 release, she established Sisters Inside which advocates for the human rights of women in the criminal justice system. Debbie undertook a Social Work degree, was awarded an OAM for services to the community in 2003 and the National Human Rights Medal in 2004. Debbie was the first person in Australia with serious criminal convictions to be admitted by the Supreme Court of Queensland to practice law.

George Durner is a graduate of the University of Loyola in New Orleans, Louisiana (US). Today, he lives with his wife, Danielle, in a L'Arche community in France and is coordinator of training for the International Federation of L'Arche communities, founded by Jean Vanier. From 1986 to 1989, George worked for the Georgia Advocacy Office in Atlanta, Georgia, and was responsible for the Citizen Advocacy program offices throughout the state.

Mike Rungie comes with 30 years perspective in the application of SRV. His particular interest has been in the bettering of human services and how to make services more able to support people to be citizens and have good lives. In his CEO role at the ACH Group and more broadly, Mike continually challenges people to be innovative in their thinking around what constitutes the good life, especially in regard to vulnerable older people.

Michael Kendrick will offer his thoughts on the day's proceedings. Dr. Kendrick is an independent consultant in human services and community work with a focus on both national and international work in the United States, Canada, Australia, New Zealand and the United Kingdom. In his work he has occupied a variety of roles, including being the Assistant Commissioner for Program Development with the Massachusetts (US) government, the Director of the Institute for Leadership and Community Development, and the Director of the Safeguards Project.

The Value of SRV to People's Lives

Michael Duggan

EDITOR'S NOTE: *The following article is based on a presentation given by the author at the Second International SRV Conference in Boston, MA (US) in 1999.*

Introduction

I AM HONOURED AND HUMBLLED to be with you all at this Second International Normalization and Social Role Valorization Conference. For a long while, I had cold feet and almost didn't make it. My change of mind and heart were caused by a number of things. I realised that I probably would never get this opportunity again and so should make the most of it. Moreover, I started to ponder the title of this conference: "Creating Possibilities: The Difference Social Role Valorization Makes" and relate it to events and experiences in my life. I finally decided that I had to come and share with you all!

A Look at My Challenges in Getting an Ordinary Life

LET ME GIVE A short potted chronicle of my life. Mum tells me that when I was a young baby, I cried a fair bit—nobody knows why. Apparently, my birth was quite traumatic, and I think one doctor said that things did not look hopeful. What that meant in those days I really do not know. Mum says that I said my first word on that doctor's table, and he said that if he had seen me earlier, he would have had me walking. I believe

frankly that this was a fine bit of quackery. As I grew older, I wasn't doing the things I should have been for my age.

Somehow, someone figured out that I fitted the 'Cerebral Palsy' label. I know that I was one of the first to attend what was called in those days the Queensland Spastic Welfare League in Australia. I started there, aged three or four, being one of the first to attend their kindergarten. I went through school, reaching leaving standard. However, I never sat for any examinations—well, likely because nobody had any expectation that I should or would want to.

So, what to do now? Though I had completed my secondary school studies, I was not qualified to do further study. My two 'placement options' were to go to a Sheltered Workshop or an Activity Training Centre (ATC). Choice is a wonderful thing! Come to think about it, I really didn't have a choice.

Because I use a head-pointer for all physical tasks, my productivity rate was not considered high enough for the Sheltered Workshop, initially anyway. But because I was said to have a very active mind, I didn't fit the ATC status either. Through some fated stroke of luck or misfortune (depends how and when I think about this), I fell over the line to gain entrance to the Sheltered Workshop. I will never forget my first given task. One of the things they did in these was to make rubber door mats. The mats were

made from strips of rubber cut from old tyres. My job was to pull the rubber strips apart. For some reason, when the strips were delivered, they were still in their original shape of tyres. Though they were meant to be cut into strips, the cuts were incomplete. Therefore, I had to separate the strips of rubber. To do this, I would wrap one part of the tyre around a door handle, a table leg, another part around my head-pointer—and pull ... pull the strips apart. Great stuff, especially if one wants well-developed neck muscles.

After due time it was determined that probably I wasn't best fitted to this kind of physical task. After doing a number of typing jobs, tedious and quite boring, I finally graduated to doing the invoicing and basic accounting-type jobs for the workshop. Little did I know then that later on, I would hold down the role of Treasurer of a Supported Accommodation agency for four years.

Eventually I had a job of addressing envelopes in the workshop. However, in many ways I found myself in a similar situation to before, doing a different but still a repetitive task. Granted, some people would consider using a word-processor as more sophisticated than a typewriter, but a boring task is a boring task, despite how much one tries to 'dress it up'. I suppose the biggest disappointment was the lack of opportunity to do any kind of computer programming-type tasks. Why didn't this eventuate? I really don't know; I can only surmise that here again people just didn't hold very high expectations for people with disability.

It was around this time—around the early 1980's—that I really started to wake up. I figured that if I didn't get out of that place fairly quickly, I could well end up rotting there. I also figured that probably my only avenue out was education. After a few unsuccessful attempts I was finally accepted into a Diploma of Community Welfare course. From there I went on to do a Bachelor of Social Science.

At the time I started the Diploma course, I was living in an institution especially built for adults with cerebral palsy. I put myself in there a few

years after Dad died. I did this because I figured that if I stayed home, Mum would simply wear out. In those days, the concept of "Family Support," as we know it today, wasn't even coined. Yes, toward the very end of my living with Mum, we did get support from a domiciliary nursing service, especially to assist Mum to get me out of the bathtub. But Mum, in her own inimitable way, would rush to get me out of the bath before the nurse came, just to 'make it easier on her' (the nurse).

My decision to try to talk Mum into letting me go into the institution was a difficult one for me. It was contrary to everything I wanted for myself—probably because I was leaving behind my primary carer, the lady who really felt that there was no one else in the world who could or should care for me. But the fact that I was able to go without her putting up too much opposition indicated that the timing was right for Mum.

I would say the first few months in that institution were truly the worst of my life. What were those strange people, calling themselves sisters and nurses' aides, going to do to me? Why couldn't I have an orange drink first thing when getting up in the mornings? Why did I have to have a shower at 5:30 am? Why? Why?

For at least the first year or so, I went home for every weekend, public holiday, cracker night, and for any other reason I could come up with. But of course, this was defeating the purpose of moving away from home. Eventually, I decided to bite the bullet—and never went home after that.

Why did I have so many problems living at the institution? Firstly, I wasn't used to living away from home. I believed Mum's thoughts and feelings, that nobody could look after me except her. Secondly, I had great difficulty accepting and coping with the regimentation of activities which were carried out in such an utterly disempowering manner. I felt totally powerless, vulnerable and on the receiving end of any of the wild whims the staff might come up with.

But I survived this 12-year period in that institution relatively unscarred emotionally. That's my story and I'm sticking to it. I did what I had to do. I suppose I just learned to become more 'street-wise' about things. I quickly came to be able to easily distinguish the staff 'goodies' and 'baddies.' I quickly learnt to 'hide' when the 'baddies' were on duty, and to become 'more apparent' when the 'goodies' signed on for duty. In a bizarre kind of way, this was one of the main things which helped me through what I consider to be one of the toughest periods of my life. Because of my genuine interest in and concern for people, just watching the various multi-dimensional power plays and general game-playing between staff and staff, between residents and residents, but probably more so between the staff and residents, was enthralling—at times very entertaining indeed, at other times quite frightening.

For me the institution was a place of good, necessary learning. I learnt a lot about the human spirit, about what makes people get out of bed in the mornings. I learnt about power, oppression and vulnerability, and about injustices, particularly social injustices. I learnt about my own personal views, vision and virtues, especially those pertaining to the concepts of personal and collective empowerment, participation, self-determination, access to resources and opportunities, and my belief in building communities that are more inclusive and accepting of the 'other.' For such insightful and precise learning, I hope that I will be eternally grateful.

But at some point, one must act! Whilst in the institution, I helped to establish its first Residents' Committee. As it turned out, being the inaugural president of this Residents' Committee was the precursor of becoming the inaugural president of a statewide advocacy organization and of a Supported Accommodation Service. The Residents' Committee was only able to influence change on mundane things—basic, but important things; for instance, scattered meal times, menu options, having a say in decor, having some voice in staff selec-

tion, etc. But I didn't have to be a quick learner to figure out how hard it is, almost impossible in fact, to change a system from within.

I had managed to escape the institution in a rather bloodless coup. One of the many virtues of the landmark piece of the Commonwealth Disability Services Act of 1986 legislation was the credence it placed on Demonstration Projects. So I became a Demonstration Project—well, a part of one, centered on four of us with the label of having 'high support needs.' When I left the institution, the powers that be decided I could only have one month to change my mind. After four weeks my bed would be given to some poor other undeserving soul. I think this only made me more determined to make everything work out.

While I was having fun hiring and firing workers, there were other things going on in my life. I graduated with a Diploma of Community Welfare. I took a three-year Pastoral Care course. My first job in open employment was as an Advocacy Support Worker, which lasted two years and then ended because of a funding cut to that particular project. I thought at this time (that is, the early 90's), jobs were going to be difficult to come by, so I thought I had better go back to University and get another piece of paper. I really just wanted to go back to school. I did a three year Degree course in two, only because I was able to obtain credit from my previous Diploma course. It somehow wasn't quite as good the second time around. And I suppose I was doing it for reasons outside of myself. The Demonstration Project was such a success, it eventually became a service. I lived there for about five, six years but somehow I just didn't feel at home with congregated living. It often reminded me of the institution. Therefore, my aim in life was to get a place of my own.

I went about this in a very scheming manner. "Mum" was the word—in more ways than one! Because I didn't feel comfortable in confiding in Mum or my then-service provider, I had to become very sneaky indeed. I was fortunate indeed to be able to gather some wonderful and beau-

tiful people around me. They were people with whom I felt completely at ease to share my deepest longings. I knew I could trust them. I knew they would follow me anywhere I wanted to go. Together we took on the Department of Housing and won. Together we took on the Brisbane City Council and won. Together we strategised everything. I think most of all, we enjoyed whilst in 'the battle.'

So where am I at now, you might wonder? I have a great little unit in the West End area. I can walk to the shops, I can walk to church, I can walk to an accessible railway station. I am living in an area which endeavours to be more of a community than just a suburb. I have a part-time job, assisting in the establishment of a Speech-to-Speech Relay telephone service for people with disability who need the assistance of a third person, a relay operator, to make phone calls.

How do I really experience life at the moment, now that I am living in the community? At times it seems like hard work. I have a mighty band of (personal care) workers, but they always need managing. Overtly or covertly, consciously or unconsciously, there are times when they try to get away without doing tasks. These times I find quite difficult. In any kind of relationship, power dynamics are quite tenuous—I think none more so than in these kinds of situations.

There are times when I feel quite alone, which can be a good thing in itself—that is, in a spiritual sense—but not if it turns into loneliness. Maybe I have portrayed an erroneous notion to others. Because they see me going off to work three days a week, going off to meetings and the like, see my (personal care) workers coming in at least twice daily, I must be doing quite okay, thank you very much! What about my need for intimacy? What about my need to feel loved and to love unconditionally? What about my need to feel I belong?

Like everyone else on this earth, I search for life's meaning and my particular calling. My disability is not me! It is just an appendage; yeah, a fairly significant 'added on bit,' but I must do my utmost

to never allow my disability to completely subsume me or to become over-preoccupied with it.

We don't want a service; we want, and deserve, a life. Having relationships—reciprocal relationships—is a central and pivotal component if we, as people with disability as well as those without a 'labelled disability,' are going to achieve this, that is, get a life! (cf. Wolfensberger, Thomas & Caruso, 1996)

Conclusion

THE ABOVE SECTION is not only an attempt to tell you just a little bit about myself, but also to demonstrate that I have a very practical and intimate understanding of social devaluation. I have experienced, and do experience, oppression, disempowerment, disenfranchisement, and of course vulnerability. I not only experience these myself, but also know the vulnerability of my fellow travellers who have disabilities.

Because generally people with disability are systematically ostracised by society, from society, ultimately they and we have become and are becoming more and more vulnerable, thus open to segregation, isolation, institutionalisation, neglect, abuse of all kind, even low expectations, which is all encompassed in what Wolf Wolfensberger terms "deathmaking."

The power of the idea of valued social roles has helped me to have the courage and energy to try to achieve an ordinary life. To quote my dear friend, Joe Osburn, from his article 'An Overview of Social Role Valorization Theory':

The major goal of SRV is to create or support socially valued roles for people in their society, because if a person holds valued social roles, that person is highly likely to receive from society those good things in life that are available to that society, and that can be conveyed by it, or at least the opportunities for obtaining these. In other words, all sorts of good things that other people are able to convey are almost automatically apt

to be accorded to a person who holds socially valued roles, at least within the resources and norms of his/her society.

For the major part of my life, when I was endeavouring to bring about positive and lasting changes for myself, and also later on in the lives of others, I frankly was not aware of 'Normalization' or 'Social Role Valorization' (Wolfensberger, 1998). So what drove me? As someone with a disability, labelled as having 'high support' needs, I wanted to make at least a start at setting the record straight. There is obviously a l-o-n-g way to go, but there must be a beginning point. For people with disabilities to be able to attain equal status in society, it must be acknowledged and embraced that we all share a common humanity—created, I believe, by a very Loving and Caring God. ☺

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THE CITATION FOR THIS COLUMN IS

Duggan, M. (2010). The value of SRV to people's lives. *The SRV Journal*, 5(2), 10–14.

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

Some Further Thoughts on the Limits & Capabilities of Social Role Valorization

Wolf Wolfensberger

IN CRITIQUING SOCIAL ROLE VALORIZATION (SRV), people sometimes say that while SRV may combat devaluation and wound-striking, it does nothing about certain impairing, painful or disfiguring afflictions that a person may have. For instance, SRV does not eradicate Down's syndrome, insanity, scoliosis, senility, etc. However, such critiques commonly fail to take five realities into consideration.

1. One of the themes of SRV is the importance of employing a developmental model, with its emphasis on positive expectancies, and the promotion of competencies. The actualization of the developmental model will therefore relieve or overcome at least some afflictions.

2. The wounds resulting from devaluation that SRV might be able to address can have a vastly more devastating impact on a person than an affliction, disfigurement, etc. For instance, even having been born with missing limbs, a child can still grow up and lead a relatively normal life (exemplified by many children who were disfigured by Thalidomide) as long as the child fills valued roles, with all the good things that usually result therefrom, such as being provided with a stable and loving family, a decent education, integration into the ordinary activities of life, and opportunities to participate—all things that tend to come with positively valued roles. But if that child is rejected, put away, denied an education, and subjected to many of the other typical wounds, these

things (rather than the missing limbs) may render such a child very incompetent, dependent for life, or even dead.

3. Being positively imaged—as emphasized by SRV—makes it easier to recruit address of afflictions. For instance, it is only when a person who has a condition such as Down's syndrome, PKU, cerebral palsy, or senility is seen and interpreted as a valuable and worthwhile human being, and/or in valued roles in family and society, that all sorts of opportunities are likely to be provided to do something about these conditions and the impairments they generate. Without such positive interpretations, such persons might not be offered medical care, surgery, prosthetics, education, the guiding presence of other people, and similar things that can do much to alleviate the effects of these conditions.

However, it is a disproportionate emphasis on imagery, and a neglect of the competency and developmental model implications, that can result in a pessimistic stance toward a person's afflictions.

4. Occupying valued roles can be a decisive compensation for those sufferings that are irreducible, regardless from what source they come. For instance, even when nothing can be done to stop an aged person's mental deterioration, or to restore the sight of a blind person, or to enable a paralyzed person to walk again, if such persons hold valued roles, then these are apt to be sources of comfort, of a sense of purpose and security, and even of joy and happiness.

All four points are illustrated in the life of former Superman actor Christopher Reeve who got paralyzed in an accident. He never walked again or was able to take care of any of his bodily needs, but it is clear that his valued roles as husband and father, movie star and former athlete enabled him to continue to live, to participate in many activities (he frequently traveled to one function or another), to resume professional acting and even to assume new valued roles, such as film director, advocate, public speaker and leader of voluntary organizations.

5. Finally, if valued roles do bring peace, reconciliation, comfort, joy, etc., to a person's mind, then at least those afflictions that are affected by a person's mental state may be alleviated. For instance, an insane person may become less insane, or even recover; a sick person may recover faster,

stabilize, or decline more slowly; a mentally retarded person may actually function more intelligently; a senile person may be less confused; etc.

The above thoughts must be considered in the context of the general limitations of SRV, which are very briefly reviewed at the end of Introductory SRV workshops, and which are explained at length in the Advanced SRV workshop. ☺

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THE CITATION FOR THIS ARTICLE IS

Wolfensberger, W. (2010). Some further thoughts on the limits & capabilities of Social Role Valorization. *The SRV Journal*, 5(2), 15-16.

What Does Social Role Valorisation Have to Teach Us About How Best to Support People with Disability?

John Armstrong

EDITOR'S NOTE: A previous version of this article was commissioned by Disability Services Queensland (Australia) to be used with orienting its professional staff. This article would be particularly useful as a handout at staff meetings or at SRV-related workshops.

SOMETIMES THE FOCUS upon people's physical and intellectual impairments obscures the realisation that people are also very devalued by their society and community, and often even by human service agencies themselves. Devaluation brings social repercussions to people's situations that can be more impactful and pervasive than the intrinsic impairments that occupy much of our attention.

This article introduces the reader to the major implications of social devaluation and proposes a set of strategic responses, utilising substantial empirical evidence taken from the fields of education, psychology and social science, especially role theory.

Devaluation is the name given to the negative judgement made by others about the relative worth of another person or class of people. The capacity for devaluation has been present across all time and historic periods. The nature and direction of devaluation in a culture is significantly influenced by the prevailing social values that indicate or even dictate what qualities people in that culture must have to become valuable or desirable

(e.g., beauty, wealth, competence, youthfulness, independence, etc). The opposites of such qualities are regarded negatively (e.g., ugliness, age, illness, incompetence, dependence, etc.) and thus anyone seen to embody those negative qualities becomes devalued, at least to some extent. People seen to contravene important social values or many social values will likely be more significantly devalued, and especially so if there are no apparent positive qualities observed in the person, like some valued history, skill or association to others.

Thus, when serving a particular class of people, it will be important to know in what ways that class is likely to be judged negatively or be otherwise vulnerable. In addition, it is important to realise what pre-existing ideas may exist in a culture about a particular group of people, ideas which can create an additional risk for them. People with an intellectual disability, for example, have long had a mixture of positive but also particularly negative images and ideas held about them. Some negative expectations are that such people will be slow, display inappropriate emotions, have clumsy movements and childish interests, be easily distracted, tend to be gullible, stare and gape, dress oddly, have poor grooming and communicate with little or indistinct speech.

Some of the assumed social roles for people with an intellectual disability include: eternal child, village idiot, sex offender (especially against children), arsonist, clumsy clod.

When considering these two lists (one being the *ideas* about people and the other the actual *roles* ascribed to people), one begins to realise just how much risk people with a disability face—particularly when they are presented to society in even the slightest way that conforms to any of this—and the importance of ensuring that a service does not unwittingly reinforce an already existing negative stereotype or vulnerability surrounding that group or class.

Socially valued people very typically respond in negative ways to devalued people. Low status invites and ‘legitimises’ bad treatment.¹ The bad treatment has many universal features and is so detrimental that Wolf Wolfensberger uses the metaphor of “wounds” to describe them (Wolfensberger, 1998, 12). For instance, it is very common for devalued people to become rejected because of their low status. This rejection produces behavioural responses that include casting devalued people into negative roles (like ‘vegetable,’ menace, eternal child, sick or diseased organism, etc.) and locating them into environments that convey negative images (dirty, decay, contagious, dangerous, etc.). The rejection is compounded by locating people away from others where freely given relationships are replaced by paid ones. Authorities take control of every aspect of their life, including being moved around arbitrarily so that people more and more lose contact and continuity with family, friends and even possessions. The experience of having so little expected of you leads to trifling investments to the point of “life wasting.” Yet so many wounded people still persistently wait for something beneficial to happen to them. Historically the bad treatment has too often resulted in people being neglected and maltreated to the point that their very life is in peril.

