

Announcing the availability of
**A SET OF FIVE DVDs OF TWO PRESENTATIONS BY DR. WOLF WOLFENSBERGER
 ON THE HISTORY OF HUMAN SERVICES**

In 2009, the Minnesota Governor's Council on Developmental Disabilities produced a set of DVDs, based on a videotape, of two one-day presentations on the history of human services presented by Dr. Wolf Wolfensberger & Susan Thomas at Millersville University in Pennsylvania. The first day is entitled "An Interpreted Pictorial Presentation on the History of Human Services with Emphasis on the Origins of Some of Our Major Contemporary Service Patterns, & Some Universal Lessons for Planning & Structuring of Services Which Can Be Learned from This History." It constitutes approximately 6:15 running time.

The second day is entitled "Reflections on a Lifetime in Human Services, from Prior to the Reforms of the 1950s-70s to the Present, with Implications for the Future: What Has Gotten Better, What Has Gotten Worse, What Is the Same, & What Lies Ahead." It constitutes approximately 3:50 running time.

Each day consists of lecture presentations on the topic, using many overheads & slides (photos & illustrations). At the end of each day, the presentation draws out some lessons from the coverage to contemporary services.

The set of five DVDs takes about 10 hours to show. The set is available for purchase for US \$485.00, which includes permission to show the DVDs to others; for instance, in teaching a class or conducting a seminar.

To order, complete the attached form & send it, along with full payment, to the address on the form on the next page.

DAY 1: An Interpreted Pictorial Presentation on the History of Human Services

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

REVIEWS MORE

A HISTORY OF HUMAN SERVICES, UNIVERSAL LESSONS AND FUTURE IMPLICATIONS: A TWO-DAY LECTURE BY WOLF WOLFENBERGER AND SUSAN THOMAS: DVD SET. By THE MINNESOTA GOVERNOR'S COUNCIL ON DEVELOPMENTAL DISABILITIES, 2009. <http://www.wolfwolfensberger.org/> **REVIEW AVAILABLE ONLINE @ www.srvip.org**

Reviewed by Thomas Malcomson

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

Reviewing the historical developments stretching from antiquity to the past century is an incredible amount of material to cover and Wolfensberger does it superbly by building the lecture around several recurring central topics. These topics include architecture (including style, internal spatial arrangement

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

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

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

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

One of the major influences in this shift was the moving away from Judeo-Christian beliefs underlying the practice of caring for handicapped, chronically ill and other people devalued by society to the modernistic, science-rooted ideas promoting technological fixes for human states of being. These states of being were regarded by modernists as having no utilitarian value and thus

in need of being prevented or 'fixed.' Another critical alteration was the menacization of handicapped and chronically ill people which began in the late Middle Ages and reached a zenith in the 19th and early 20th centuries. This menacization facilitated the institutionalisation movement, encouraged its prison-like aspects and led to beliefs that devalued people were a burden, dangerous and even unworthy of life.

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

The description of the changes in education for handicapped people (in particular the mentally retarded) depicts the critical work by parent groups to gain access for their children to meaningful education, in either segregated schools, segregated classrooms in regular schools, or integrated learning with non-handicapped children. These multiple paths and the various approaches taken by

different parents is not a tidy story and created both good and not-so-good situations for people. Wolfensberger also reviews the appearance of normalization/Social Role Valorization and its ongoing struggle for acceptance, even though it is the only approach to offer an encompassing and coherent understanding of the lives of devalued people.

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

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

berger ends the section with the suggestion that perhaps the most critical thing one could do is to expose and prevent the deathmaking.

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

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

For anyone teaching a college or university course on the history of human services in the western world, this five DVD set would offer a striking supplement to lecture and seminar material. The separate modules in the two presentations can be easily cued up and played to illustrate a point made by the professor, or to set the contextual background after which a specific incident, development, person or location could be discussed in greater detail. An entire course could be constructed around the DVDs, with the professor addressing specific developments

relevant to the particular field students are preparing for or local variations on the themes discussed by Wolfensberger and Thomas. The DVD set could provide the core learning material for an alternative delivery course (offered entirely online or with independent work interspersed with classroom discussion). Additional material would need to be provided at reduced cost or free (via internet sources) as the cost of the DVD set to students would prohibit their further purchase of material for the course. Discs four and five (containing "Reflections on a Lifetime in Human Services") could be used independently with advanced seminar classes in human services to generate reflection and discussion on the points made by Wolfensberger about current practices and future hurdles.