If one has received many of these wounds and from an early age, the impact can be devastating and life-defining. That is, one may become primarily known through one’s poverty or by one’s negative role(s) and the accompanying abandonment from familiar community. Deeply wounded

people are likely to respond with sadness or rage and see life only through their own experiences. The tremendous sense of insecurity and distrust is compounded by problematic testing of relationships and pre-occupation with past relationships or fantasising about relationships that may have never existed. Wounding can drive people to become irrational and impulsive, and some of these problems (like talking about oneself all the time or insatiably seeking contact) can lead to even further devaluation and rejection from others.

A sensitive analysis of the wounds of people will bring to light a more adaptive response to people’s circumstances than most of the typical assessments and checklists that are commonly given in services. Worst of all is to fail to appreciate or to underestimate the social dilemma that people face, while we remain in the relative safety and security of our paid and professional identity, thus possibly becoming yet another source of these wounding events.

Clearly, our first response is to become keenly aware of the potential for devaluation, even caused by our actions, and the precarious social position of service recipients who face a relentless exposure to wounding events. Such awareness calls for a pro-social orientation that motivates our best judgement and expertise towards actions that prevent, reverse and compensate for the disadvantaged position people are in.

What has been found that is an antidote to devaluation? What could be so powerful as to both alter the perception of the observer and ensure people get access to a good life?

The strongest indication of a person’s status relative to observers (and the person themselves) is via their social role. Thus if one wants to increase the value of a person in the eyes of others—and improve their resultant treatment—one would have to change the value of the role or change their role to one of greater value. This concept has been called Social Role Valorisation, or SRV. Indeed, the aim of this strategy is to enable a person to experience the ‘Good Things in Life’ (Wolfens-

berger, Thomas & Caruso, 1996) that others enjoy: a home, security, to be appreciated, to be able to work or contribute to others, to have a positive reputation, a chance to grow and develop, to have a range of roles and relationships, to belong, and many others aspects that most people agree are the things we most appreciate in a good life. In fact, the more roles a person has, and the more valued are those roles, the more chance a person (or class) has of experiencing the 'Good Things in Life.' There are two major ways of accomplishing this: 1) to enhance the competencies of people, and 2) to enhance the social image of people.

Competencies are required to perform many roles. The more competent one is, the more roles become available. Competency itself is highly valued and therefore is a powerful way of counteracting devaluation. A role provides a powerful context for competency attainment that when used properly brings relevance to instructional and therapeutic efforts. These ideas are incorporated in a service approach known as the Developmental Model, that utilises the most relevant and potent ways of building people's capacities. For example, the developmental model incorporates a relentless pursuit of competency enhancement by providing opportunities for frequent experiences that are challenging at a level believed to be within the person's ability (often referred to as "the dignity of risk").

Images that surround a person or group create strong expectations and messages about that group. They might be positive and constructive or negative; incorporating such messages as filth, poverty, disease, danger, incompetence, dependence, laziness and distrust and the like, or some of the specific image and role risks covered earlier.

Negative ideas are not the only stereotypes held about people with a disability—there are positive ones as well. For example, society also holds impressions of intellectually disabled people as being trusting, innocent, open and spontaneous, telling things as they see it, joy in simple things, bringing gentleness from others, and roles like compassion-

ate consoler, honest and forthright speaker, the moral conscience of others, ice-breaker at gatherings. It is possible to think about ways that these positive impressions could be enhanced and built upon. How might that be done?

Messages and roles to and about people are communicated via the same 'channels.' That is, they are communicated via:

- the physical setting people are in,
- social contexts (i.e., the people that one is placed with),
- the activities and other uses of time,
- the appearance of people,
- the language used to and about people, and
- a range of other image sources (e.g., staff appearance, names of a service, logos and funding sources).

Each of these occurs in daily life—but they also function within human service contexts to signal to people about how they (and others) should behave. You could use these six channels to assess what kind of message and role expectations a service is presently giving people. As a rule of thumb, it will usually be beneficial if these channels combine in ways that match how the valued part of the culture operates. The more a service practice diverges from valued cultural practices, the more likely that negative expectations and impressions will be conveyed about people, especially if they are already suspected of being devalued.

Thus a powerful and related component of delivering an effective service is to do so in ways that approximate, as much as possible, how similar needs of people would be met in the valued parts of the culture. In other words, to educate as the culture does; to receive health care, work, friends, a home as other valued people do. We often talk about using 'generic services' wherever we can, because they are also used by ordinary people and are therefore usually typical of valued cultural practices. Generic arrangements also tend to be safer than segregated environments. As such, they significantly enhance the status and role of devalued people who use them and dramatically

increase the chances that they will be seen more favourably, even to the extent of having contact, interactions and relationships with valued people. The more distant a service response is from how the rest of the culture operates, the less likely recipients will be seen as like other people, which potentially freezes them out of ordinary contact with their community.

These perspectives allow us to examine our own conduct. We each desire to be of real service to people, don't we? We talk about being 'person centered,' 'flexible' and 'individualised,' amongst many other buzz words that abound in our field. But are we really? Or are we just going along with the way things have always been done, failing to really see what we have done?

Where to start? 'Before one starts, one should have the end in mind.' What kind of life might an individual have if they received the right supports? The answer is almost always—an ordinary life. Seeking an optimistically realistic outlook about a person's future allows us to consider what supports are needed: where might they come from, can they be offered in unpaid/informal ways, can we utilise services that valued people use, can they be used when they are typically used by others, what skills and images are needed by someone in these settings, what roles are we trying to develop with a person?

Not everything will be possible immediately, but having a vision of what life could be like provides a powerful—even essential—requirement for creating a better life. For one thing, a vision allows us to examine our immediate goals and priorities and assess to what extent they contribute to the future life we imagined possible. If our present priorities contribute to a better future, then our initiative may be said to be relevant to that person's future. If it does not contribute, it will not be just irrelevant but may even be life-wasting, perhaps because it is meeting the needs of other parties, like staff or family members.²

It will be important to also know the current roles of the people you support. A role inventory

can be done in discussion with the person and others in their life: what daily roles do they have, those that are less frequent, any special interest roles, do we know about all of the relationship roles they have, roles within their house/neighbourhood, and so on. Typically, the role inventories of devalued people are smaller and contain more negative roles compared with valued counterparts. Yet once known, this inventory becomes the building blocks for 'valorising' the person's roles, meaning that we pursue new possibilities: to build new positive roles, or upgrade existing roles, or make a negative role less negative, or a combination of these approaches. The roles that are built create the life we imagined possible, and will transform the person's standing, opportunities and reputation in the eyes of others.

It won't happen overnight, but neither will it happen if we individually and collectively fail to act.

SRV has some helpful strategies that guide real change in our practice and expectations of what is possible for people with disabilities and their families. When this is combined with professional knowledge and ethic-driven motivation, the contributions of individuals and combined team effort can become an awesome force for really changing lives. ☺

SEE DISCUSSION QUESTIONS ON PAGE 60

ENDNOTES

1. Nothing truly legitimises bad treatment. But because humans judge situations largely through what they perceive, low status when applied to people acts as a legitimising force, excusing and virtually inviting actors to behave poorly and to do so without censure from their own conscience or by the conscience of others.

2. It is not wrong that staff and family needs get met by service arrangements. It becomes a moral problem though when the needs of the service recipient are sacrificed so that **only** the needs of others are met.

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THE CITATION FOR THIS ARTICLE IS

Armstrong, J. (2010). What does Social Role Valorisation have to teach us about how best to support people with disability? *The SRV Journal*, 5(2), 17–21.

On a Role

Marc Tumeinski

Introduction: Purpose & Background

WE INTEND TO RUN this column for several issues. Our goal is to give a basic look at a specific valued social role in each column, providing a helpful focus and a foundation for further individual reflection and group discussion. This column is aimed at those learning and teaching Social Role Valorization (SRV), and those applying SRV. Its content is meant to be illustrative, not exhaustive. (NB: Page numbers in this column refer to Wolfensberger's 1998 monograph about SRV.)

Regarding SRV, it is minimally essential to be able to (a) think and plan in terms of social roles, (b) make the connection between valued roles and the 'good things of life,' and (c) operationalize a particular social role into concrete strategies, goals, next steps and so on. These are useful mental habits which can be learned and practiced.

A few caveats: the description of any particular role will be simplified to fit within a brief column. Note also that social roles are more or less shaped by the culture of the prevailing society (whether that society is as broad as a national culture or as narrow as a particular town or social club), which can affect its particular expression in that culture, what 'good things of life' are associated with that role, and so on.

A Quick Sketch of the Concept of Social Roles, Especially Valued Social Roles

WHAT IS A SOCIAL ROLE? What can we teach about roles from an SRV perspective? How can we better

understand social roles so that we can support a societally devalued person/group in a valued role? A role can be described as a societally-expected pattern of responsibilities, behaviors, expectations and privileges. Student, aunt or uncle, athlete, receptionist, parishioner, customer, chef and author are examples of valued roles. Roles indicate a person's social status, i.e., they give us a place in the world, and also help us to 'place' or situate others in the world (39). Roles help us answer the question: what is this person/group's status and place in this society, town, neighborhood, family, school or classroom, workplace, club, church?

Roles tell others what to expect of the person in the role and help shape the mind of the person who fills the role or is being 'role-cast.' What am I expected to do in my role as husband or wife, friend, co-worker, neighbor, student, team member? What can I expect from this person who is a police officer, nurse, fellow gym member, teacher or taxi driver?

A key premise of SRV is that acquiring valued social roles helps someone to be spared at least some of the wounds which result from social and societal devaluation, and also opens the door to the 'good things of life,' such things as home, good health, relationships, meaningful ways to spend time, and so on (46). This connection lies at the heart of addressing societal devaluation.

Roles affect: how a person or group in a particular role spends their time, how they dress, who they spend time with, where they go, the language

they use, and what they do. Social roles can vary from small to big (31). This can be thought of as the role's bandwidth. Mother or father is a wide bandwidth role; customer in a store or restaurant is fairly narrow. Wider bandwidth roles, if they are socially valued, typically have greater chances of opening the door to the 'good things of life' for a devalued person or group. Some social roles are more likely to create greater opportunities for participation in socially valued activities and relationships (97).

In terms of acquiring roles, we may choose to step into a role or we may have a role imposed on us (28). We choose our friends, for example, but we are not always thrilled about becoming a taxpayer. Either way, if the role is a valued one which might bring some benefit to a person/group, then we can do certain things to help the person/group learn and carry out the role, perhaps even to the point of deeply internalizing the role. Acquiring, learning and internalizing a valued role can take time of course.

Certain 'communicators' will tell us about the role a person has, such as the setting, the person's appearance, what activity they are engaged in, who they are in relationship with, plus any language or other miscellaneous imagery which surrounds them (107). If for example we see a person sitting in a room with desks, books and computers; with other people relatively the same age, all of whom are reading, writing and asking questions; while someone demonstrates an experiment in the front of the room, asking questions of the people in the room; then we can surmise that the person is in the student role.

Relatedly, we can ask ourselves, how can we help make this person/group's valued social role(s) better known in their society, city, neighborhood, family, school or workplace?

Helping a societally devalued person or group to acquire and/or maintain a valued social role requires paying attention to both image enhancement and competency enhancement. If we want to enhance or shore up a person/group's valued social roles, then facilitating the enhancement of their image(s) and competencies will also be necessary. Images "refer to the mental pictures that

others hold in their minds about an individual or group" (63). Competency refers "very broadly to integrity of body and mind, what is in a person's behavioral repertoire, social competencies, and the skills, habits, motivations, and disciplines with which these internal resources are used" (70).

An Important Clarification Regarding the Nature & Existence of Specific Valued Social Roles

SOME SERVERS (employees or volunteers of human service organizations) can get confused about whether a particular role which someone has is truly socially valued. They may talk about a role as socially valued that by most people in society would not be considered valued. The client role is a prime example of this confusion (Wolfensberger & Thomas, 1994). Another example might be staff of a residential program who describe a client of the program as being in the role of neighbor, because the person lives in a typical neighborhood. This of course may have some surface validity, yet the person may still be unknown in that neighborhood, never talked to by the other neighbors or invited over to their homes. Physical presence in a particular setting is a necessary but not sufficient element of having a role.

It can be beneficial to consider that SRV uses the *minimum* standard of what is typical or culturally normative, but even more calls for 'bending over backwards' to push for what is highly positively socially valued. I have found it helpful to encourage servers to reflect on particular questions concerning the roles of the people they serve, especially if they seem confused about the actual positiveness of certain roles. Such reflection can help clarify the issues. These questions might serve as a type of litmus test, and can include:

- Which 'good things of life' does the person/group now have greater access to since they acquired the role?
- Has the person/group's social status improved? If so, in whose eyes?

- What ‘bad things’ or ‘wounds’ has the person been protected from?

Valued Role of Employee for Adults

THE SOCIAL ROLE OF EMPLOYEE is one of the most highly valued roles in western countries, and falls in the role domain of economic productivity and occupation (30). The employee role is a fairly broad one that can take many forms and is also related to several other valued roles. Related roles might include volunteer, business owner and consultant. Expressions of the social role of employee are numerous, and are quite concrete (e.g., nurse, desk clerk, postal worker, accountant). Certain variables add to this complexity, e.g., time worked (full- or part-time), pay arrangements (salaried or hourly), longevity (temporary or career), and so on. Typically, the worker role, particularly when it is full-time, prestigious or well-paying, is a large bandwidth role in western countries.

Some of the generic responsibilities of the worker role can include showing up and leaving on time, fulfilling particular job duties, getting along with others (coworkers, customers), being honest and working hard. Particular responsibilities vary with the concrete work role, e.g., being a cashier involves being able to use the register, make change, interact with customers, know the prices of products, realize when to ask for help from a manager, etc. When it comes to supporting a societally devalued person or group in a valued work role, then we should consider the particular responsibilities associated with that role. Can the person fulfill all or most of the responsibilities? What help do they need to do so? Who can best help them? What skills do they need to learn? Who can best teach them? Who can best role model these skills?

Though the worker role theoretically can be either acquired or attributed, it does typically require at least a certain level of competency, though that competency level can vary widely depending on the particular role. Some work roles require quite complex skill sets (accountant, engineer); others call for simpler competencies (toll collector, dishwasher).

Some of the ‘good things of life’ which the worker role can open the door to include: pay and benefits; greater independence; increased competency; richer opportunities; skill, stamina and endurance development; an adult image of strength, commitment, competency and intelligence; relationships; learning; an engaging and valuable way to spend time; and acting as a springboard for other pursuits (e.g., leisure) or even other work roles. Particular job roles will have particular benefits, broadly understood in terms of the ‘good things of life.’ Are these ‘benefits’ that this particular devalued person or group needs? Are there other benefits which this job will likely not provide? If not, might a different employee role be preferable, or could the person perhaps have more than one job role?

Does this person/group have any particular vulnerabilities which the employee role can help compensate for? Are they, for example, vulnerable to getting confused easily, to being isolated and alone, to further rejection because of their appearance, or to others having low expectations of their abilities? Particularly for societally devalued individuals and groups, we can analyze what negative stereotypes the particular work role helps to counter, e.g., the worker role can counteract or lessen the effects of the negative stereotype of incompetence.

We should note also that so many societally devalued people/groups are cut off from the valued role of employee/worker, which has a host of negative consequences, particularly in a society that highly values work and employment. For example, it can further ensconce them into the devalued role of human service client and exacerbate the wound of life-wasting, which has devastating image and competency impacts.

As mentioned earlier, SRV calls for starting with the standard of what is typical, and then bending over backwards to reach for what is ideal for the person/group. We can start by observing and asking ourselves what other workers in a similar role dress, talk and act like. If we want to support someone in the role of receptionist, then how

do other receptionists present themselves? What hours do they work? What skills do they need? How do others talk with them and about them? How do they spend their time? What do they do when they first show up for work, at breaks, during lunch, and when they get ready to quit for the day? And so on.

Regarding the *setting* of where people work, workers' personal presentation is matched to the work setting as well as to the job expectations (e.g., does the employee have to interact with customers?; does the job involve manual labor?; is it an indoor job or an outdoor job?).

Language associated with the worker role is vast, some of it technical, but it can include such language as work, pay, vacation, hours, boss, coworker, training, hiring and so on. Particular work roles may have specific language practices, which the devalued person and/or their servers and supporters should be aware of and use positively.

Regarding *grouping*, the worker may spend time primarily alone, or with coworkers, or with coworkers and customers, and so on. Grouping questions can be crucial for competency enhancement, e.g., are there opportunities for formal and informal role modeling at work? How can we take advantage of or structure these, with an eye toward helping the person internalize the role of worker? Who are good role models, and what particular aspect of the work role are they modelling (i.e., appearance, fulfilling job duties, being on time, working well with others)? A good job in other respects—such as pay, social status and so on—may not be the best fit for someone who truly needs to be in relationship with others *if* the role means that they work on their own most of the time. Such a situation might mean supporting that person in *additional* valued roles which are likely to lead to mutual relationships (i.e., gym member, neighbor, synagogue member).

We should also consider associated role behaviors. How does one take breaks and lunch, e.g., going to the break room, bringing lunch, going out to eat, eating alone or with others? Do workers socialize together outside of work hours? And so on.

Now What?

FOR LEARNING AND TEACHING ABOUT SRV and valued roles, we can use the framework above to begin to facilitate discussions, craft exercises, write examples, develop teaching materials, etc., about the role of employee. When it comes to applying SRV, the above might be helpful in a planning session, identifying with a devalued person, envisioning possible work roles, etc. Understanding the reality and the dynamics of valued social roles lies at the heart of learning, teaching and applying SRV. The more that people who are concerned with the lives of societally devalued individuals and groups can habitually think and act in terms of social roles, the greater the likelihood that we will be able to make a concrete positive difference in the lives of vulnerable people. ☺

EDITOR'S NOTE: *My thanks to Jane Sherwin and Milt Tyree for their insights into the power of valued roles, and for their constructive feedback on an earlier draft of this column.*

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THE CITATION FOR THIS COLUMN IS

Tumeinski, M. (2010). On a role. *The SRV Journal*, 5(2), 22-25.

Intellectual Disabilities & Institutionalization in Nova Scotia

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EDITOR'S NOTE: *The following article is based on the author's graduate-level research at Dalhousie University in Halifax, Nova Scotia, Canada. Given the historical and ongoing influence of normalization/ Social Role Valorization on deinstitutionalization efforts in North America, this historical review and contemporary analysis of deinstitutionalization in a particular Canadian province resonates strongly with SRV teaching and application. Touching on such topics as devalued roles, wounding, the likelihood of reproducing institutional care within community services if underlying social and societal devaluation is not adequately addressed, etc., this article is worthy of study and reflection by our readers.*

Introduction

ACCORDING TO THE 2008 Report of Residential Services, over seven hundred Nova Scotians with intellectual disabilities are currently segregated in institutional settings.¹ The continued existence of institutions for people with intellectual disabilities in the province stands in contrast with the deinstitutionalization that has occurred in some other parts of Canada and around the world, as well as with practices supported by the World Health Organization, the United Nations and many disability rights organizations. These groups advocate for people with intellectual disabilities to be provided support based on their needs in integrated community settings. Instead of moving toward deinstitution-

alization, however, the Nova Scotia government continues to provide funding to expand existing institutions (People First of Canada and Canadian Association for Community Living, 2007; Nova Scotia Department of Community Services [DCS], 2008). In response to these issues, this article addresses some of the socio-cultural and historical imperatives for the institutionalization and deinstitutionalization of people with intellectual disabilities. It then provides a critique of institutional models in general and of Nova Scotia's current residential services policies. This work represents some of the preliminary research that I have done for a Master's thesis in Sociology at Dalhousie University, in which I will examine the specific socio-cultural imperatives that are embedded in the institutional and community models of care that currently exist in Nova Scotia.

Socio-historical Context of Institutionalization & Related 'Deviant Roles'

IN CANADA, THE INSTITUTIONALIZATION of people with intellectual disabilities began in the middle of the nineteenth century and was a common practice until the 1960s (Davis, 2006). Early institutions were established in accordance with the belief that people with disabilities deserve charity and should be protected, cared for and rehabilitated (Wolfensberger, 1975; Walmsley, 2005; Weeks, 1996).² Following the philosophy of Philippe Pinel, these asylums em-

phasized moral treatment, which is the belief that the mentally ill and defective will exhibit the type of behaviour that is expected of them, and that if they are treated as rational and capable adults they will act as such. Pinel and his followers believed that a “strictly controlled environment” such as an asylum was the best place for moral treatment to occur (Weeks, 1996, 4-5). Since care in asylums emphasized development (rather than simply custodial care) with the goal of reintegrating patients into mainstream society, asylums were often considered more benevolent and progressive than the earlier segregation of ‘lunatics’ with criminals, poor people and other socially deviant groups in poorhouses and workhouses (Weeks, 1996).

The idea that people with disabilities need to be protected and cared for, however, may also promote the belief that they are passive objects of pity rather than full human beings. This pity image is common in charity campaigns, which typically emphasize the individual suffering of people with disabilities and thus leads to others treating them as if they are wounded victims (Oliver, 1990). These attitudes, according to Shakespeare (1994), enable those without disabilities to feel “both powerful, and generous” (287-288). Historically, they have served to justify paternalistic models of care, including institutionalization (Wolfensberger, 1975; Walmsley, 2005).

In contrast to this emphasis on charity, protection and development, Wolfensberger (1975), Shakespeare (1994), and Hughes (2009) also discuss how people with intellectual disabilities are often viewed as social deviants or menaces. According to these authors, institutionalization can be understood as a way for people to distance themselves from that which they see as threatening or dangerous. On one level, Hughes (2009) and Shakespeare (1994) suggest that people with disabilities are often oppressed and excluded from mainstream society because they embody people’s fears about being frail, vulnerable or incapable of independence. People with disabilities are thus seen as threatening “to the ‘civilized’ human con-

dition” and to the control and order associated with it (Hughes, 2009, 405). These fears can be related to the high value placed on autonomy and rationality in Western societies (Kittay, 2001).

On a more pragmatic level, people with intellectual disabilities might be viewed as a menace to the non-disabled because of the individual risk they are thought to pose to others through “alleged crimes against persons and property” as well as the collective risk they are thought to contribute “to social disorganization and genetic decline” (Wolfensberger, 1975,13). The idea that people with disabilities are a genetic threat became especially prevalent in North America during the eugenics movement in the late 19th and early 20th century (Malcomson, 2008). During this time it was widely believed that segregated housing for people who had ‘less desirable’ cognitive and physical capacities was an effective means of keeping them from having children and ensuring that only those who fit the prototype of the strong, fit and rational human being reproduced (Wolfensberger, 1975; Griffiths & Brown, 2006).

On another note, Oliver (1990) proposes that institutions for people with intellectual disabilities were established because they were an efficient way to deal with the burden created by non-productive members of society. He suggests that the inability of people with disabilities to perform industrial labour contributed to their institutionalization during the early phases of capitalism in Western societies. As industrialization occurred in Britain in the late eighteenth century, people with disabilities—both physical and intellectual—were increasingly regarded as reliant on others because they were unable to work independently in the factories that predominated during this period. In addition, the high value placed on work outside the home in contrast to caring work meant that people with disabilities who may have formerly lived with their families in the community no longer did so because other family members needed to spend more time working in order to meet the demands of capital-

ism. People with disabilities were therefore 'dealt with' by being placed in institutions.

Socio-historical Context of Deinstitutionalization & Community Services

IN THE LATTER HALF of the twentieth century, community-based residential services that attempted to better integrate people with intellectual disabilities into mainstream society were developed. This shift toward deinstitutionalization has occurred in varying degrees in different parts of Canada. While all large institutions have been closed in Newfoundland and Ontario, people with intellectual disabilities continue to be institutionalized in other provinces, including Nova Scotia and Alberta (People First of Canada and Canadian Association for Community Living, 2007).

From one perspective, the process of deinstitutionalization can be seen as the result of changing attitudes toward people with disabilities and increasing awareness about the inhuman nature of institutions. Davis (2006) notes that this occurred as patients' rights were included in the civil rights movements of the 1960s. Many of those who oppose institutionalization do so on the basis of certain assumptions, such as that people with intellectual disabilities should be treated as equal human beings rather than objects of pity, that they can live in the community with adequate supports, and that rather than being social menaces they are more likely to be the victims rather than the perpetrators of offences (Wolfensberger, 1975; Johnson & Traustadóttir, 2005).

Contrastingly, some argue that deinstitutionalization was really motivated by the economic imperatives that characterized the shift from welfare to neo-liberal forms of governance in North America. According to Scull (1984), deinstitutionalization provided a means for Western governments, who were facing a financial crisis in the 1970s, to decrease public expenditures by closing institutions that were costly to maintain. Instead, community care, justified as more benevolent and

moral than institutionalization, made individuals and the private sector responsible for providing care for people with long-term mental illnesses and disabilities who required support (Davis, 2006; Teghtsoonian, 2009).

Studies suggest that the consequences and effectiveness of deinstitutionalization depend considerably on the economic and political circumstances in which it occurs and the rationale behind the community services model. Deinstitutionalization is not always a response to economic imperatives, nor is it necessarily characteristic of neo-liberal reforms, as the Swedish example illustrates. Here, increased funding for social services that began as the welfare state developed in the 1960s encompassed deinstitutionalization and the provision of community support services for people with disabilities (Ericsson, 2002; Tideman, 2005). Likewise, Bigby & Fyffe's (2006) comparative analysis shows how community group home services in Australia are developed and implemented differently depending on whether government authorities remain directly involved in providing them or whether they are tendered out to non-governmental organizations on a competitive basis. They conclude that there are a number of problems with the application of the "managerialist or business principles" (570) that characterize neo-liberal reforms to community services, including decreased change and involvement on the part of the broader community and a lack of continuity in the lives of residents.

Residential Services in Nova Scotia: A 'Continuum of Care'

CURRENTLY, THE NOVA SCOTIA Department of Community Services provides a 'continuum of care' for people with disabilities that includes both institutional and community models of support. Non-residential services include Direct Family Support, which is funding for families to purchase respite services; Independent Living Support, which consists of up to 21 hours a week of support for people who are

semi-independent and live in their own homes; and Alternative Family Support, which is “support in an approved private family home” (DCS, 2008, 13). Residential services range from Small Options Homes, which are supported homes for three or fewer people; to Group Homes and Developmental Residences, where four to twelve people live; to Adult Residential and Regional Rehabilitation Centers, which are larger institutions that house between 32 and 115 individuals who require higher levels of support and exhibit behaviour that is thought to be challenging or problematic in mainstream environments (DCS, 2008).

In the 2008 Report of Residential Services, the Nova Scotia Department of Community Services (DCS) claimed that rehabilitation is the aim of the continuum of care model and of the institutions that form a part of it. In many ways the continuum reflects the ‘least restrictive environment’ (LRE) principle that became popular in the United States in the 1960s and 1970s. Supporters of the LRE principle advocate for the continued existence of institutions at one end of a set of services that range from the “least restrictive to most restrictive setting” (Taylor, 2005, 95). In doing so they believe that institutions can be rehabilitative and that residents will “move progressively to less and less restrictive settings and ideally to independent living” (Taylor, 2005, 97). Similar goals are reflected in the mandate of Adult Residential and Regional Rehabilitation Centers in Nova Scotia, which purportedly aim to teach residents with intellectual disabilities community-oriented, interpersonal and life skills (DCS, 2008).

Taylor critiques the logic of the LRE principle, however, because it assumes that more intensive services can only be provided in a segregated environment. He argues that they could just as easily be made available in more integrated settings and that the most restrictive institutions have often failed at providing proper support. Taylor further doubts that institutionalization can effectively offer rehabilitation given that institutional life is so fundamentally different from the outside community. Goffman

(1961) similarly argues that people who live in institutions learn certain behavioural traits that he calls ‘adjustments’ in order to adapt to the setting. These adjustments are regarded as strange in mainstream society and thus lead to the further stigmatization of people who have been institutionalized.

The continuum of care model in Nova Scotia is also problematic because there is “a lack of capacity” (DCS, 2008, 15) among the support options currently provided. This means that people often remain in the same residential setting for long periods of time instead of moving from one setting to another as they are thought to be rehabilitated. Both faulty logic, as identified by Taylor (2005), and organizational problems thus counteract the aims of the continuum of care model. Given these problems, it is unlikely that such a model could effectively serve the best interests of the people with intellectual disabilities who use these services.

What Is Wrong with Institutions? The Perpetuation of Wounding & Devalued Roles

BOTH ACADEMIC RESEARCHERS AND DISABILITY ADVOCATES have extensively documented the oppressive and inhumane nature of institutions. Goffman most famously describes this oppression in his ethnographic study *Asylums* (1961), in which he details the dehumanizing and isolating characteristics of a large American psychiatric hospital. In this environment residents were made to conform to institutional life as they were stripped of their former identity and their ability to make autonomous decisions. Malacrida (2005) provides another example of the mistreatment that has occurred in institutions in her study of the Michener Centre, which was opened in Alberta in 1923 and continues to house people with intellectual disabilities today. Based on in-depth interviews with former residents, Malacrida describes how they were publicly humiliated and punished by being sent to ‘Time-out Rooms’ when they exhibited ‘resistant behaviour’ such as refusing to follow eating, sleeping and working routines; attempting to es-

cape the institution; or acting aggressively toward staff or other residents. A ‘Time-out Room’ was a small locked room with nothing but a mattress in it and with a small opening where staff could pass food to the inmate. The rooms also had one-way mirrors so that staff and other residents could see in while the inmate could not see out. Such punitive practices exemplify the prison-like conditions of this institution.

The inhumanness of institutions is also documented in the film *Freedom Tour* (Boulanger, 2008), in which people with intellectual disabilities discuss their experiences in Canadian institutions, including the Michener Centre. While these experiences include many instances of abuse and mistreatment, the disability self-advocates in the film argue that all institutions should be closed because institutionalization is a significant human rights injustice toward people with intellectual disabilities. This film provides an especially important perspective given that people with intellectual disabilities—whose voices have often been silenced and who are often invisible in mainstream society—are providing their own views and describing their experiences.

An example of the problematic nature of institutions as they currently exist in Nova Scotia is the Riverview Residential Centre, which houses 100 people with long-term mental illnesses and disabilities, where nineteen cases of physical, sexual and emotional of abuse were reported in the last two years (Canadian Press, 9 September 2009). In response to these abuses, the DCS undertook a review of Riverview (Mattson, Reade & Pettipas, 2009). While this review addresses how conditions could be changed within the institution pertaining to its physical environment, staffing and finances, it does not address whether or not it is the right thing for people with intellectual disabilities to be living in such a setting. Furthermore, while the review does include interviews with some of Riverview’s staff and board members as well as focus groups with family members, no research was conducted to garner the perspectives

and experiences of the people who are actually living in Riverview.

While these examples point to some of the specific instances of abuse that are likely to occur in institutional settings, Wolfensberger’s historical tracing (1975) provides evidence that institutional models are “unworkable” given the extent to which they have failed to provide proper support in many parts of the world (69). Even if no specific abuses occur within an institution, the fact that people with intellectual disabilities are coercively placed in such settings without their own choosing or against their will, and are not provided with the opportunity to live in the same types of homes and communities that the majority of other people are, reflects the extent to which they are often regarded as lesser human beings (Tossebro, 2005). Institutional life is thus problematic because it “erodes the human spirit, diminishes well-being and self-worth, and decreases people’s value in the wider community” (Nova Scotia Residential Agencies Association, 2007).

Conclusion: The Reality & Challenge of Segregation & Institutional Roles in the Community

AT THEIR BEST, community-based residential services should provide people with disabilities who require support a more normal life and enable them to be more fully integrated in the mainstream society. However, both disability rights advocates and scholars suggest that many of these community-based services often reflect the institutional practices they aim to replace. In a 2001 report, human services consultant Michael Kendrick wrote that residents of Nova Scotia Community Based Options do not live in real homes even if they are located in the community:

Many CBO residents have little say in where their homes are located, in the type of accommodation, in the key rules of the home, in those that they live with, in those

who are selected as staff. They are then not living in a real home . . . but in a facility, a quasi-public place invaded by bureaucracy . . . in a mini-institution under the control of others (Kendrick, 60-65, as cited in Clark & Quinton, 2001).

Similarly, People First of Canada and the Canadian Association for Community Living define an institution as “any place in which people do not have, or are not allowed to exercise control over their lives and their day to day decisions.” An institution is therefore not simply defined by the number of residents, but by the characteristics of the environment that might enable or restrict residents to enjoy the same freedoms and responsibilities that the majority of other people do in their own homes.

An example of institutional practices that have continued in the community is the lowest common denominator (Wolfensberger, 2005, 336) approach employed in some residences. Gardner & Glanville (2005) refer to a secure group home in Australia where doors are locked at all times because some residents have a tendency to wander away from the home and get lost. Other residents, however, would be capable of entering and exiting their home freely, but they must adapt to restrictions put in place for their housemates. This approach restricts the freedoms of residents who require lower levels of support and could safely choose when to enter or exit their home, in order to suit the needs of those who require more support. This is a recognized problem in Nova Scotia as well, where the placement of people with disabilities in residential care depends largely on the type of services available and the needs of the group rather than those of the individual (DCS, 2008). Symbolically, secure homes that lock residents in while keeping others out reflect “the classic institutional context,” even when they are physically located in mainstream community settings (Gardner & Glanville, 2005, 228).

Despite the challenges inherent in the provision of community services, I nevertheless maintain

that increased community inclusion is a necessary means of fostering greater acceptance of people with intellectual disabilities in our society. In this light, Hubert (2000) describes how we value the lives of those who are seen as an integral part of our communities and families much more than we value the lives of those who remain excluded and invisible in institutions. She writes that when “someone crosses the threshold into an institution, people’s perceptions of them change, attitudes towards their behaviour are different and they become ideologically as well as physically excluded” (Hubert, 2000, 197).³ In her anthropological study, Hubert compares perceptions of people with disabilities who have been institutionalized with those who have not. She finds that family members, care staff and professionals largely defined men with severe intellectual disabilities who were living on a locked institutional ward in an entirely negative sense; considering them simply as institutionalized, disabled people with neither personal histories nor futures outside of the institution. In contrast, families described their children with similar types of disabilities who lived at home, instead of in an institution, in terms of “their pasts and futures, and reciprocal relationships” (199).

In a discussion of her severely disabled daughter Sesha, Kittay (2001) similarly reminds us that the family and community integration of people with intellectual disabilities serves as an important reminder of the relational aspects of personhood:

Because we as a family have been able to keep Sesha in our home and community, those who have made contact with her . . . have gained new perspectives on what it means to be a person . . . that being a person has little to do with rationality and everything to do with relationships – to our world and to those in it (566-67).

Hubert and Kittay’s insights serve as important reminders of the extent to which attitudes towards

disability could be changed if people with disabilities were more fully integrated in society. Given that we are less likely to devalue and conceive of those who are included in the community as outsiders or as the 'other,' it is more likely that we will consider it morally necessary to provide them with the same opportunities in life as other people.

In order for increased inclusion to occur, intensive community services planning and co-ordination is necessary at the level of the government, of non-governmental organizations, and of the individual and their support network. In many ways, this preparation must occur within the "receiving community," and has little to do with "the limitations of the individual" with a disability (Griffiths & Brown, 2006, 14). I argue that community services need to be developed in this way in order to ensure that Nova Scotians with intellectual disabilities are attributed due value and respect.

Other social scientists have researched both the causes and effects of institutionalization (see Goffman, 1961; Wolfensberger 1975; Hubert, 2000; Malacrida, 2005). By critiquing institutional models, these studies have contributed to increased awareness about the problematic nature of institutions and have provided evidence that community models of support are necessary. As such models become increasingly prevalent, further research into how the shift from institutional to community care is occurring will be instrumental to ensuring that these services are developed morally and humanely, and to ensuring that institutional models are not simply reconstructed in community settings. Accordingly, my Master's thesis examines the social context of the 'continuum of care' model of residential services that currently exists in Nova Scotia. This article represents some of the preliminary work that I have done for that project. ☺

SEE DISCUSSION QUESTIONS ON PAGE 60

ENDNOTES

1. Many people typically understand an 'institutional setting' as it is defined by Goffman (1961) as "a place of residence where a large number of like-situated individuals, cut off from

the wider society for an appreciable period of time, together lead an enclosed, formally administered round of life" (xi).

2. The first asylum established in Nova Scotia was Mount Hope, in Dartmouth, in 1858. Mount Hope is now the Nova Scotia Hospital (Weeks, 1996).

3. EDITOR'S NOTE: *Consider how this point connects to valued roles, in that SRV affirms that valued roles are a key to personal social integration and valued social participation; and that valued roles help to create positive perceptions of socially devalued people.*

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THE CITATION FOR THIS ARTICLE IS

Barken, R. (2010). Intellectual disabilities & institutionalization in Nova Scotia. *The SRV Journal*, 5(2), 26-33.

A Two-Hour Visit to a Rehab Facility

Frank Reed *with* Marc Tumeinski

HOW MANY TIMES do we have the occasion to drive past a human service program, wait in the lobby of a service organization or take a brief walk through a program—whether a nursing home, rest home, special education program, sheltered workshop, adult day health center, homeless shelter, food pantry, jail or prison, and so on? How often do we read an article in a magazine, newspaper or online that touches on a human service program, or see a film or news clip that does the same?

Even such brief times of observation, if we are aware of and take advantage of them, can provide opportunities for SRV-specific reflection, which can then help us to learn more deeply about the interrelated and often unconscious processes of societal devaluation carried out within and by human services, and sometimes even learn more about powerful ways of supporting vulnerable people in valued social roles. In colloquial terms, we can put on our ‘SRV glasses’ and take a good hard look at services, followed up by critical reflection.

Acquiring and honing this skill of observation and analysis is one benefit of attending a practicum PASSING workshop as well as of reading and studying the PASSING manual (Wolfensberger & Thomas, 2007), though even attendance at a multi-day leadership level Social Role Valorization workshop can teach us some of these tools of observation and reflection.

The following notes sent to me by Frank Reed, who has attended several of our shorter training events (www.srvip.org), prompted me to consider the prevalence of such learning opportunities:

This past summer, I had the occasion to go to a rehabilitation facility to visit John who had just entered the facility. The purpose of my visit was to try to accommodate John’s request for help arranging a transition from the rehab to a community setting with supports. He had told me that he was extremely unhappy at the facility, and asked me to visit to see for myself what he felt were unreasonable conditions.

When I arrived, one of the first things I noticed was that the ‘handicapped parking’ areas were over 200 feet away from the main entrance, while several ‘able parking’ spots were right up close to the main entry. Once inside, I saw stairs but no elevator. Since I use an electric scooter, as a consequence of polio, the stairs were not an option for me. I was told by the receptionist that I must exit the front doors, go around the rear of the building to the ambulance entrance, ring the bell, and wait for someone to let me in so I could then take an elevator to the second floor where John lived.

After this trek, I did find John’s room. In it were two beds, both adjustable using

hand cranks. There were no fans and no air conditioning, and though the windows were open, the room was far too hot to be comfortable on a mid-summer day.

After chatting with John, we both went to meet three of the facility's staff. The meeting room was in the basement so we were directed back down the elevator. We came out into an administration area which was, I could not help but notice, adequately cooled and ventilated. We met with a social worker, a physical therapist and a medical care provider. When I inquired as to when John had been seen by the medical director, I was told that though he had been seen by a doctor, it was not the medical director. They told us the doctor's last name but did not know his first. When we requested details of the results of the medical examination, the medical provider stated that the notes were "illegible."

We asked about physical therapy since we were concerned about John's recent weakness, likely resulting from inactivity and consequent atrophy. We were informed that a physical therapy order had been written and that the physical therapy evaluation was done the day before my visit, though this was nearly three weeks after John's arrival. We were also told that occupational therapy was being provided and that the written order for that was still in process.

It was finally agreed that since John was very unhappy and wanted to go home that it would be beneficial to honor his request and make appropriate arrangements to help move him back into the community with necessary medical supports.

At the end of the meeting, we returned to the elevator to go back to John's bedroom. On exiting the elevator on the second floor, I saw a resident lying on the floor staring at the ceiling, and another resident in a corner wearing urine-soaked clothing. Several staff

in the nurse's station paid them no attention, nor did staff seem to notice the people in wheelchairs or those standing about the desk, waiting and waiting.

WHAT SORT OF SRV-RELATED ISSUES might this brief description raise for our reflection and learning?