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

Segments of the DVDs could also be useful in organizations that serve people at risk for devaluation, as an orientation for volunteers or ongoing professional development of staff. Discs four and five would serve this purpose well, as discussions could be built around Wolfensberger's analysis of current services for handicapped and devalued people. With the push for restraint training, the sections from the first three discs dealing with menacization would be imperative in helping an

organization's Board of Governors to formulate a stance on the issue (most likely a counter-restraint position). Families served by the organization may also benefit from viewing and discussing the content of discs four and five as Wolfensberger does refer to the development and work of family associations, and the current struggles and future which face families of people who are at risk of social devaluation. The person facilitating any of the sessions mentioned in this paragraph ought to have a good grounding in the historic development of human services and be well versed in SRV so as to provide responses coherent with the DVD content.

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

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

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

ENDNOTE

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

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Malcomson, T. (2011). Review of the DVD set *A history of human services, universal lessons and future implications: A two-day lecture by Wolf Wolfensberger & Susan Thomas: DVD Set* by the Minnesota Governor's Council on Developmental Disabilities, Keystone Institute & Millersville University; Neuville, Thomas (Executive Producer). *The SRV Journal*, 6(2), 47-51.

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CONTEMPORARY CRITICISMS OF ROLE THEORY. By JEANNE JACKSON. *Journal of Occupational Science*, 5(2), 49-55. **REVIEW AVAILABLE ONLINE @ www.srvip.org**

Reviewed by Susan Thomas

THE AUTHOR SAYS THAT role theory, especially as formulated by Bruce Biddle (1986), has come in for criticism that questions whether role theory is an “authentic” social theory, whether it is useful in occupational science and occupational “therapy,” and whether in essence role theory is passé.

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

1. Role theory reifies existing conservative social ideologies into false universal standards for behavior.
2. Role theory focuses on shaping individuals to fit the existing social world, rather than changing

the social world to accommodate individuals, and thereby promotes social conformity.

3. Role theory tries to explain people's socialization into roles too narrowly, e.g., relying only on the processes of imitation and modeling for its explanations.

4. Role theory does not take sufficient account of human “agency,” i.e., people's efforts to change existing practices and to adapt their situations.

5. Role theory defines life in a “linear” and segmented fashion that does not reflect reality for many people.

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

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

Jackson also implies that role theory claims the existence of a very rigid definition of each role, and that there is little flexibility to roles. Of course,

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

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

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

particular effort at role valorization for a particular party.

REFERENCE

Biddle, B.J. (1986). Recent developments in role theory. *Annual Review of Sociology*, 12, 67-92.

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SOTERIA-CALIFORNIA AND ITS AMERICAN SUCCESSORS: THERAPEUTIC INGREDIENTS. By L.R. MOSHER & J.R. BOLA. *Ethical Human Psychology & Psychiatry*, 6(1), 7-23, Spring 2004. **REVIEW AVAILABLE ONLINE @ www.srvip.org**

Reviewed by Ray Lemay

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

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

Mosher and Bola document that Soteria was developed through a reading and application of phe-

nomenology and existential theory, the works of Erving Goffman, Thomas Szasz and R.D. Laing. What the authors describe is the “development of ideas about how a community-based, supportive, protective, normalizing, relationship-focused environment might facilitate reintegration of psychologically disintegrated persons without artificial institutional disruptions of the process” (p. 8).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- “the presence of what is perceived as a healing context;
- the development of a confiding relationship with a helper;
- the gradual evolution of a plausible causal explanation for the reason the problem at hand developed;
- the therapist’s personal qualities generate positive expectations; and
- the therapeutic process provides opportunities for success experiences.” (p. 19)

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

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

However, moral treatment stays alive with such approaches and here, with Soteria and other similar experiments, mental health maintains at least tenuous ties with similar approaches in the developmen-

tal disabilities field such as normalization and Social Role Valorization. There is a bridge to build here.

REFERENCE

Straw, R.B. (1982). Meta-analysis of deinstitutionalization. PhD dissertation. Northwestern University.

RAY LEMAY is the Executive Director of Valoris for Children & Adults & former editor of SRV/VRS: The International Social Role Valorization Journal/La Revue Internationale de la Valorisation des Rôles Sociaux.

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Invitation to Write Book, Film & Article Reviews

From the Editor

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

Marc Tumeinski

The SRV Journal, 74 Elm Street, Worcester, MA 01609 USA
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Thank you.

LIST OF ITEMS TO BE REVIEWED

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

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

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

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

HALLMARKS AND FEATURES OF HIGH-QUALITY COMMUNITY-BASED SERVICES. By KENDRICK, BEZANSON, PETTY & JONES. Houston, TX: ILRU COMMUNITY LIVING PARTNERSHIP, 13 pages, 2006.

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