- The location of the handicapped parking spaces raises questions of accessibility, dealt with for example in the PASSING Manual under 211 Setting Access (p. 289).
- The lack of air conditioning in John's bedroom, particularly in comparison to the administrative offices of the service setting, invites us to consider questions of comfort for those in services (R213 Physical Comfort of Setting, p. 311).
- The tardiness of the order for physical therapy (R232 Intensity of Activities & Efficiency of Time Use, p. 403) relates to issues of identifying and prioritizing needs (R231 Service Address of Recipient Needs, p. 389).
- The last event described—what occurred at the nurses' station—raises questions concerning segregation and congregation (123 Image Projection of Intra-Service Recipient Grouping Composition, p. 159 & 221 Competency-Related Intra-Service Recipient Groupings, p. 335); the level of interpersonal identification between staff and residents (R223 Life-Enriching Interactions Among Recipients, Servers, & Others, p. 363); interaction between staff and service recipients; service address of recipients' personal impressions (R141 Service Address of Recipient Personal Impression Impact, p. 235); use of service recipients' time (R232, p. 403); and the role of client (Wolfensberger & Thomas, 1994).

IAM SURE OUR READERS can identify even other lessons from the description above, especially if this short narrative were to be read and dis-

cussed in a group. My larger point, however, beyond this one specific example, is to encourage SRV students, teachers and practitioners to be on the lookout for such opportunities for observation, writing and reflection, and to take advantage of them, either on one's own or in a group learning/discussion context. Such learning ultimately should be aimed at the long-term benefit of societally devalued people, of creating and sustaining greater access to the good things of life through valued social roles. ☺

SEE DISCUSSION QUESTIONS ON PAGE 61

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THE CITATION FOR THIS ARTICLE IS

Reed, F. with Tumeinski, M. (2010). A two-hour visit to a rehab facility. *The SRV Journal*, 5(2), 34-36.

LEARNING TO TEACH SOCIAL ROLE VALORIZATION (SRV)

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

The North American SRV Development, Training & Safeguarding Council has developed a specific model for teaching people to competently do two things: (a) teach Social Role Valorization; and (b) teach other people to teach SRV. The Council named this a "Trainer Formation Model." A description of the Trainer Formation Model is available if you are interested (http://www.srvip.org/about_mission.php); also see the article referenced below.

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

RESOURCE

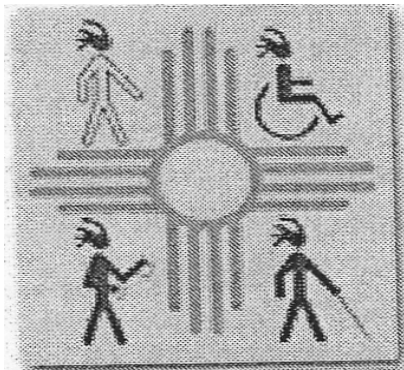
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Don't Be Surprised

Jack Yates

I AM A MEMBER of an Internet 'list-serve,' a group of a few hundred people who write e-mails to everyone on the list on topics raised by any of the members. Its members are (roughly speaking) progressive on the issues of services. Recently, there was a two-day flurry of entries on the topic of a logo for intellectual impairment (intellectual disability or mental retardation), a flurry which I joined.

One list member began the exchange by asking other members if they could help her with suggestions for a logo, a symbol for intellectual impairment. She included a copy of an existing logo which showed four symbols, each one representing a different disability. The symbol for physical disability was an abstract human figure in a



wheelchair; the symbol for deafness was the same human figure using sign language; the symbol for blindness was the same human figure using a cane;

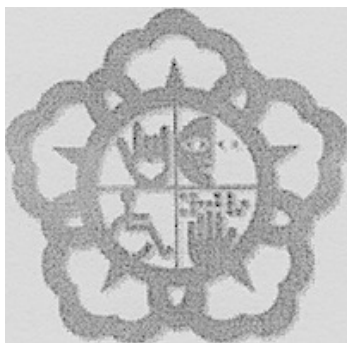
and the symbol for intellectual disability was the same human figure shown in a hollow outline, rather than filled-in as it was drawn for the other three symbols. One correspondent remarked on the representation of an empty person. Others, too, objected to the symbol for people with intellectual impairment.

One member shared the logo of a self-advocacy organization which was intended to be inclusive of all people, and which was composed of five markedly triangular cubist-style faces.



Another member noted the difficulty of using human figures and recommended sticking with logos representing energy and direction, like the Nike 'swoosh' symbol.

Someone shared a logo from an Asian country which included four symbols. The symbol for physical impairment was a stick figure in a wheelchair; the symbol for hearing impairment was a hand using sign language; the symbol for visual impairment was a hand scanning Braille text; and the symbol for intellectual impairment was a face half black and half white. Puzzling.



Various members wondered in print why certain events needed logos or why logos needed to be representational. A one-time event gains little or nothing by having a logo (which is a tool of 'branding,' working by repetition over time), and an effective logo (either as branding or just aesthetically) need not be representational. A logo representing people will almost always be problematical. Symbols do convey messages: universally, powerfully and often unconsciously. So we do need to pay attention to such symbols.

One point missing from this discussion thus far is more particular to the issue of intellectual impairment, rather than logos in general or logos about people in general. The logos representing blind people, deaf people, people who use wheelchairs—these represent a group of people by the concrete, picturable, recognizable means those people may use to adapt to their impairment. One can draw hands signing, wheelchairs rolling (preferably in an upward direction), a white cane, a page of Braille text. Those adaptations or supports are, in themselves, positive things, even though they compensate for a deficit of some sort. But there is no analogous concrete, picturable adaptation for intellectual impairment. How could there be—it is not a physical, material impairment but an impairment of mind.

Note that the above recognizable logos for groups of people are representations of adaptations, not representations of the impairment itself. Picturing the impairment itself would be negative—invariably, because the impairment is inherently a deficit. There will be no perfect (nor perhaps even

satisfactory) solution to the question of how to represent an inherently negative reality in an enhancing way. I do not mean that the person is in any way negative, or less worthy than others. The impairment in itself, however, is a negative reality, a deficit, a lack of something which is otherwise taken for granted. Further, it is the impairment which is the defining shared characteristic meant to be conveyed by the symbols this discussion is evaluating. The people themselves are more than their impairment; their impairment is not their most important characteristic. But impairment is the characteristic which differentiates (as a group) the group about which we are puzzling how to represent symbolically.

This is also the ultimately insurmountable difficulty in trying to come up with an enhancing phrase to describe this group—there is no perfect solution, because the reality of the shared characteristic is inherently not enhancing. As we have experienced with the changes in accepted terminology over the past several decades, the inherently negative reality catches up quickly with the newly-coined group names.

So it should not surprise us at all: there is no international symbol for people with intellectual impairments. And it would not be surprising that, if there were one, we would not be satisfied with it at all. Seeking to choose or design such a symbol would be a treadmill: lots of work, getting us nowhere. It might make more sense, in the rare instances when a logo or symbol is worth having, to try to represent symbolically the key principles or ideals which guide our work (e.g., full community membership for all) rather than the people for whom those principles and ideals have become our life's work. ☺

JACK YATES is a long-term supporter & trainer in SRV & SRV-related ideas, as well as a member of the North American SRV Development, Training & Safeguarding Council.

THE CITATION FOR THIS ARTICLE IS

Yates, J. (2010). Don't be surprised. *The SRV Journal*, 5(2), 37-38.

Announcing the publication and “appearance” of

APPEAR:

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

a recent 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 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 Personal Physical Appearance Evaluation And Record**. It documents the powerful influence of personal appearance on attitudes, social valuation and social interactions. The book explains the many components of personal appearance and the ways in which these features can be changed for better or worse. It also includes a very detailed checklist, called the APPEAR tool, which identifies over **200 separate elements** of personal physical appearance, so that one can review a person’s appearance features from head to toe, noting which are positive, which are neutral, which are negative—all this with a view to perhaps trying to improve selected aspects of a person’s appearance about which something can actually be done. The book also explains how such an appearance review, or appearance “audit,” would be done.

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

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

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

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

Marc Tumeinski

I write entirely to find out what I'm thinking, what I'm looking at, what I see and what it means.

- Joan Didion, Why I Write

WRITING IS AN EXTRAORDINARY TOOL for sharpening our individual and communal skills of observation, reflection, interpersonal identification, analysis, decision-making and planning from a Social Role Valorization (SRV) perspective. To varying degrees, writing can and should be used to augment SRV learning, teaching and implementation. These beliefs lie behind the purpose of this ongoing column. My hope is that readers of this column will more consciously incorporate writing into the context of their own particular connection to SRV, whether as learners, teachers and/or implementers.

In this particular piece, we will focus on writing stories and narratives, an idea introduced in the June 2010 column. Rather simply put, to write stories and narratives is to write accounts of connected events. In SRV and PASSING, though, the narratives will ultimately be about societally devalued individuals and groups. We might write about questions such as the following: Who is this person I am serving? What has their life been like? What is their life like now? What is it like to be poor or homeless or orphaned? What does it mean to be cast into the role of burden or menace by others? What is life like in a nursing home

or homeless shelter? What is it like to spend day after day, month after month, year after year, in a sheltered workshop or day program? What would make for a better life for this person or group? What differences would the role of student or neighbor make in this person's life? Where do I wish to see this person in a year?

These are clearly important questions, but why is story and narrative **writing** relevant? We can and should certainly reflect on such questions, by ourselves and as part of a group, but is writing necessary? Though perhaps not essential in the strictest sense, the tool and discipline of writing can be a great aid to reflection, as well as to observation, analysis, planning and decision-making in light of SRV. Putting ideas, memories, thoughts, plans and decisions into words forces us into greater clarity, can help us brainstorm new options, and can point out our blind spots and areas of unconsciousness. Making it a written narrative, rooted in the identity and experience of a societally devalued individual or group, will help maintain focus where it belongs: on striving to make a positive difference in the lives of real people. Writing narratives in my opinion can be invaluable for SRV teachers (e.g., writing workshop material or vignettes), planning session facilitators (e.g., note-taking, writing up the plan), PASSING report writers, authors and reporters, those applying SRV, and so on. The rest of this column will offer some suggestions on how to start.

Narrative in SRV Teaching & Application

WRITING STORIES TO BE SHARED at SRV teaching events, either spoken from the podium or given in writing as a handout, can invite listeners and readers to reflect on devaluation and wounding in one person's life or to truly see the ways that a valued role can make a positive difference in someone's life. Inviting learners to reflect on such stories in the lives of devalued people whom they know, and encouraging them to write these stories down, even just spending a few minutes doing so for their own private reflection, can help keep SRV from being shelved as a dry academic theory.

For SRV teaching and application, of course, the stories must have a point. In teaching, the point is to help someone learn about the processes of societal devaluation or about one of the themes of SRV. In application, the point may be to encourage imagination, to challenge negative stereotypes or to help someone step into the shoes of a vulnerable wounded person.

How can writing stories further help us to sharpen our skills of observation, reflection and analysis, in line with SRV?

Writing can help us to manage and better understand the wealth of experiences which we are immersed in every day, including our experiences as servers, as family members, and/or as citizens concerned with the lives of vulnerable people. Writing can help us to step back, take a breath and reflect on what we are doing, day after day.

We can engage in a conscious process of observing, writing what we see, re-reading and adding details to our written accounts, sharing these with others, combining the information gathered from various observers (such as coworkers), looking for patterns, and so on. This process lends itself well to evaluation and assessment. Particular to SRV, such writing and observation can be centered on: the experiences of societally devalued people, the values of a particular society, the patterns of valued and devalued social roles, the dynamics of specific service programs, and so on. What has Sarah's life been like up to now? What are the primary social

values in this workplace, neighborhood, city or town, country? What is this program doing or not doing in the lives of the people it is paid to serve? What decision points are we as an organization currently facing?

These skills of observation, reflection, identification, analysis and planning naturally lend themselves to a cyclical process. Our reflection guides further observation; our actions lead to further analysis. A written narrative can help thread these elements together in a way that is more potent in teaching and applying SRV, helping us to see past trends and identify future patterns and possibilities.

Narrative & PASSING

IN TERMS OF learning and teaching SRV, how can and does writing play a part in PASSING? In a typical PASSING workshop, team members are instructed on what to look for from an SRV perspective when they visit a service and tour its neighborhood. Team members are encouraged to take notes on what they see, hear, feel, taste, touch and observe. Later these written notes are used in group discussions, from which the team leader usually writes further notes on easel paper. One of the consistent pieces of participant feedback from PASSING workshops is how much team members learn from hearing each other's observations and from the group discussion. Writing plays an important part in these individual and group learning processes.

Team member's notes, as rough as they are, can be a great aid to learning and teaching about SRV and PASSING, about societal devaluation and the power of roles in real people's lives. Later, these individual and team notes are used in the PASSING report writing process, when a more polished and thorough narrative of what the team learned is completed by the team report writer.

In my experience with report writing, team leading and floating at PASSING workshops, writing and story telling have been key tools for teaching and learning SRV. During site visits

and interviews, the team strives individually and communally to learn the stories of people's lives. Team members are helped by the PASSING process to step into the shoes of service recipients. During conciliation, service recipients' stories are shared, reflected on and analyzed. The team leader can consciously use such narratives to tie together the details observed and facts gathered by team members.

Rather than share isolated facts alone, team leaders encourage and model taking a more holistic look at the human story of people's lives. For example, for someone who has been long institutionalized, perhaps even from a young age, or for someone in a special education program or living in a homeless shelter, a team leader may compare two narratives: that of the service recipient and that of someone their age who is not devalued. Hearing and imagining the story of these two lives unfolding side by side can bring home the lessons of SRV in a life changing way, awakening and deepening a motivation to work for positive change on behalf of vulnerable people.

Perhaps just as important as what a PASSING team learns is how they learn. Team members write down their observations. Team leaders write down group discussions. Pressing issues are identified and written down. Summary lessons are written and shared. Questions are written and discussed. PASSING reports are written and shared with the team.

The PASSING process of theoretical learning, observation, reflection, discussion and analysis from an SRV perspective can be aided throughout by draft and polished writing. The mindset, experiences and skills which team members hopefully bring back with them from a PASSING workshop can help them to use SRV to make a positive difference in the lives of the people they serve. We can learn to observe, write about, reflect on and analyze the services that we are a part of providing, with the goals of better helping societally devalued people and of improving the relevance and coherence of our services.

Narrative & Planning Sessions

IN A PASSING WORKSHOP or in an SRV-based personal planning session, a major goal is to invite participants not only to understand the existential narrative of the lives of societally devalued people but to craft a positive narrative of what is possible and even ideal. Tell the story of where you see Jonathan in a year, in two years, in five years ...

Leading a planning session often involves writing in many forms; from taking notes on group discussions, perhaps on easel paper, to writing a report with recommendations. Participants in the planning session can also be invited to write; perhaps to take a few minutes to write on a particular question or issue. This time for focused writing can help enormously in inviting participants to step into the shoes of another person, to reflect deeply, to envision positive possibilities, and so on.

Learning to Write, Especially with Others

IN HUMAN SERVICES, such writing as described above may be individual but also collective. Just as in a PASSING workshop, when the whole team contributes to what is being written on easel paper and to the final report, so in a human service meeting or planning session, all can and should contribute to what is written.

- When faced with an individual and/or communal decision concerning a particular societally devalued person or group, write about it. Write about who the person/group is, what their needs are, what would be best for them, and so on. Such writing can be done individually as well as communally.

- If you have the opportunity to observe a human service program, write about it. Write down what you saw, heard, read and learned. Who did you meet? What patterns of societal devaluation did you observe? What social roles, valued and devalued, do the service recipients hold? Were any strategies of interpersonal identification in place? What 'good things of life' did the people served have access to? What 'good

things of life' were they missing or denied? And so on. Writing can help us to identify patterns, potential trouble spots, and coherent and potent action steps.

- Look for a truthful narrative which can help tie individual facts and details together. As we teach SRV or lead a meeting or planning session, share a relevant vignette or story. As appropriate, consider writing it down before you share it. I do not necessarily recommend reading what you wrote verbatim; it is often better to tell a story than to just read it. However, writing it down, reading it aloud, and revising a story ahead of time will help us to really understand what the narrative can teach us. Strive to appreciate the deeper, truer story which the facts and details point us to. The details are the walls and beams, but what is the 'building' as a whole telling us?

- Rough notes, drafts, and brainstorming are not only necessary but helpful. We cannot write a polished manuscript or narrative right off; it takes time, reflection, revision and more writing.

- Write and rewrite. Read aloud to oneself and/or others. Listen to how it sounds. Good stories catch readers/listeners and pull them in.

- Readers and listeners should walk away from a story thinking about the message(s) from the story. The message may take a while to sink in but it should be there. The idea in telling a story at an SRV/PASSING workshop or during a staff meeting or planning session is not to entertain or pass the time but to communicate something truthful about a devalued person or group.

- Provide enough detail to interest readers and hearers without overwhelming the fundamental message or truth of the story.

- We can ask ourselves questions about what we have written. Is it honest to the person's experi-

ence? Is it consistent with SRV goals? Does it take into account the elements taught about in SRV and PASSING, such as setting, relationships, appearance, activity, time use and so on?

I strongly encourage you to give writing, including writing stories and narratives, a try. As you begin or continue writing in line with SRV and PASSING, write to us with your own thoughts, experiences and suggestions. Send us your written stories and narratives concerning the lives of vulnerable people or of efforts to help craft and maintain valued social roles. ☺

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

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THE CITATION FOR THIS COLUMN IS

Tumeinski, M. (2010). The ring of words: On rhetoric, writing & Social Role Valorization dissemination. *The SRV Journal*, 5(2), 41–44.

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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 3:50 running time.

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- 2a Medieval Hospice and Hospital Design (32:01)
- 2b The "Menacization" of the Afflicted (10:35)
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REVIEWS MORE

SEEKING COMMUNITY: HE NGAKAU AATA KITEA, LIVING WITH A LEARNING DISABILITY. By STANDARDS PLUS. Auckland, NZ: Standards Plus with Whitireia Publishing, 88 pages, 2007. **REVIEW AVAILABLE ONLINE @ www.srvip.org**

Reviewed by Susan Thomas

THIS 88-PAGE BOOK CONTAINS 11 brief stories, each about three to six pages long, and each about one person “with a learning disability.” This is the current terminology in New Zealand to refer to those whom in the US would still be called “mentally retarded,” especially since the term “learning disability” in the US refers to a wide range of different and much milder impairments, such as not being able to decode letters, or to learn to read the way most other people learn to do so. Some of the people “with a learning disability” in the book are mildly impaired, some are very seriously so. The stories are told either by the person him or herself, or by family members. Some of the impaired persons are Maori, or part-Maori, others are white. Some of the stories are written in both English and Maori. But even in the English sections, there are numerous Maori words that are not translated, so people outside New Zealand and not familiar with these terms are at a disadvantage.

The stories are typically about what the person’s life used to be like and what it is now. Most tell of the person’s birth, childhood, the discovery of the impairment, how it affected the person’s family and clan, some of the wounds that were inflicted, and of current vulnerabilities. Most of the stories tell of a reasonably contented life at present, though those impaired adults who live on their own appear to live in marginal settings and in or near poverty, and the lives of the families are not free of worry, concern or work.

The book is forthright in elevating “inclusion” to being the defining quality of a good life for im-

paired people. After each or a few stories, there are short commentaries (each again about two to three pages) either on the stories themselves, or explaining what are called “five aspects of inclusion” attributed to John O’Brien: sharing ordinary places and activities, making choices, contributing, growing in relationships, and having the dignity of valued social roles. The authors of these interspersed commentaries are not identified.

The two pages on “the dignity of valued roles” (pp. 64-65) emphasize that severity of impairment must not be seen as an obstacle to valued roles, but give only two examples of valued roles, both in the domain of work.

There are also photographs throughout the book, identified in the foreword (on p. 9) as pictures “that have meaning to” the writers. Unfortunately, few of the pictures are without some, and sometimes significant, image problems. For instance, the appearance of the impaired people in about half the photos is less than positive, with ill-fitting clothing, very casual and often sloppy-looking clothing, and numerous juxtapositions of devalued persons to each other. The authors take pains to explain their terminology in the very first chapter entitled “Labels,” but other image issues have not received as much attention.

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THE CITATION FOR THIS REVIEW IS

Thomas, S. (2010). Review of the book *Seeking community: He Ngakau Aata Kitea, Living with a learning disability* by Standards Plus. *The SRV Journal*, 5(2), 47.

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MY JOURNEY WITH JAKE: A MEMOIR OF PARENTING AND DISABILITY. By M. EDELSON. Toronto,

Ontario, Canada: Between the Lines, 2000. **REVIEW AVAILABLE ONLINE @ www.srvip.org**

Reviewed by Wolf Wolfensberger

THIS IS A PROBLEMATIC BOOK: insightful and instructive on the one hand, and reflective of the culture of modernism on the other. The author is a secular Jew in the public relations business in Ontario, Canada, with a “total control” mentality, who was married to a secular Christian. In her late 20s (in 1990), she gave birth to a profoundly retarded son Jake who had the extremely rare chromosomal abnormality of lissencephaly. She tells many of the usual horror stories, including predictions that her son will soon die. Despite her many bad experiences with professional and service contacts, the author is very gullible about professional expertise, and the death talk dominates her life and her relationship with her child, and is passed on to her later second child, Emma, who grows up expecting her brother to die imminently. The death expectancy is also acted out by their holding Jake’s Bar Mitzvah at age five. The book ends with Jake being 10-years-old, having survived one crisis after another, without the mother ever having caught on that she was a victim of dead-talking.

But in the end, even after the predictions of his death had been proven wrong for 10 years, the author buys an urn for Jake’s ashes once he really dies, and enshrines the waitful urn in her living room.

Once the author is beyond ordinary child-bearing years, she and her husband decide to have a second planned child, and go about it the “total control” way, prepared to abort if tests should reveal abnormalities.

The author is totally devoted to Jake, but for reasons not at all clear, she separates from her admirable, stable and totally involved husband. The author and the children’s father Jim had both been involved in previous quasi-married relationships, she with a man who had a child. But the author gets a lesson of how much more difficult child-rearing is without a spouse, even if the former spouse is still involved.

The story also highlights the dilemma of so many secularists: living out the decadent culture of modernism while yearning for spiritual meaning, resulting in incoherent dabbling in spiritual or religious activities. In this case, the author pursues Jewish culture and ritual while not embracing Jewish religion. Strangely, the author states that the secular worldview she shares with her husband unites them in their positions.

The author is a hyper-intense person who constantly courts burn-outs, and gullibly falls for professionals who by-and-by diagnose her as having depression, anxiety, panic attacks and seasonal affective disorder. As a result, she also ends up on prescription mind drugs with their adverse effects, and conjures up the stereotypical image of a discontented neurotic Jewish wife.

The parents also fell for a number of treatment crazes for Jake, but were wise enough to draw the line at heroic treatments.

A child like Jake is not manageable by most parents, and his parents were extremely fortunate to find a group home for medically fragile children near Belleville, Ontario, run by highly competent and totally committed Christians.

The author seems unaware of how privileged she was. She was able to recruit all sorts of help, supports and services, and seems unaware of those parents who come with poor skills and get no support. She also takes for granted the services she receives for herself: massage, mental therapies, swimming, etc., etc. At the same time, she gets a dose of the typical service disfunctionalities, such as endless discontinuities of paid helpers—a situation she analyses astutely.

She also points out the wastefulness of forcing families to undergo constant reassessment of their situation when the child suffers from a condition that hardly changes over time.

There is a chapter devoted to the 1995 battle between the Ontario provincial government versus parents and unions to close Thistleton Residential Treatment Center, a small provincial institution and service center. The author was one of the

organizers of the opposition to the closure, and ultimately won. The narrative is too one-sided to leave the reader with enough information on the wisdom of the decision, except that the whole book brings out the evil that resides in the provincial government, on which I had already taught in the 1970s.

She also points out that the efforts to “privatize” care services are really a disguise for trying to push service workers into the minimum wage category.

The author makes an eloquent argument that a society which forbids parents to euthanize their severely impaired children has an obligation to support the family, and provide the services needed. Unfortunately, she falls at least in part for the quality-of-life arguments. She also misinterprets the situation in the Netherlands, apparently unaware of the deathmaking policies there. She also falls for the myth that Tracy Latimer, a young girl with cerebral palsy who was euthanized by her father in Saskatchewan, “lived in pain.”

The book is well-written. The reader will not readily lay it down.

To students of SRV, this book is one of the best examples of how an inappropriate death expectancy and a dying role can be built up and acted out for a remarkably long time, and how experiences contrary to the expectations may still not be able to falsify it in the mind of the perceiver.

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THE CITATION FOR THIS REVIEW IS

Wolfensberger, W. (2010). Review of the book *My journey with Jake: A memoir of parenting and disability* by M. Edelson. *The SRV Journal*, 5(2), 47-49.

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EDITOR'S NOTE: *Something rare happened in preparing this issue of the Journal: We received two reviews of the same book! This could have been a sticky decision*

*for us but thankfully, both reviews were well-written, rooted in SRV, and focused on **different** elements of the book. Therefore, read on and you will gain a fuller understanding of the issues raised in Smith's book from these two complementary reviews.*

A RAT IS A PIG IS A DOG IS A BOY. By W. SMITH. New York, NY: Encounter Books, 312 pages, 2010. **REVIEW AVAILABLE ONLINE @ www.srvip.org**

Reviewed by Susanne Hartfiel

THE TITLE OF Wesley J. Smith's new book is taken from a 1986 interview with Ingrid Newkirk, head of People for the Ethical Treatment of Animals (PETA). She said: “A rat is a pig is a dog is a boy. They are all mammals” (p. 3). Smith's title captures the theme of the book in which he analyzes the contemporary animal rights movement; traces its history; describes its ideology, language and goals; identifies core adherents and organizations; describes its methods and campaigns, including its lies and deceptions; talks about its success in reshaping people's minds and societal values; and finally warns against its acceptance in Western societies, as it poses a threat not only to the lives of vulnerable people but to society in general.

For people interested in Social Role Valorization (SRV), the book is especially relevant in terms of three aspects of SRV theory which get promoted by the animal rights perspective: (1) inflicting the wound of deathmaking onto devalued people (Wolfensberger, 1998, 21); (2) putting vulnerable people into the devalued roles of ‘animal,’ ‘subhuman being,’ ‘being which would be better-off-dead’ or ‘ought-to-be-dead,’ and ‘object of medical experimentation,’ (Wolfensberger, 1998, 14-16); as well as (3) impeding devalued people's competency enhancement by hindering research that would alleviate or cure diseases and impairment, or develop therapies to improve movement.

According to Smith, the term ‘animal rights’ “denotes a belief system, an ideology, even a qua-

si religion, which both implicitly and explicitly seeks to create a moral equivalence between the value of human lives and those of animals” (p. 3) and whose central dogma is that domesticating any animal or using animals for alleviating human suffering or for human consumption is a moral evil. Criteria, such as ‘painience’ (the ability to feel pain) or ‘sentience’ (the ability to experience sensation) are used to claim that animals and people are equal, and that animals should be attributed rights. Thus, killing people is seen as equal to killing animals. The raising and killing of chickens in a chicken factory, for instance, is seen as just as morally wrong as the Nazi holocaust of the Jews or the American enslavement of Africans. Although there are personal, ideological, as well as organizational overlaps, the animal rights movement is not to be confused with animal welfare efforts and organizations which advocate for a more humane treatment of animals but which are not opposed to the human use of animals.

Smith traces the animal rights movement’s origin back to Peter Singer and his 1975 book *Animal Liberation*, in which he promoted a utilitarian morality of judging actions not according to unchanging principles of right and wrong but according to likely or actual outcomes. What promotes happiness or reduces suffering the most while serving the interests of those with the highest ‘quality of life’ (i.e., those with higher cognitive abilities or similar criteria) is morally right (cf. Wolfensberger, 1994). Singer did not distinguish between animals and people, but decried such distinctions as ‘speciesism,’ something similar to racism or anti-semitism. Instead, he redefined the term ‘person’ which ought to include any being (human or animal) that exhibits ‘rationality’ and ‘self-consciousness.’ The implicit threat to the lives of vulnerable people is obvious: if they are not perceived as having certain abilities (such as intelligence) but of having ‘low quality of life’ and/or if they are not defined as ‘persons,’ they are seen as

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
 508.752.3670; journal@srvip.org; www.srvip.org

Thank you.

being below animals in moral worth (at least below some higher animals, such as dolphins, pigs or dogs) and thus considered killable, just like we kill animals for any number of reasons. Thus, Singer and his intellectual followers, who can be found in many prestigious universities, have suggested all kinds of deathmakings (e.g., killing unborn and newborn children, using impaired people's organs to save animals' lives, using vulnerable people in medical research alongside animals) as well as disgusting practices (e.g., sex between animals and people, creating human/animal chimeras). If animal 'persons' and human 'persons' are similar in moral value, and if human 'non-persons' and animal 'non-persons' are also similar, there is no logical argument against such practices.

However, unlike the proponents of the modern animal rights movement, being an utilitarianist, Singer does not believe in rights, neither in human nor animal rights. But he did, according to Smith, pave the animal rights movement's way as a successful societal movement by blurring the moral distinction between animals and humans. He and his followers also paved the way in connecting the moral value of humans to certain artificial criteria. All of this was contrary to the western Judeo-Christian tradition which clearly distinguishes between the moral value of humans and animals, and believes that all humans are entitled to equal moral worth regardless of their individual capacities, age, or state of health—that all have intrinsic human dignity.

Smith criticizes the movement's rights perspective in arguing that 'rights' can only be accorded to humans (and not to animals) because rights involve freedom and knowledge, and because they always come with specific duties. The biggest difference between humans and animals, according to him, is what he calls 'moral agency,' i.e., the ability to distinguish between 'right' and 'wrong' and to choose one course of action over another, which only humans as a species possess but not animals. "Only humans have the capacity to intentionally embrace the good—or engage

in the worst evil" (p. 239). Or, as Hans Jonas put it: "something like an 'ought to' can issue only from man and is alien to everything outside him" (p. 239). Not one single animal in the world can understand the concept of 'rights,' and it would be completely absurd to ask an animal to respect other animals' or people's rights. For instance, a female lion who kills a human baby does not commit a moral evil because she is only acting as a lion who is trying to feed her young; one cannot expect her to act otherwise and she is not free to act differently. Thus, no animal can be held morally accountable for its actions, which also means no animal has duties, no animal has rights.

According to Smith, the whole question of 'animal rights' boils down to the question of what responsibilities humans have vis-a-vis animals and the rest of creation, not what rights animals possess. He claims that virtually all major faith traditions promote the proper care of animals but also assert that humans have greater worth than animals, and that the differences between humans as a species and animals as a species can be and have always been known by a rational examination of the differences between humans and all other known life forms.

Smith is convinced that rejecting 'human exceptionalism' will lead to tyranny, that knocking "human beings off the pedestal of moral distinctiveness" (p. 8) will change society completely. In the words of Mortimer J. Adler: "superior human beings might be separated from inferior men by a wider gap than separated the latter from non-human animals. Why, then, should not groups of superior men be able to justify their enslavement, exploitation, or even genocide of inferior human groups, on factual and moral grounds akin to those that we now rely on to justify our treatment of the animals we harness as beasts of burden, that we butcher for food and clothing, or that we destroy as disease-bearing pests or as dangerous predators?" (pp. 242/243).

Much of the book describes the activists of the animal rights movement, quotes their statements

and describes their methods. Apart from the basic beliefs described above, the movement is not a homogenous block, but there are differences of views and strategies. Some activists pursue legitimate and peaceful methods (such as attitude shaping, education of the public, lobbying for different legislation) while others are involved in harassment, vandalism, criminal attacks, fire bombings and threats of murder against people and organizations accused of animal abuse, such as scientists who are experimenting with animals to find cures for diseases, or the food industry. Smith is convinced that most animal rights activists and organizations support the various (including the violent) strategies ideologically and sometimes even financially, even if they are not engaged in it themselves. He shows with a multitude of examples how violence gets detoxified and how most information material issued by animal rights organizations and most of their media campaigns are a mix of truthful information and well-placed lies and deception, aimed at misleading the public and destroying people's reputations and livelihoods, thus advancing the organizations' ultimate goal of banning all animal use.

Although most ordinary people will not agree with the movement's radical goal of eliminating all human use of animals, Smith claims that many have become confused about the differences between animals and humans. He also says that many animal welfare organizations which started out advocating for a more humane treatment and use of animals have been co-opted by animal rights ideology, and are not clear about their purpose and goals any more.

Just how successful the animal rights movement has been in recent decades is exemplified in its worldwide legislative successes and efforts that blur the distinction between animals and humans, and that aim at enabling animals to bring lawsuits against people—which is, of course absurd, as it will always be people who will actually be bringing the lawsuits. For instance, in 2002, an amendment to Florida's constitution was passed that granted pigs

a constitutional right not to be kept in gestation crates. In 2005, a Brazilian court allowed a chimpanzee to bring a lawsuit in his own name—and awarded the animal a writ of habeas corpus against its keeper. In 2007, the Balearic Islands of Spain issued a declaration that equated the protection of apes with the protection of human children, and one year later the Spanish parliament passed a law that protects apes' 'individual liberty' and 'right to life,' granting them 'freedom from torture.' Spain also instructed its diplomats to push for similar changes in other countries and for UN declarations. In Austria, animal rights activists tried to have a court grant personhood to a chimpanzee, so that they could be made its legal guardians. The court rejected the attempt but in 2008 the European Court of Human Rights agreed to hear the case and determine whether the ape should be considered a legal person.

Smith writes that there are now at least one hundred law schools that offer animal law classes and programs, and the names of the academics and universities he mentions are quite prestigious. He also mentions several US instances in which animals today are already better protected by law than certain vulnerable humans, one example being medical experiments. On page 29 he writes: "This belief that profoundly cognitively disabled or undeveloped human beings—now reduced in human status to nonpersonhood in order to avoid speciesism—could ethically be used along with, or in place of animals in medical research has been discussed respectfully at the highest levels of professional discourse, in books, journals, public media, and at symposia." How fast such ideas and discussions turn into practice today is, I might add, exemplified in the European Union's recently proposed rules that restrict experiments with animals while allowing them with human embryos (*Die Tagespost*, 10 June 2010).

The next step will be, Smith suggests, granting rights to plants. And here, too, there is already a forerunner: Switzerland, which "recently under-

took a government-sanctioned process that could be constructed as the beginning step in establishing plant rights” (p. 245).

Although Wesley Smith’s book is filled with much detail and resource material and very worthwhile reading, there are also some points for critique. For instance, I wished it was a bit more clearly organized which would have made it easier to follow certain lines of argument. In terms of the animal rights movement’s ideological background, it would have been interesting to hear more about its philosophical materialism and how this quite logically leads to a degradation of human dignity. In regard to the ‘rights’ perspective, an analysis of the Western world’s obsession with legal rights (as opposed to transcendent ones) would have helped to put the worldwide legal success of such an irrational social movement into perspective. Both aspects are touched upon in the book but not elaborated. Wesley Smith’s book is nevertheless very worthwhile reading, especially for those who want to learn more about the wound of deathmaking of societally devalued people and how deeply it is engrained in Western societies.

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SUSANNE HARTFIEL spent time studying in the US with Dr. Wolfensberger. She now lives in Bremen, Germany, working as a personal care assistant serving two impaired women in their own homes.

THE CITATION FOR THIS REVIEW IS

Hartfiel, S. (2010). Review of the book *A rat is a pig is a dog is a boy* by W. Smith. *The SRV Journal*, 5(2), 49-53.

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A RAT IS A PIG IS A DOG IS A BOY. By W. SMITH. New York, NY: Encounter Books, 312 pages, 2010. **REVIEW AVAILABLE ONLINE @ www.srvip.org**

Reviewed by Stephen Tiffany

WESLEY J. SMITH is an American consumer advocate, political thinker and expert on such issues as euthanasia, assisted suicide, and in-vitro fertilization. Smith is probably best known for some of his earlier work with renowned American politician and consumer rights advocate Ralph Nader. In Smith’s previous book, “Culture of Death: The Assault on Medical Ethics in America,” he asked people to take a second look at the pro-euthanasia movement and argued for “human exceptionalism,” a stance similar to a sanctity of life position. Currently, Smith is a Senior Fellow in Human Rights and Bioethics at the Discovery Institute, a political think-tank, and regularly writes about a variety of issues on his blog entitled ‘Secondhand Smoke.’

This particular book is devoted to animal rights activism. Smith’s stance is clear from the beginning; he is unequivocally opposed to the animal rights movement’s exaltation of animals to equal status with humans. He believes this degrades the value of human life with disastrous consequences for societally devalued people; more specifically, those with severe mental impairments, physical impairments, the aged, the un-born and newly-born, and the comatose. It is a complicated argument, but one that can be explained using the language of societal devaluation.

In the first section of the book, Smith presents us with a rundown of the prevailing ideologies currently influencing animal rights activists, which vary widely between factions. For some it is the utilitarian theory presented by Peter Singer, and

his assertion that each living thing has an inherent value based on its capacity to reason and experience emotion. From Singer's ethical viewpoint, one could argue that an ape has more inherent value than a comatose human who, according to Singer, can no longer reason or experience emotion. Singer is well known for his use of the word 'Speciesism,' defined as "a prejudice or attitude of bias in favor of the interests of members of one's own species and against those of members of other species" (Singer, 1975, 6). It is with Singer's theory that we can see the danger to devalued people most clearly, in that 'personhood' is no longer simply based on being human, but rests on an arbitrary continuum of intelligence. This theory of course puts mentally impaired persons in the same devalued roles that they have been placed for centuries, such as that of subhuman, animal, vegetable or the 'other' (Wolfensberger, 1998, 15), and thereby opens the door to great risk of unjust, abusive and even life-threatening treatment. After all, by such dangerous logic, if a human person is not really human but more like an animal, then we who are human beings can treat them as animals or as dumb brutes rather than as human persons with all the inherent dignity which that implies.

For other animal rights activists, the "Rights" ideology trumpeted by activist groups such as PETA (People for the Ethical Treatment of Animals) or the ALF (Animal Liberation Front) has been more influential. Such groups call for the establishment of the same equal rights for all animals as there are for humans. This includes rats, mice and fish. For such groups, being a pet owner is considered cruel because the pet is enslaved 'against their will' to serve a human need for companionship. Many people might dismiss the views of such groups as extremist and on the fringes of the political left. Smith argues however that we should familiarize ourselves with such views as they are quickly becoming part of the mainstream. A case in point, according to Smith, is Cass Sunstein, US President Barack

Obama's 'regulations czar' "who explicitly advocates that animals be granted legal standing to sue" (Smith, 66).

Also in this section Smith illustrates how the activist group PETA has seized on what Dr. W. Wolfensberger (1998) refers to within Social Role Valorization (SRV) theory as "The Dynamics and Relevance of Social Imagery" (1998, 104). PETA is a group that is well known for using media to successfully advertise their brand and fund-raise for their cause; in short, they know what kind of images bring sympathy from humans towards animals, whether they are truthful or not. The high-consciousness of the dynamics of social imagery in the business sector has been previously commented on by Wolfensberger and Thomas (1994, 36). The skilled use of imagery by activist groups such as PETA appears to be a more recent phenomenon. In one such campaign, PETA juxtaposed images of dead pigs with that of emaciated inmates from German concentration camps. The name of this campaign: "Holocaust on Your Plate." In another incident, known as the "The Silver Spring Monkey" case, PETA were accused of manipulating images of monkeys to make them look as if they were being horribly tortured during medical experiments. Despite the fraudulent nature of the pictures, the public outcry over them was enough to shut down the experiments. Ironically, the monkeys were involved in experiments for a therapy called "constraint-induced movement therapy" which has since been proven to help stroke victims regain mobility in their limbs; in SRV theory we would say that this therapy is competency enhancing.

The stark (and often false) images presented to us by groups such as PETA provoke outrage and sympathy for the animals pictured. Many of the hardcore activists, however, hope that humans will do more than sympathize with animals; they hope that we will empathize with animals, literally seeing ourselves in them. This concept in a perverse way fits with the SRV theme of Inter-

personal Identification (Wolfensberger, 1998, 119). Through images, vignettes and anthropomorphizing language, animal rights activists hope that the common person will come to believe exactly what the title of this book states: "A Rat is a Pig is a Dog is a Boy." As proposed in Social Role Valorization (Wolfensberger, 1998), "The more people identify with each other, the more they are likely to want good things to happen to each other" (p. 119). Similarly, animal rights activists believe that it is necessary for people in society to see themselves in animals in order for them to treat them more humanely. Smith believes that however well intentioned the activists are in this regard, the tactics used to promote identification amongst humans and animals (such as the use of anthropomorphizing language) are untruthful and for the most part scientifically unsound. Despite what the activists might say, a rat is not a pig, is not a dog, nor is it a boy.

Part two of the book gives us a detailed description of the increasingly violent methods employed by animal rights activists in their pursuit of animal/human equality. In many cases, activists have engaged in legal protests or acts of civil disobedience in order to grab the attention of the media, governments and society in general. In an increasing number of instances however, certain activists (especially those who align themselves with the ALF) have been resorting to acts of violence and to what Smith refers to as terror. This includes threatening scientists' children and planting car bombs in the vehicles of medical researchers. Smith argues that often this intimidation has worked, with many scientists, professors, farmers, etc., choosing different careers after enduring years of harassment and in some cases life-threatening injuries. According to Smith, it is just a matter of time before the violent activities of animal rights activists result in the death of humans, whether it is accidental or not.

In the third and final part of the book, Smith explicates his own ideologies and beliefs sur-

rounding our treatment of animals, including his belief in 'human exceptionalism,' along with a passionate and coherent defense of medical experimentation, an omnivore's diet, and the fur and hunting industries.

Overall, I found this book to be an informative and engaging read, one where the author pulled no punches about his stance on the issue. I'm sure that Smith would hope that animal rights activists would take his book seriously, but I'm afraid that much of what is contained in it reads as a direct attack against such activists and, indeed, Smith himself has already been demonized by such groups. While animal rights activists are just one of many groups that devalue the lives of the impaired and the disabled, theirs is a message that is gaining traction in our culture and it may already be too late to turn the tide against them. For those of us dedicated to protecting the lives of vulnerable people, Smith's message is one that we should familiarize ourselves with and take very seriously.

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THE CITATION FOR THIS REVIEW IS

Tiffany, S. (2010). Review of the book *A rat is a pig is a dog is a boy* by W. Smith. *The SRV Journal*, 5(2), 53-55.

ANTI-OPPRESSIVE PRACTICE IN HEALTH AND SOCIAL CARE. By V. NZIRA & P. WILLIAMS. London: Sage Publications, Inc., 223 pages, 2009. **REVIEW AVAILABLE ONLINE @ www.srvip.org**

Reviewed by Marc Tumeinski

AT BEST, A REVIEW OFFERS one perspective on a book. No review can likely do justice to an entire book, especially, as in this case, a 220-page textbook; that would require reading the entire book for oneself. A review though can give a sense of the book, particularly what the reviewer took away from it. My perspectives in reviewing this text were threefold: I teach Social Role Valorization (SRV); I try to apply SRV, particularly in the lives of people who are societally devalued due to impairment or poverty; and I teach undergraduate and graduate students at a local college.

Various 'blurbs' on the book cover and in the preface mention that the book is aimed at those studying oppression and trying to counter oppression, particularly in health and social care, and is thus geared at both a college and professional audience. On that most immediate level, the book is a natural for someone interested in SRV to pick up and read. One of the authors, Paul Williams, has a long connection to PASS and Normalisation in the UK and to the work of Dr. Wolfensberger.

In the broadest strokes, SRV is concerned with making things better for disenfranchised individuals and groups, of lower social status, who are excluded from the benefits of typical society. SRV is an approach rooted in social theory that can be applied on the level of the individual, of primary and secondary social systems, and of society overall. It is built on understanding the identity and needs of societally devalued people and groups. A pressing focus within SRV circles is on educating those who offer service about the problem of societal devaluation, and about a relevant and potent response. In similarly broad strokes, Nzira and Williams are concerned with a comparable problem and range of approaches

across a spectrum of services. The authors do a nice job of linking personal and organizational responses to oppression. The text references SRV and related concepts, such as 'wounding,' devaluation, social roles and integration/participation.

The format of the text should be beneficial for students. Each chapter includes an opening list of aims and a closing summary. Helpful exercises are offered at key points in each chapter. A fair number of web references make it more likely that the average student will actually access these resources, and also grounds the book in contemporary developments. The layout of the book chapters moves from a basic description of the problem of oppression and relevant definitions to an overview of 1) organizational and 2) personal adaptive responses to oppression, and closes with an invitation to reflect on the issues raised. The final section emphasizes personal and organizational evaluation. This structure lends itself well to reflective learning for university-level students. I am less sure that social service practitioners would turn to this text as a reference, though this is one of the stated goals of the authors. Its layout and level of detail seem more suited to introducing people to these concepts rather than a reference that one would turn to for specifics.

After reading the book and going back to re-read certain sections, I have a number of reactions running through my head, mostly based in my own SRV background. In that way, the authors certainly achieved their intention of encouraging reflective learning. Keep in mind that other than hearing a few references to it over the years and reading a bit here and there, I was fairly new to the history and approach of 'anti-oppressive' practice. My primary reactions were to the following.

- **The language and approach of 'anti-oppressive' practice.** Philosophically and linguistically, it was hard for me to wrap my head around a negative goal (don't do this: don't be oppressive) as opposed to a positive goal (do this: support valued social roles). Perhaps that is an intentional move

by its advocates, to underscore the harm caused by oppression.

The word 'oppression' indicates to me a level of consciousness which the term 'societal devaluation' does not. Oppression seems to carry with it an underlying tone of intentionality by the oppressor. In SRV, by comparison, we learn about the dynamics of personal and systemic unconsciousness which often surround the processes of societal devaluation.

The notion of 'anti-oppressive' practice as described also felt a bit subjective to me, as opposed to being rooted in a solid set of assumptions and principles. I would like to have read more about this, but I was left feeling that it was up to me as the reader to work out the practical implications of 'anti-oppressive' practice. I had the sense it was more a general mindset than a concrete set of principles and action implications. Some of that subjectivity may come from the limitations of a university textbook for undergraduates. Part of what the authors do is offer an overview of relevant contemporary literature in the field, which can be quite useful for new learners, but also is inherently selective, given the limitations of text length.

A major heuristic described in the textbook was the 'WISE' approach, standing for Welcome, Image, Support and Empowerment. WISE is certainly a positive acronym from an imagery standpoint. Some of the four elements share common ground with principles and themes of SRV, 'Image' being one clear example. However, I still do not have a concrete sense of what each of these elements represents, either on the individual or organizational level. Welcome, for example, is described as welcoming diversity and being knowledgeable about and sensitive to the identity and self-professed identity of people, which includes knowledge of history, survival, culture, language, belief systems and contributions (p. 117). Support is described as giving people the help they need to function equally in society (p. 128). Empowerment is focused on self-help and self-advocacy. Clear enough, but the concrete implications of these four elements or how they relate to addressing oppression, other

than potentially increasing one's basic knowledge of oppressed people, was not very clear to me from the text. Addressing societal devaluation is deeper and broader than just being knowledgeable and respectful in one's personal interactions with others.

- **Primary focus on racism and prejudice against homosexuals.** The examples and practices mentioned in the book were heavily geared toward prejudice against homosexuals and minority racial groups. This may speak to the audience that Nzira and Williams are trying to reach. This emphasis made it a bit more difficult for me to relate the content of the book to issues of societal devaluation due to impairment. Impairment was certainly touched on in the book in several places but I would have liked to have read more about how 'anti-oppressive' practice and the WISE heuristic could be applied to supporting individuals and groups devalued due to physical and intellectual impairment.

- **Assumption concerning empowerment.** One clearly described assumption was that oppressed people can pull themselves out of oppression and should be given more credit for doing so (pp. 14-18), and perhaps by implication, should be given more opportunities to do so. I can agree to a certain extent and enjoyed reading the examples offered in the book, many of which were new to me, but overall this seems a debatable point. Despite the citing of a few examples, I would have liked more analysis and so am not convinced of this claim by the text itself.

The way I have understood it, informed by SRV and my own service experience, devaluation is fundamentally a societal problem, and therefore any address of the problem must fundamentally be societal as well. It must by implication directly and indirectly involve the relevant society. The very nature of the processes of societal devaluation, of the negative perception and subsequent negative treatment of particular groups of people by the larger society, cannot be addressed solely or even primarily by those oppressed people advocating for them-

selves. Additionally, it has been my experience serving others that at least some devalued people will not be able to extricate themselves from oppression, devaluation and wounding. Doing so would require at minimum a certain level of instrumental competency which devalued individuals/groups often do not have, largely because of their physical, intellectual and/or functional impairments, either the cause or result of their devaluation. Others could of course assist them and even work together with them to make a positive difference.

- **Identity.** The notion of identity was raised in the book, e.g., how certain categories of identity can be associated with risk of oppression (p. 115). The emphasis seemed to be on gaining basic knowledge about oppressed people, such as their nationality, history, appearance, roles, skills and so on. In PASSING foundation discussion terms, this might be thought of as asking the question ‘factually and demographically, who are the people served?’ I would like to have read more about this idea in light of what SRV teaches about the importance of stepping into the shoes of societally devalued people, and answering the PASSING foundation discussion question, ‘who existentially are the people served?’ Williams has touched on this idea in some of his previous writing (2006). The idea of deeply coming to grips with the identity of devalued individuals and groups comes across clearly in SRV workshop teaching on devaluation and resultant wounding, the theme of interpersonal identification in the SRV monograph and SRV workshops, and the ‘foundation discussion’ process in PASSING workshops.

A FEW relatively minor considerations for readers:

(a) The UK context of the book will occasionally require non-UK readers to do a little background research to understand some of what is referred to, e.g., New Labour, the Third Way, the MacPherson Inquiry. This is not necessarily a bad thing of course. An invitation to look outside of ourselves, our practices and what we are used to can be a healthy

stretch, and encourage us to look more objectively at what is going on in our own systems and environments. I learned by researching these references.

(b) The book contains several references to Social Role Valorization (though oddly this was not capitalized), to Dr. Wolfensberger and to PASSING.

(c) Some references to SRV-related ideas were not included in the index, and some index references seemed to point to the wrong page numbers.

ALL IN ALL, THIS BOOK gave me a ‘taste’ of ‘anti-oppression’ thinking, but I am left wishing I could have read more about concrete strategies and principles to help me form a deeper understanding of ‘anti-oppressive’ practice. Reading the book also pushed me to reflect more on SRV, what it calls for and what it implies, in comparison to ‘anti-oppressive’ practice. I certainly share the stated desire of the authors to encourage and invite those involved in services to stand up on behalf of societally devalued people, and to reflect on one’s own individual as well as organizational practices in light of that goal, though we approach this problem and how to address it from different perspectives. My sense is that there are few people thinking clearly about and working hard at helping vulnerable devalued people, and so, differences aside, I am glad to read of others joining in that moral endeavor.

EDITOR’S NOTE: *Paul Williams gave a presentation on the topic of anti-oppressive practice & SRV at the 2003 International SRV Conference in Calgary, CAN.*

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THE CITATION FOR THIS REVIEW IS

Tumeinski, M. (2010). Review of the book *Anti-oppressive practice in health and social care* by V. Nzira & P. Williams. *The SRV Journal*, 5(2), 56-58.

LIST OF ITEMS TO BE REVIEWED

IN EACH ISSUE OF *The SRV Journal*, we publish reviews of items relevant to SRV theory, training, research or implementation. These include reviews of books, movies, articles, etc. We encourage our readers to look for and review such items for this journal. We will be happy to send you our guidelines for writing reviews, or they are available on our website (http://www.srvip.org/journal_submissions.php). We are open to reviews of any items you think would be relevant for people interested in SRV. We also have specific items we are seeking reviews of. (We strive to include items which might have relevance to: SRV theory, one or more SRV themes, and/or social devaluation. If, however, a reviewer finds that a particular item is not so relevant, please let us know.) These items include:

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

THE 36-HOUR DAY. By NANCY MACE & PETER RABINS (EDS.). Baltimore, MD: The Johns Hopkins University Press, 339 pages, 1999.

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

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

MODELL, S. & CROPP, D. POLICE OFFICERS & DISABILITY: PERCEPTIONS & ATTITUDES. *Intellectual and Developmental Disabilities*, 45(1), 60-63 (2007).

PERSKE, R. COMING OUT OF THE DARKNESS: AMERICA'S CRIMINAL JUSTICE SYSTEM AND PERSONS WITH INTELLECTUAL DISABILITIES IN THE 20TH CENTURY. *Intellectual and Developmental Disabilities*, 45(3), 216-220 (2007).

EISENMAN, L. SOCIAL NETWORKS & CAREERS OF YOUNG ADULTS WITH INTELLECTUAL DISABILITIES. *Intellectual and Developmental Disabilities*, 45(3), 199-208 (2007).

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

JACKSON, J. CONTEMPORARY CRITICISMS OF ROLE THEORY. *Journal of Occupational Science*, 5(2), 49-55 (1998).

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

CARROLL, S., PETROFF, J. & BLUMBERG, R. THE IMPACT OF A COLLEGE COURSE WHERE PRE-SERVICE TEACHERS AND PEERS WITH INTELLECTUAL DISABILITIES STUDY TOGETHER. *Teacher Education & Special Education*, 32(4), 351-364 (2009).

DISCUSSION QUESTIONS

THIS FEATURE PROVIDES, for those who are interested, a way to continue learning from & engaging with a *Journal* article after they are done reading it. We will support such learning by publishing questions based on selected articles, prompting the reader to continue considering, reflecting, discussing & even writing about what they read. Such questions can be useful in deepening a reader's level of understanding of the article content & its SRV implications, whether for teaching or application, & may even lead to a shift in mind-set. We hope these questions will be used by individual readers, as well as by university/college professors in their classes, by program managers during staff meetings & so on.

WHAT DOES SRV TEACH US ABOUT HOW TO SUPPORT PEOPLE WITH DISABILITY? (PP. 17–21) ~ ARMSTRONG

1. What does the author teach us about the importance & benefits of having a positive vision on behalf of societally devalued people? How do the principles of SRV help us to craft & hold onto a positive vision for vulnerable people/groups?
2. How do the strategies of SRV (e.g., the conservatism corollary, culturally valued analogue, valued role acquisition, image & competency enhancement, etc.) help us to work toward actualizing a positive vision on behalf of a devalued person/group?
3. What can help a **group** of people (e.g., a family, service staff, friends & advocates) come together to develop, share & work towards a particular vision for a person/group? What (programmatic & non-programmatic barriers) can get in the way of such efforts?
4. How do positive expectations connect with & reinforce a positive vision?

INTELLECTUAL DISABILITIES & INSTITUTIONALIZATION IN NOVA SCOTIA (PP. 26-33) ~ BARKEN

1. In what ways did the changing structure of the economy (a) shape which social roles became valued & (b) create new valued roles? How did the vulnerable fare in the face of these new economic values, structures & imperatives, particularly in light of the reality of heightened vulnerability? Do you see relevant changes or new patterns in today's economic values, structures & priorities which positively or negatively affect societally devalued people/groups?
2. Based on the descriptions of the continuum of care model, identify the major underlying assumptions of this approach. Keep in mind that assumptions can be conscious as well as unconscious.
3. Apply the SRV concept of model coherency (Wolfensberger, 1998, 116-118) to the continuum of care model. Which model elements are present & which are missing or distorted? Where do the elements fit together & where do they not fit? What likely outcomes does the lack of model coherency of the continuum of care model have on vulnerable people?

4. In what ways are the valued roles of roommate, neighbor, tenant & homeowner different from the 'community-based institutional roles' described in the article?

A TWO-HOUR VISIT TO A REHAB FACILITY (PP. 34-36) ~ REED & TUMEINSKI

1. In light of the SRV strategy of interpersonal identification (stepping into people's shoes), how can serving large numbers of devalued service recipients in segregated & congregated contexts put up significant barriers to identification? What can a service worker in a segregated/congregated service do to minimize or compensate for such barriers?

2. How can the principles & strategies outlined in SRV teaching & in the PASSING manual help us to identify needs **in order of priority** for a societally devalued person/group?

3. The author describes how the rehab facility failed to provide timely rehab services. Analyze this failure in light of the SRV concepts of model coherency, relevance & potency (Wolfensberger, 1998, 111-118)?

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.

CALENDAR OF SRV & RELATED TRAININGS

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

Protecting the Health & Lives of Hospital Patients

September 19, 2011

Canberra, ACT, AUS

email Erin Geaney - erin@imaginebetter.co.nz

May 16-18, 2011

Selinsgrove, PA, US

email Eneuvill@keystonehumanservices.org

The Liberation of Handicapped & Devalued People

September 20, 2011

Canberra, ACT, AUS

email Erin Geaney - erin@imaginebetter.co.nz

An Introduction to Social Role Valorization

May 10, 17, 24 2011

Indooroopilly, Brisbane, QLD, AUS

email viaainc@gmail.com

5th International SRV Conference

September 21-23, 2011

Canberra, ACT, AUS

email srvconference@koomarri.asn.au

Practicum With SRV Using the PASSING Tool

series format

prerequisite: attendance at a leadership level SRV workshop

February 16, March 21-23, April 13-15, 2011

Sandusky, OH, US

email Joe Osburn - josephosburn@bellsouth.net

Crafting a Coherent Moral Stance on the Sanctity of All Human Life

September 26-30, 2011

Baulkham Hills, NSW, AUS

email jlarm@optusnet.com.au

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

March 14-15, 2011

Indooroopilly, Brisbane, QLD, AUS

email viaainc@gmail.com

An Introduction to SRV: A High-Order Schema for Addressing the Plight of Devalued People (*with an emphasis on developing leaders in SRV*)

March 8-11, 2011

St. Boniface Hospital, Winnipeg, MB, CAN

email Reina Soltis - rsoltis@stamant.mb.ca

May 19-20, 2011

Canberra, ACT, AUS

email Veronica Hadfield - VHadfield@koomarri.asn.au

March 8-11, 2011

Harrisburg, PA, US

email Eneuvill@keystonehumanservices.org

Understanding the Societal Context: What People with Impairments Are Up Against

March 15, 2011

Holyoke, MA, US

email info@srvip.org

March 14-16, 2011 (3 day with 2 evening sessions)

Syracuse, NY, US

contact Susan Thomas - 315.473.2978

Leadership in Service Design: Based on Model Coherency

prerequisite: attendance at an SRV workshop

July 25-26, 2011

Indooroopilly, Brisbane, QLD, AUS

email viaainc@gmail.com

March 28-31, 2011

Summit Conference Center, Charleston, WV, US

email Linda Higgs - Linda.s.higgs@wv.gov

APPEAR: Improving the Personal Appearance of People with Impairments or Who Are Socially Marginal

February 15, 2011 (9:30 am to 4:30 pm)

Syracuse, NY, US

contact Susan Thomas - 315.473.2978

April 27-29, 2011

Farmington, CT, US

email Eneuvill@keystonehumanservices.org

Social Role Valorization News & Reviews

Wolf Wolfensberger

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

(a) Briefly annotate publications that have relevance to Social Role Valorization (SRV). Conceivably, some of these might be reviewed in greater depth in a later issue of this journal. 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, I hope to illustrate and teach the art and craft of spotting, analyzing and interpreting phenomena that have SRV relevance.

Generally, from the roughly 30 potential topics for this column, I restrict the coverage in any particular issue to those topics on which we have the largest amount of copy on hand.

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

Deviancy & Deviancy-Making

*We are being told that the current economic crisis is fueling an epidemic of anxiety, depression, domestic violence, suicidalness and other mental disorders. Unemployment especially entails a ma-

JOR loss of a valued role, and the acquisition of often several devalued ones. Unfortunately, all this is a boon to shrinkery, with shrink business up 40% just in the last half of 2008 (*Syracuse Post-Standard*, 3 February 2009, p. A6).

However, an economic recession can actually also be image-protective of unemployed people, because so many valued people will also be out of work that the stigma of unemployment is reduced. Also, performing unpaid work during a recession can enhance the image of an unemployed person (see also the article by Wolfensberger & Thomas in the December 2009 issue of this *Journal*).

*According to many authorities, professionals, organizations, etc., the percentage of people who have or will have mental problems serious enough to “need help” is skyrocketing, especially since 1996 (e.g., *Monitor on Psychology*, November 2009, 40(10), pp. 30, 40). If this were true, it would mean that ever more people will be in the socially undesirable (and hence devalued) role of mentally disordered person and ‘mental patient,’ unless the social value of having mental problems and instabilities becomes culturally neutralized—or even valorized. Assuming it is not, what are the implications to SRV? Will society bifurcate into the mentally disturbed masses with each member thereof holding at least one devalued role of ‘disturbed person’ or ‘mental patient,’ and a small elite of shrink types who place everyone else into these

categories, and who supposedly know what to do that is supposedly good for the former? (DeAngelis, T. [2009, November]. New insights on college mental health. *Monitor on Psychology*, 40(10), 30; & Novotney, A. [2009, November]. Yoga as a practice tool. *Monitor on Psychology*, 40(10), 40).

But Bentall (2009) has addressed the question whether the overall impact of psychiatry on the mental 'health' of the population has been positive, and concludes that it has not been. As evidence, he notes that the more psychiatry a society gets, the more mental problems it has. This is evident by looking at secular trends in Western societies, and by comparing outcomes between societies that have more or fewer psychiatric resources. His conclusion: "psychiatry is not working." (Bentall, R. (2009). *Doctoring the mind: Is our current treatment of mental illness really any good?* New York: New York University Press.)

*There is also a trend to rename all sorts of mental conditions as 'brain disorders.' This is being done with schizophrenia, depression, hyperactivity, etc. The intent is to medicalize these conditions even more, and thereby attract even yet more money to them. This is also being used as an argument for increasing, rather than decreasing, many types of human services, which would be a cure worse than the disease.

*According to a US government report, 75% of Americans aged 17-24 are mentally, bodily, educationally or socially unfit to serve in the US military (*Syracuse Post-Standard*, 15 November 2009, p. A10). What does this say about deviancy in the US? Will many of these 75% be 'diagnosed,' become dependent (maybe because of obesity and its consequences?), need services to function, etc.? This is a strong confirmation of what we have been saying about the increasing decadence of the population.

*Some authors (e.g., Gordon, 1990) have spoken of "templates of deviance," by which they mean certain culturally created, channeled or le-

gitimized ways of being deviant or outright crazy. Here are some examples.

In Britain, there is a long and honored tradition of permitting people to transact their craziness by entering the role of the eccentric.

Prior to the 1920s, women would commonly display fainting fits, and also hysterical paralysis, both of which have virtually totally disappeared in contemporary Western societies. These have been replaced in the US since the 1970s by anorexia and bulimia, which have become virtual templates for millions of women—mostly younger ones, many of whom would have turned to an older template of deviancy otherwise, namely conversion hysteria (Gordon, D.R. [1990]. *The justice juggernaut: Fighting street crime, controlling citizens*. New Brunswick, NJ: Rutgers University Press).

*Lemert, E. (1983). Deviance. In S.H. Kadish (Ed.), *Encyclopedia of crime and justice* (pp. 601-611). New York: Macmillan & the Free Press. Deviancy theorist Edwin Lemert crafted one of several deviancy theories. He said that "primary deviance" is caused by biological, social or psychological factors. When people with this kind of deviancy come to public attention, they get labeled either formally (via trials, imprisonment, etc.) or informally (via ostracism, ridicule, etc.). This labeling process produces lower self-esteem, exclusion, self-identification with a dissocial class, etc., and this he called "secondary deviance."

*Avoidance of sick or abnormal conspecifics is found not only among humans but also among some animals, including chimpanzees. From an evolutionary perspective, this makes perfect sense, because it has survival benefits. It is therefore probably hard-wired into humans, needing extraordinary types and amounts of education and mind power to overcome. According to some scientists, this kind of shunning is virtually an immunological response and may also explain deep-seated distrust of strangers, who may also be

seen as immunological threats. After all, trusting strangers a little more than they should have led to the death by infectious disease of most North American Indians (Zimmer, C. [2009, March]. When your body cannot outfight an infectious disease, sometimes your mind can outthink it. *Discover*, pp. 26-27).

*One form of deviancy-making of devalued people is to attach signs, marks and symbols to their bodies or clothes. One of the most persistently thusly-marked people have been the Jews, and possibly already under the Romans after their devastation of the Holy Land. Certain is that the practice was taken up later by Mohammedan countries, which is whom the Christians learned it from, as they did so many things from the days of the Arabian high culture. By the late Middle Ages, it became customary to require Jews to wear a piece of yellow cloth, or a ring-shaped (yellow) letter K (presumably a designation in the Germanic countries for Ketzer, i.e., heretic), or a pointed hat (often yellow), sometimes with a little ball on top of the point. This custom persisted in various localities into the 18th century, and gave rise to the Nazi requirement that Jews wear a yellow Star of David on their chest.

*Entire minority cultures can get so oppressed that they get stripped of valued roles, as was explained at a session of the 2007 International SRV conference in Ottawa. However, the Yiddish writer Isaac Bashevis Singer (1904-1991) has described a Yiddish culture in Eastern Europe that, despite its own deviant status and poverty, was able to sustain an amazing number of valued roles. This is brought out by several of the short stories in this book: Singer, I.B. (1957; 3rd printing, April 1969). *Gimpel the fool: And other stories*. New York: Avon Library (Hearst Corp.).

*Institutions for people with 5-D syndrome: Some authors have said that the many different kinds of warehouse-type institutions that began to

be launched in the 1800s were for the “daft, deviant, derelict, destitute and dirty” (Bynum, W.F., Porter, R. & Shepherd, M. [Eds.]. [1988]. *The anatomy of madness: Essays in the history of psychiatry, Vol. 3: The asylum and its psychiatry*. London: Routledge).

*Hrdlička, A. (1931). *Children who run on all fours: And other animal-like behaviors in the human child*. New York: Whittlesey House (Div. of McGraw-Hill Book Co.). Around 2005, and since, there was much publicity about a Turkish family of which several members walked on “all fours” (in what the discoverers called an “ape gait”) and were mentally retarded. The hype around this was huge, and even included claims of special genes or chromosomes, atavism, almost a different species, etc. The ‘discoverers’ of this family milked the PR for all it was worth, and claimed that this discovery shed light on human evolution. Amazingly, no one seemed to be aware that in 1931, Aleš Hrdlička of the Smithsonian Institute had written the above-named book which had been preceded in 1927 by a preliminary report in *Science Service*, and in 1928 by a report in the *Literary Digest*. The book is a collection of reports from all over the world of children walking on “all fours.” Many of these vignettes are accompanied by photos. Most of the reports were in the form of letters (hundreds of them) to the author, either by parents or professionals.

By “running on all fours,” the author did not mean crawling, but walking like some apes do, with the body off the ground. A picture of an infant walking like that is on the cover.

Behaviors reported to be associated with walking on all fours were said to be “animal-like,” such as unusual tendencies to climb, holding onto mother, carrying things in the teeth, or unusual postures in sleeping. However, it is surprising that there was hardly any documentation that walking on all fours was associated with mental retardation. In fact, these children were described as generally bright, sprightly and healthy. It is therefore puzzling why the author cast such a strong ani-

mal image on these children, but it probably had something to do with that era being the one of social Darwinism.

The author ruled out—or declared as weak—a number of explanations, and focused mostly on heredity and “phylogenetic continuance: atavism.” While these behaviors were reported mostly for younger children, though occasionally enduring into adulthood, there are perfectly good developmental and behavioral explanations that are vastly more parsimonious than atavism.

*Midget wrestling—a cousin to dwarf-tossing—has made a comeback since its beginnings in the 1950s, and people are willing to pay up to \$25 for a ringside seat. As props, the wrestlers use chains, sledgehammers, bar utensils and staple guns. At these events, one can buy sweatshirts with the message, “Support Midget Violence.” At the same time, there are campaigns underfoot to change the term midget to dwarf, little person, LP, and “person of short stature” (*Syracuse Post-Standard*, 6 May 2010, p. C2). This underlines a point that we keep making: people are fixated on relatively trivial language issues while perpetrating or condoning vastly more serious deviancy-sustaining practices.

*There is a new genre of comedy that might be called deviancy comedy. It is exemplified by the one-person ‘comedy’ performance “Out All Night and Lost My Shoes” by a Terry Galloway, a lesbian whose costume is often that of a man, and who is deaf, nearly blind and bitter about all this.

The Wound of Multiple Jeopardy

*Beier, D.C. (1969). Behavior disturbances in the mentally retarded. In H. Stevens & R. Heber (Eds.), *Mental retardation: A review of research*. Chicago: University of Chicago Press. Beier found prevalence rates of between 0.5 and 55% of criminality among retarded people. While the question of the criminality of the retarded has been hotly contested, one thing is certain: in-

mates in prisons and correctional institutions are less intelligent than the general population, and a very disproportionate number have been mentally retarded.

*We generally speak of the wounds being inflicted on devalued people by those who devalue them. However, sometimes, people do things that make them devalued, and this then recruits the wound of multiple jeopardy. For example, a motorcyclist in the Syracuse, New York, area had an accident, and lost the use of his legs. He then converted his motorcycle to a three-wheeled one that could accommodate his wheelchair on the back. This preserved those positive image elements that are associated with the role of motorcyclist; few bodily impaired persons are able to use, or continue to use, a motorcycle. But this 40-year old man had not learned from his accident, and one night was out leading a group of three motorcycles when he tried to pass a car and clipped it. He was knocked into the opposite lane where an oncoming car hit and flipped him, this time causing a head injury to add to the mobility injury.

*In the early 1800s, children even as young as two who had misbehaved were kept in prisons (Despert, J.T. [1965]. *The emotionally disturbed child—then and now*. New York: Brunner).

*Here are several historical vignettes of bad image juxtapositions to prisons and prisoners (as if these did not have a bad image already without further image insults) and of thereby wounding the inmates with multiple jeopardy. Most of these are from Garrett & MacCormick, 1929, *Handbook of American prisons and reformatories*.

The Western State Penitentiary in Pittsburgh, Pennsylvania, was built on the site of the old House of Refuge, probably an institution for poor youths (p. 848).

The Rhode Island Reformatory for Women in Howard was right next door to the State Hospital for the Insane, at least in the late 1920s (p. 874).

At least as late as the late 1920s, right next to the state prison for men in Auburn, New York, there had been a state prison for women—which was built on the grounds of a former state institution for the criminally insane, used until the late 1890s (p. 647).

Milledgeville in Georgia has not only been the site of the state's largest asylum (both mental and mental retardation institutions), but was also the site of the state prison at least until the mid-1800s (p. 237).

*The wounds of both multiple jeopardy, and involuntary material poverty, are exemplified by the fact that for children in foster care, 'identity theft' is very common because all their personal information passes through the hands of so many people and agencies. Half of the 84,000 children in foster care in California have had their identities 'stolen,' and overall, one in 20 such children is the victim of identity theft. The identity theft may not be found out until they 'age out,' by which time their debt averages \$12,000, and it costs yet more money to straighten out the problem. Because of their youth, inexperience and isolation, such youths have an extremely hard time getting the problem fixed, and no one does it for them. This implies that they cannot rent apartments, put bills in their name, etc.

Families (apparently often poor ones) sometimes do this to their own children, as when they take out credit cards in their child's name, and one day the child discovers that the bills were never paid (*Newsweek*, 16 February 2009, p. 11).

Stories About Devalued People or Devalued Social Roles

*Readers of a Montreal newspaper submitted their nominees for "best Montreal Weirdo." With about five exceptions, the rest of the 120 nominees were all homeless, and/or drug- or alcohol-addicted, and/or crazy people, all in very public places. And while a few people are described (e.g., "the man who carries a chihuahua to impress la-

dies at Starbucks ..."), almost all are given some role name, e.g., "beer fund" beggar, clone of Jimi Hendrix, Philippe the human kiosk man, the cabbie magician. And none of the role descriptions is positively valued; in fact, many of them are ridiculing or otherwise denigrating of the person described (source item from S. Tiffany).

*An early version of the televised "telethons" to raise funds for charities and human services was at least one 1931 film (there were possibly others) entitled "The Stolen Jools." This approximately 15-minute film was played at theaters nationwide, at no charge to the theaters, and all the proceeds that the theaters collected from showing the film were donated to the tuberculosis sanitarium at Saranac Lake, New York (which eventually became a large Veterans Administration hospital). The film included cameo appearances by about 30 of the then-big names in Hollywood, all of whom worked for free, acting out a silly story about an actress's stolen jewels. The film was subsidized by Chesterfield cigarettes, which is ironic since cigarettes eventually were responsible for lung diseases that were more devastating and took more lives than tuberculosis.

*At a church-run secondhand clothing store, the assistants were called "Lulu girls," and a newspaper article about it showed a clearly handicapped adult woman as one of the "Lulu girls." The store manager noted one expression of the object of pity and discard roles, namely that people may "give us what they think poor people will wear," but that many of these gifts are "not always wearable" (*Syracuse Post-Standard*, 24 June 2010).

*While an obituary does not contribute to the role-valorization of the deceased—it can only report on the roles that the person once held—it can be either role-valorizing or role-degrading for other people of the same class as the deceased. For instance, one obituary showed a mentally retarded woman in her graduation robe and cap,

and mentioned her three valued roles, which may help readers to have more positive expectations for other retarded people. But another obituary showed a 53-year old retarded man in a Santa hat, which only reinforced the negative role expectancy of eternal child for all retarded people.

*Strangely enough, when the expression “angels unaware” is used to refer to mentally retarded people, as in the title of the famous book by Dale Evans Rogers (1953), and as it used to be in the name of several US service agencies for the mentally retarded, most people were not aware that the expression comes from a Bible passage: the New Testament letter to the Hebrews (13:2), which refers to someone being hospitable to guests who were actually angels in disguise. Thus, the passage really refers to the host being unaware of the angelic identity of the guests. However, in the above book title, agency names and similar uses of the expression in relation to retarded people, users typically project the idea that it is the retarded people who are unaware of their surroundings, presumably because they are too retarded to have ordinary consciousness and awareness (Simon, B. & Weiner, H. [1966]. *Models of mind and mental illness in ancient Greece: The Homeric model of mind. Journal of the History of Behavioral Sciences, 2*, 303-314).

*For at least 10 years, the Salvation Army in Syracuse, New York, has been accepting (even actively recruiting) into its addiction rehabilitation program alcohol and drug addicts from Newark, New Jersey, 300 miles away. As many as 80% of the people in the rehabilitation program drop out, and may disappear. Reportedly, about 100 such addicts arrived each year, and because of the high drop-out rate, scores of them were being dumped onto the Syracuse city streets each year.

Newark has been called the heroin capital of the US, and so the heroin business came with them to Syracuse, big-time. They set up big drug trafficking businesses in Syracuse, and were involved

in local murders and other crimes. This all started when a New Jersey minister began giving addicts one-way bus tickets to Syracuse, thinking to get them away from the temptations of Newark’s streets. But neither he, nor the Salvation Army, ever informed Syracuse officials of the program or of the presence in their locale of hundreds of people with criminal records and involvement in the sale of drugs. When all this became known, the Salvation Army denied any responsibility to inform city officials such as the police, and only reluctantly agreed to stop accepting people from the New Jersey agencies that are now being investigated for the practice (*Syracuse Post-Standard*, 13 June, 20 June & 22 June 2010).

In addition to all the other problematic aspects of this practice, it involved physical discontinuity and ejection (via one-way bus tickets) of the addicts; giving them wide opportunity to continue or even enlarge their negatively valued roles (via the drug trafficking business); and reinforcing negative attitudes and expectations in the minds of the police and the public.

*It was pointed out at a North American SRV Development, Training & Safeguarding Council meeting that the role of ‘Holocaust survivor’ (referring to survivors of the Nazis’ attempt to exterminate the Jews in World War II) is a very problematic one. On the one hand, it is a role that usually elicits respect and even reverence, but on the other hand, it is not a role that people aspire to, except a few impostors. And it is sad if this role becomes a person’s dominant or even life-defining role. There are still an astonishing 220,000 such survivors in Israel, unfortunately giving food to Holocaust skeptics.

*Cartoonists and humorists have long made fun of imaginary institutions, such as Home for Retired Nobel Prize-Winners, or the Home for Retired Circus Performers (in the Gasoline Alley cartoon). In 2010, we learned for the first time that in Israel, there have been (and still are) three

homes for Holocaust survivors. One of these has 200 inmates. While all are old, they are there mostly because of mental problems that they already had during the war, or developed since. The idea that survivors need their own segregated institutions seems bizarre, and also may be itself a survivor of the old institution mentality.

Imagery: Images of Animality

*It became almost universal in European courts to have so-called 'court fools' in the 15th century, though many of these were more like cherished personal attendants than objects of ridicule. This convention continued into the early 19th century! Such persons who were dwarves were often given the task of attending to the master's hounds. Having very short people attend to large dogs was apparently seen as a curiosity.

Eventually, and no later than the late 15th century, paintings of court or public scenes began to include the depiction of dwarves tending to one or more dogs. Typically, dwarves were sumptuously dressed and groomed, and distinguished by nothing other than their child-like size and their juxtaposition to one or more dogs. In fact, it is often only the juxtaposition of a person to a dog that reveals that the person is a dwarf, and communicating this fact is one thing the juxtaposition was meant to accomplish. An example is the late 15th century painting of the "Presentation of the Virgin in the Temple" by the Masters of the Barbarini Panels.

According to Tietze-Conrat (1883-1958), it was apparently Titian (1485-1596) who produced the first individual juxtaposition (as a portrait) of a dog with one historical 'court fool,' namely the Polish dwarf Estanislao (who flourished at the Spanish court between 1563-1571). This hypothesis is, of course, testable, and would be falsified if an earlier such portrait could be identified. This was quickly followed by a similar portraiture by Antonis Mor (1516-1576) of another short court fool about 1570.

Image-wise, the convention of juxtaposing a 'court fool' with one or more dogs was a two-edged thing. On the one hand, the 'court fools' thusly portrayed almost always were sumptuously attired; on the other hand, the juxtaposition evoked animal associations—albeit to an animal very much valued in courtly and other higher circles. Also, the juxtaposition often evoked child imagery, in that the 'court fool' was so small in comparison to the dog(s) (Tietze-Conrat, E. (1957). *Dwarfs and jesters in art* (E. Osborn, Trans.). London: Phaidon).

*A striking example of people being strongly animal-imaged occurred in Gujrat, Pakistan, starting when it was still part of India. At a date somewhere between the mid-1600s and the 19th century, a religious shrine to an Islamic holy man began to become a depository for microcephalic children from all over India, who were called "rat children" (chuas) because of their appearance. Many went begging in the neighborhood. In the late 1900s, the Pakistan government put an end to the keeping of chuas at the shrine (Miles, M. [1996]. Pakistan's microcephalic chuas of Shah Daulah: Cursed, clamped or cherished? *History of Psychiatry*, 7, pp. 571-589).

*At a time when human sacrifice was still practiced, the human victims were sometimes given the names of animals so as to reduce them to non-human status and salve the consciences of others. Thus, in New Guinea, victims were called pigs, and in Fiji fish.

Another common custom in many societies was to label deformed babies or one of two newborn twins "demon children," as a prelude to killing or sacrificing them (deParrie, P. & Pride, M. [1988]. *Unholy sacrifices of the new age*. Westchester, IL: Crossway Books).

*For many human diseases, biomedical scientists try to find—or create—comparable afflictions in animals, so that these animals can be used for

research and the findings then applied to the human affliction. This spares humans from much experimentation, and vastly speeds up the process of research. Also, it enables some research to be conducted that would not be allowed to be done on humans.

An animal affliction that is the same or similar to that in humans is called an “animal model” of it. So, for instance, there might be an animal model of a human form of diabetes. A problem arises when animal models are announced for certain devalued human conditions, such as Down’s syndrome. Then animal image juxtapositions arise for the people in the devalued class.

An example is the announcement in December 2007 that a “mouse model of monogenic heritable autism” had been found in mice. This was the result of a mutation in the metabolism of murine, which made the affected mice unsocial and less “communicative.” However, one must keep in mind that “discoveries” about autism often do not hold up.

In June 2007, it was announced that in a mouse model of so-called fragile X syndrome, which had resulted in erratic and purposeless movements and hyperactivity in the mice, normal functioning had been restored by manipulating one of the enzymes in the brain. Strangely enough, the researchers called this a “reversal of autism symptoms in the lab,” and foolishly predicted that a similar treatment might work on humans (source material from Thomas Neville).

It often turns out that animal models are not the true parallels to human afflictions that they are often thought to be, and that the animal symptoms and human symptoms, or their treatments, are not really comparable. Communication disorders in the human species can hardly be equated with communication in animal species. Doing so reveals much scientific naiveté.

*Temple Grandin is a woman who had been diagnosed to be autistic, and who subsequently claimed that her autism gives her a special ability

to empathize with animals, because she can perceive and think as they do. She became a professor of animal science, and has gone around the world consulting on the design of animal-containing or -processing facilities, and otherwise interpreting animal behaviors. Reportedly, she has had input into the design of facilities that handle half the cattle in North America (*Syracuse Record*, 27 October 2008, pp. 6-7). Unfortunately, this reinforces public stereotypes of animal associations to mentally afflicted people, and implies that autism makes one a little more animal-like so that one can understand them better. It also reminds one of the stories of people who could ‘translate’ bird song, donkey-braying, etc., into human language.

*Hollingworth, H.L. (1916). *Vocational psychology: Its problems and methods*. New York: D. Appleton (The Conduct of Mind Series, J. Jastrow, Ed.). The author said that some kinds of labor “can be performed by a domesticated animal or an imbecile” (p. 208).

*Doll, E.A. (1946). The feeble-minded child. In L. Carmichael (Ed.), *Manual of child psychology* (pp. 845-885). New York: John Wiley & Sons. Edgar A. Doll was a long-time leading psychologist in mental retardation. He clarified the definition of the condition with his famous six criteria, and in the 1930s designed the Vineland Social Maturity Scale, successors of which are still being used. In his time, people were very unconscious of imagery issues, and in this 1946 chapter, he referred to persons with microcephaly as “little monkeys.” But think not too badly of him for this, considering his contributions, and what atrocities people in the field today proudly commit.

*American child welfare services have been tainted by growing out of the animal (Humane Society) welfare movement. As late as in the 1940s, there was a Mohawk Hudson Humane Society for Animals and Children in the Albany area

of New York State. Of course, this animal-imagined the homeless or rejected children.

To this day, animal shelters of the Humane Society are generally better-run than child welfare services, and the animals get placed better than the children. Maybe all of this resulted from so many people (exemplified by People for the Ethical Treatment of Animals [PETA] members) putting animals above humans.

Imagery: Imaging Via Social Groupings & Juxtapositions

*A relatively late Latin proverb was *noscitur a sociis*, which came to mean “A person is known by the company he keeps.” This is a saying very relevant to several SRV assertions related to social juxtapositions, associations and relationships, including who the servers of service recipients are.

The notion that one becomes what one is somehow associated with is deeply embedded in the human mind. It even extended to the issue of what one would eat, because the qualities of one’s food might then become one’s own. For instance, some tribes would eat part of a deceased or slain strong man, in the hopes of acquiring thereby the strong man’s strength. American Indians reportedly would avoid eating wild turkeys because these had a reputation for stupidity, and whoever ate them might also become stupid (*Backpacker*, January 2009, p. 38).

*One of the most striking real-life examples of the negative impact of deviant person juxtapositions is from the diary of Virginia Woolf, written in the eugenic era. She wrote, “While out walking on a towpath, we met and had to pass a long line of imbeciles. The first was a very tall young man, just queer enough to look at twice, but no more; the second shuffled, and looked aside; and then one realized that every one in that long line was a miserable ineffective shuffling idiotic creature, with no forehead, or no chin, and an imbecile grin, or a wild suspicious stare. It was perfectly horrible. They should certainly be killed” (cited in McDonagh, 2008, p. 328; from Bell, A.O. [Ed.].

[1977]. *The diary of Virginia Woolf*, Vol. 1: 1915-1919. London: Hogarth, p. 13).

*The Smithtown/Kings Park area of Long Island (off New York City) became one of the world’s biggest congregations of services to devalued people, with each setting and the people in it being negatively imaged by the co-location with all the others. It started in 1864 with the establishment of the St. Johnland Christian Colony, which included cottages, a church, a foundry, a farm and also an orphanage. Then the Long Island branch of the Kings County Hospital opened in 1885; it had a mental asylum, that in time became the Kings Park State Psychiatric Hospital, holding several thousand inmates. In 1906, the Howard Colored Orphan Asylum was added, with the orphans being put to work as cheap labor on the neighboring farms. In 1907, these were joined by the Brooklyn Home for Children, an orphanage for white children (Bradford & Blume. [1992]. *Ota: The pygmy in the zoo*, pp. 202-203, New York).

*A few years ago, when Germany began to be saturated with foreign immigrants, and Germans began to feel dispossessed, some of them began to attack foreigners. This alarmed physically and mentally handicapped Germans who were afraid that they would be attacked next. So they held a big rally calling for tolerance for “the handicapped and foreigners.” This created a problematic image association for them as “aliens” that previously may not have existed (*New York Times*, 19 January 1993).

*Britain announced it would ban from entry into the UK Muslim extremists, neo-Nazis, animal rights protestors—and anti-abortion activists. A bad image juxtaposition! All these are interpreted as “encouraging or spreading extremism and hatred through preaching violent messages,” which adds a multiple jeopardy to those of the above who do not preach violence and hatred (AP in *Syracuse Herald-Journal*, 29 October 2008, p. A6).

*There is the bad news that there are many so-called punk rock music groups. Even worse news is that such a band in Britain is called “Heavy Load,” and three of its five members are “learning disabled,” meaning mentally retarded. Their aim is to “take a classic song and crucify it,” which does not help (*Syracuse Post-Standard*, 23 June 2008, p. D5).

*We keep running across instances where agencies that serve elderly people (including elderly

people in wheelchairs and with all sorts of other afflictions) and toddlers together, not only on the same site but in a socially interactive fashion, get interpreted as being “integrative,” rather than as being image harmful to the elderly.

*Berenbaum, R.L.J. & Zweibach, D.F. (1996). Young adults with Down syndrome as caregivers for the elderly with dementia: An intergenerational project. *Journal of Gerontological Social*

A NOTE ON THE WORD ‘PATRON’

THE WORDS patron, patronage and patronize carry a range of positive and negative connotations, depending on context. From the Latin *pater* for father, a patron supports and protects a person, cause, institution or undertaking. We might think of a patron of the arts or of a particular restaurant or shop (i.e., a ‘regular’). In this sense, a patron is a valued role. The image of a patron might be of someone financially well-off (if they are a patron of a museum or a university). We might also have the image of someone faithful to a certain person or cause, someone who is competent and/or has the resources to benefit that person or cause.

In Spain, the word *padrone* refers to a landlord of an inn; another valued role. In ancient Rome, a patron (*patronus*) was a protector and defender of others, such as a Roman Senator acting as a patron to a particular city or toward the poor inhabitants of Rome. It also had a legal meaning, that of an advocate, pleader or defender in the courts. Patronus could also refer to someone who manumitted a slave while retaining some legal rights over the new freedman. In SRV, we teach about role complementarity or paired roles, such as husband/wife or teacher/student. The role paired with the patronus was *cliens*. The cliens was the person (or city or group) defended and supported by the patronus. This was such a culturally normative role complementarity that eventually the patronus/cliens relationship became hereditary: the patronus and the cliens roles were handed down father to son. A cliens might even take the family name of the patronus. Our English words client and clientele are derived from the Latin cliens (pl. *clientela*).

The term patronus made a bit of an odd, cultural comeback in the Harry Potter books and films, in which a ‘patronus spell’ conjures up a magical defender.

The noun patronage refers to protection, advocacy and support. Hence, a patron would take a person, institution (e.g., museum or school) or cause under their patronage (protection). In this sense of the word, we might be reminded of what a citizen advocate does for a protegee for example.

The verb patronize can mean to act as a patron or to extend patronage towards a person; as well as to support, favour, protect and encourage. From the English essayist (1672-1719) Joseph Addison: *He patronizes the Orphan and Widow, assists the Friendless, and guides the Ignorant* (*The Spectator*, 28 August 1712, No. 469, Paragraph 2).

Over time and to this day, the word patronize took on an additional meaning; namely, that of protecting and supporting but in a condescending manner, with an air of superiority.

Source information from the Oxford English Dictionary.

Work, 26(3-4), 159-170. Who will volunteer their beloved old mother to be taken care of by retarded people with Down's syndrome? And we insist: they must be beloved. There are instances in which persons with Down's syndrome became valued helpers in the care of other family members, but these were extra-structural arrangements, i.e., not run by the organized formal service structures.

*Camp Good Days & Special Times, Inc. was founded in 1979 by a parent who had a child with a brain tumor. It has gotten a lot of support, and now has a camp near Branchport, New York, and offices in several locations in New York State and in Florida. It conducts various types of camping experiences for children "whose lives are touched by cancer, sickle cell anemia, HIV, AIDS, or homicide." There may be something to be said for special camping arrangements for children with serious medical conditions, but throwing in homicide is jarring and negatively-imaging, not to mention model-incoherent. Also, the phrase "touched by" could mean not that the children themselves have HIV, cancer, etc., but that someone in their family does.

*At SRV teachings, it is often pointed out how deviancy-imaging agencies such as "Drug, Mental Illness and Mental Retardation" were for their clientele. However, despite decades of normalization and SRV teaching, there is now an agency in Syracuse that serves people with mental disorders, drug and alcohol problems, "developmental disabilities" (read "retarded"), AIDS, unemployment or its prospects, and "other problems" (*Syracuse Post-Standard*, 27 February 2009, p. B3). This poses problems of both deviancy juxtaposition and model coherency.

*March is a month of some very distasteful deviancy image juxtapositions. It is Mental Retardation Month, Colorectal Cancer Awareness Month, National Brain Injury Awareness Month, and National Multiple Sclerosis Education and

Awareness Month. Also, March 24 is TB Day—mercifully only one day instead of 31. March 1-7 is National Gambling Awareness Week, which will probably remind a lot of people to buy lottery tickets.

*In 2008, we were told that Walgreen Drug-stores aim to employ 25% handicapped workers. At the same time, we ran across an employer who boasted of having 40% handicapped workers, who was taken aback when we told him that that was too many.

Normalization and SRV have always been concerned (almost from day one in the late 1960s) with the optimal ratio and types of integrators to integratees. In the PASSING evaluation instrument, the grouping issue is addressed in seven ratings. One, R121 Service-Neighborhood Assimilation Potential, considers the size of the grouping, and the devalued identities of its members, in comparison to the surrounding neighborhood's capability of assimilating difference or deviance. Two look at the image that is projected by the grouping itself, ignoring other factors. They are R1231 Image Projection of Intra-Service Recipient Grouping—Social Value and R1232 Image Projection of Intra-Service Recipient Grouping—Age Image. Two more ratings look at the competency impact on group members of how the grouping is composed. They are R2211 Competency-Related Intra-Service Recipient Grouping—Size and R2212 Competency-Related Intra-Service Recipient Grouping—Composition.

Two more ratings look at the contacts and relationships of its recipients that a service structures or mediates with other people who are not recipients or servers of that same service. They are R124 Image-Related Other Recipient Contacts & Personal Relationships and R222 Competency-Related Other Recipient Contacts & Personal Relationships.

Of all these ratings, the ones most relevant to the proportion of devalued to valued people in a grouping or juxtaposition are R121 Service-Neighborhood Assimilation Potential, R1231

Image Projection of Intra-Service Recipient Grouping—Social Value and R2212 Competency-Related Intra-Service Recipient Grouping—Composition. Altogether, PASSING lays out grouping issues, and how these relate to integratability, in more detail than any other currently existing text.

The optimal ratio of integrators to integratees depends in good part on how deviant the integratees are. A ratio often mentioned as a good one for at least many kinds of integratees is 20% to 80%, though many settings think that they are doing well with a 1 to 2 ratio. However, a 1 to 2 ratio is really the absolute minimum even for integratees with few problems, because of a key integration rule: integratees need to witness the interactions of integrators with each other. Below 1 to 2, integrators interact so much with integratees that the latter do not get to observe what ordinary interactions are among ordinary people. When the ratio is 1 to 4, this is even better when the public observes, because then the idiosyncracies of integratees may virtually disappear to the consciousness of observers, drowned out by the predominant “culture” exhibited by the integrators, provided that the integratees remain dispersed among integrators, rather than congregated within them.

*Smile Train is a foundation that enables poor children around the world to get operations for their cleft lips. Readers have probably all seen its ads, with the before-and-after pictures that are very compelling. This foundation probably has no difficulty raising money because of its appeal assets: children, pitiful appearances and a solution at hand that is relatively easily obtained and shows great results after only a short time. However, we were struck by what one of its functionaries said in 2008: “I have never seen as many kids in one location [a hospital waiting room] who were all in need of cleft repair.” Seeing one such child tends to be distressing, especially since facial disfigurements are known to have a particularly strong impact on humans; but seeing many such children together could easily overwhelm

the processing capacity of many observers, and even be stressful to parents of such children. It probably overwhelms the “assimilation potential” of a social system.

*Towards the end of the 3- or 4-day Introductory SRV workshop, in the module on grouping considerations, there is a small teaching on how few people in wheelchairs it can take to overwhelm the assimilation potential of a small group or small space, but few people seem to have caught on to this, or to remind relevant others of it; nor has there been a more extensive analysis done of this issue. Such an analysis would take into account the space issues (both of objects such as wheelchairs and other devices, and the nature of the space surrounding them), as well as the symbolism of people in wheelchairs, and the consciousness of wheelchair issues by their occupants. Apparently, there is little or no teaching (that we are aware of) to wheelchair-users on how to maneuver so as to not unnecessarily block other people’s space, including the passage of other people in wheelchairs. Even relatively wide passageways can become almost completely blocked by as few as three people in wheelchairs, and yet many wheelchair-users seem to be unconscious of making themselves unnecessary obstacles in other people’s space. It also takes very few wheelchairs to create a gridlock, and in the SRV workshop, we cite the example of a small group home, all of whose residents and staff died because when a fire broke out, wheelchair gridlock ensued that trapped people.

We have also been struck by the fact that as few as three people in wheelchairs in a group of 20 or even more people can elicit an impression in observers that the whole group must be deviant, or at least that more than three of its members are.

Perhaps someone would like to write a systematic analysis of this for publication, and/or something on wheelchair user etiquette.

*A most unusual residential congregation of persons of low IQ took place in the US during World War I. The American armed forces were the first to administer intelligence tests to their members in vast numbers. One result was that an amazingly large proportion were found to have low IQs, and of these, a large proportion were discharged as unfit. While being processed for discharge, these men were sent to so-called "casual camps," where low demands were placed on them. A captain appointed to command one such camp near Charlotte, North Carolina, complained that he had come expecting to train soldiers, but instead found himself a keeper of an imbecile asylum (Johnson, A. (1923). *Adventures in social welfare*. Fort Wayne, IN: Author, pp. 422-423).

Miscellaneous Issues Related to Social Role Valorization

*Many people assume that there is not much to know about SRV, and therefore they relate to it very superficially. But there is a body of evidence that suggests that mastery in any field or skill requires about 10,000 hours of practice in it, equivalent to 20 hours a week for 10 years. This is not news to musicians, athletes, or physicians, but seems to be alien to the mindsets of people in human services other than medicine.

*Via Jack Yates, it has come to our attention that there has been a theory of "role development" advanced by A.C. Mosey (1986), and that Dr. Victoria Schindler, an occupational therapist, has built upon it. For instance, she has trained rehabilitation workers in a psychiatric forensic ward to talk up roles, role plans and the skills needed by schizophrenic inmates to fulfill certain roles. This work sounds very congruent with SRV, and seems a big improvement on the usual "activities" in such settings. However, role development might lack a certain amount of reality in the kind of setting described by Schindler. The opportunities for actually moving into valued roles in such settings must be very limited, and it would also seem that

it would take a lot more to actually achieve the roles than the relatively infrequent and brief verbal interactions that constituted the experimental treatment in the study (Schindler, V.P. [2005]. Role development: An evidence-based intervention for individuals diagnosed with schizophrenia in a forensic facility. *Psychiatric Rehabilitation Journal*, 28(4), pp. 391-394). (See the June 2010 issue of this journal for a lengthier review by R. Lemay of this publication.)

*The house organ of the American Psychological Association published a report (November 2009, pp. 28-29) that referred to "social role participation," which we do not recall having heard before. It apparently refers to holding roles, and is the opposite of role dearth that leads to role avidity. The article implied that the role participation was a positive one, but we must keep in mind that there can also be active participation in many negatively valued roles.

*A sensational breakthrough occurred in the mental field. A cover story of *Newsweek* (8 February 2010) admitted that prescription antidepressant drugs work no better than placebos—in fact, they probably are even worse! This admission is doubly sensational considering that *Newsweek* had held firmly to the psychiatric (pro-drug) mainline all these years. The article also documented the long-running cover-up of this fact, and the persecution that speakers of the truth (or producers of valid research) had to endure from their peers. Among other things, the article said what drug opponents had long said, namely that there is no credible evidence for the serotonin-deficit or "chemical imbalance" theories.

This development gives pedagogical service regimens—such as SRV—a big boost, and is congruent with the presentation given in October 2009 in Syracuse by Raymond Lemay, to the International Center for Studies in Psychiatry and Psychology Conference, on SRV instead of mind drugs. It is amazing that the entire, huge and in-

comprehensibly expensive, and not very helpful, field of psychiatry (e.g., see note on Bentall's 2009 book in "Deviancy" section above) is based upon invalid assumptions and theories, and has been so adamantly invested in the perpetuation and enlargement of the sick patient role for people with mental problems.

*A useful distinction that will help resolve certain controversies is that between the applicability of SRV to a certain party, and the relevance of SRV to the party. To give an extreme example: one can apply at least some SRV strategies to people in prison who have committed heinous crimes, but some people would question—or even deny—the relevance of such efforts. The question of relevance reflects the "if this, then that" reasoning behind the applicability of SRV. If one does not want a party to be role-valorized, then it makes no sense to bring to bear measures that would do so—i.e., to apply SRV. In fact, some people may even want to degrade a party in the eyes of others, and use the empirical knowledge that informs SRV to do that (Wolfensberger, W. [1995]. An "if this, then that" formulation of decisions related to Social Role Valorization as a better way of interpreting it to people. *Mental Retardation*, 33(3), pp. 163-169).

*Dainton, C. (1961). *The story of England's hospitals*. Springfield, IL: Charles C. Thomas. It has been common in the history of human services for extremely bad services to think of themselves as top-notch—even national models. This phenomenon reveals many things, including the extent of human unconsciousness. An example is St. Luke Hospital for the insane in London in the late 17th century, said to be one of the best in all of Europe, even though the conditions in the hospital were very bad.

*In Syracuse, a so-called autistic child goes to school with a so-called service dog, even though the boy is not blind, deaf or halt. The dog supposedly "calms" him, and helps him concentrate.

Since he has such a dog, he also has a paid "dog handler" who comes to school with him. The dog cost \$12,000 to train, partially paid via Medicaid. A law got written that children have a right to have service dogs with them, though two of the child's potential teachers are allergic and cannot be in the same room with the dog (*Syracuse Post-Standard*, 21 February 2009, pp. A1, A4).

There is an SRV issue here, and a non-SRV one. The SRV issue is once again a strong animal juxtaposition, in that dog and already image-vulnerable boy are made and interpreted as virtually symbiotic. The non-SRV issue is that this kind of arrangement is a program luxury that some day will be unaffordable, as it already is in many countries. Is there really no way to wean the boy from the presence of the dog during school hours? More likely is that there was no motive to do so.

*Cialdini, R.B. (1984). *Influence: How and why people agree to things*. New York: Quill. Over the years, we have been recommending a small number of books on persuasion, attitude change and how to influence people, because of their readability and coverage of their topics in ways that were practical and relevant to SRV and to attitude change. We have not yet read this book, but it comes well-recommended. Maybe someone would produce a detailed review of it for this journal.

*Apparently, a private autism institution ("the largest and most comprehensive of its kind") is being built on 15 acres in Palm Beach County, Florida, named Center of Excellence (*Parade*, 13 June 2010, p. 9). Its founder is the champion golfer Ernie Els whose son "has" autism. We would appreciate more information on it. ☺

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THE CITATION FOR THIS COLUMN IS

Wolfensberger, W. (2010). Social Role Valorization news & reviews. *The SRV Journal*, 5(2), 63–76.

The SRV JOURNAL

ISSN 1932 - 6963

www.srvip.org

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