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Normalization and Social Role Valorization at a quarter-century: Evolution, impact, and renewal

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There can be little doubt of the central importance of Normalization and Social Role Valorization (SRV) principles in shaping human service policies and practices in several fields over the past quarter-century. This has been very much the case in mental retardation and, to a lesser degree, in mental health and aging, as a few examples will illustrate. Heller, Spooner, Enright, Haney, and Schilit (1991) found that Wolfensberger's (1972) book *The Principle of Normalization in Human Services* was rated by a panel of 178 experts as the most influential work published since 1966 in the field of mental retardation (out of a total of over 11,000 articles and books), in terms of its impact on practice. Moreover, Heller et al. (1991) discovered that Wolfensberger's (1983) article in which he proposed that SRV replace Normalization as a term was rated the 17th most influential work. Sara Burchard, at the outset of chapter 11 in this volume, states that "Normalization has had an immeasurable impact on human services, education, and the social fabric of North America since its introduction 25 years ago." Kozleski and Sands (1992) identified Wolfensberger's conceptualization of Normalization and SRV as the philosophical ground within which other major service developments of the past quarter-century took root, including deinstitutionalization, supported employment, community residential options, and increased community participation. Pilling (1995, pp. 56-57) observed that in the UK, Normalization and SRV have brought about an enormous change in services, particularly for people with developmental disabilities, and Felce (1995) expressed the hope that a greater appreciation and application of SRV in the future would lead to better protection and safeguarding of vulnerable people's welfare.

On December 20, 1993, the United Nations General Assembly adopted the *Standard Rules on the Equalization of Opportunities for Persons With Disabilities* (United Nations Department of Public Information, 1994). The UN referred to Normalization as a precursor of its *Standard Rules*, which it introduced at an international conference in 1994 in Reykjavik, Iceland, attended by more than 700 participants from around the world. The title of this UN-sponsored conference was *Beyond Normalization: Towards One Society for All* (Lemay, 1994a). Rather than going "beyond" Normalization, however, the *Standard Rules* are mainly concerned with the physical integration of persons with disabilities through changes to the legal frameworks of nation states (Lemay, 1994b). We can also add that the major emphasis placed by Normalization (and later by SRV) on integration as participation in the mainstream of a culture (Wolfensberger, 1972) was probably an important influence on the increased attention given to the participation in society of persons with disabilities by ICIDH-2, the new version of the *International Classification of Impairments, Activities, and Participation* (World Health Organization, 1997). ICIDH-2 incorporates the UN's *Standard Rules*. 
Earlier, Lakin and Bruininks (1985) had affirmed that “Of all the terms used... to describe the nature of recent changes in the philosophy and substance of contemporary services for handicapped persons, none has been more appropriate or influential than Normalization” (p. 67). Heal (1988) introduced his important book on integration by stating that “Because of its current popularity among professionals interested in the integration of handicapped individuals into the community, Normalization dominates the remaining chapters of this volume” (p. 67). Ellis (1990) noted, in his presidential address to the American Association on Mental Retardation, that “the dominant ideology has become a series of variations on the principle of Normalization” and that “a dominant theme in our work under the banner of Normalization has been working toward the integration of people with disabilities into their home communities” (p. 264). Finally, Trainer and Boydell (1986) suggested that Normalization had been one of the most influential concepts in the development of community mental health services in Canada.

1 ORIGIN AND PURPOSES OF THIS VOLUME: AN APPRAISAL OF THE EVOLUTION AND IMPACT OF NORMALIZATION AND SOCIAL ROLE VALORIZATION AFTER A QUARTER-CENTURY

The chapters in this book are revised versions of papers that were originally presented at the “Ottawa conference,” Twenty-Five Years of Normalization, Social Role Valorization, and Social Integration: A Retrospective and Prospective View, held in May 1994. We organized the conference to mark, in a special way, the 25th anniversary of the publication of Changing Patterns in Residential Services for the Mentally Retarded (Kugel & Wolfensberger, 1969). This landmark monograph included Nirje’s celebrated chapter, “The Normalization Principle and Its Human Management Implications,” which was the first formal articulation of Normalization in the world literature. The keynote speakers at the Ottawa conference were Bengt Nirje and Wolf Wolfensberger, the pioneers of Normalization and SRV. Papers were also presented by other well-known contributors to Normalization and SRV from North America, Europe, and Australia. The four-day conference attracted more than 400 participants from 15 countries, attesting to the continued interest in Normalization and SRV throughout the world. It was held under the joint auspices of the School of Psychology of the University of Ottawa and the Children’s Aid Society of Prescott-Russell (Plantagenet, Ontario).

In planning the conference, we began by drawing up a tentative list of topics related to the overall theme of the evolution and impact of Normalization and SRV. On several occasions, we sought the views of the North American Social Role Valorization Development, Training and Safeguarding Council (Thomas, 1994), of which we are members. We are grateful for the many useful suggestions made by SRV Council members, many of whom presented papers at the conference and contributed chapters to this book. Our final list of topics, which grew into the table of contents of the present volume, consisted of those that we, the editors, were most interested in and that we thought would be of considerable interest to others. After delivering their papers in Ottawa, the speakers revised and updated them, sometimes very substantially. We believe that this book makes an important contribution to the literature in tracing the history of Normalization and SRV and in describing its international impact as one of the most significant human-service reform movements of the last quarter-century. We also think that the book offers authoritative insights into the role that Normalization and SRV may play in the future.

We organized the Ottawa conference with both personal and substantive purposes in mind. On the personal level, we felt that 1994 was an occasion not to be missed because Changing Patterns, published 25 years earlier, had had such a decisive influence, in a number of countries, on the development of community mental retardation services. Although Changing Patterns contained a number of new ideas, the most significant, in terms of its eventual impact, was certainly that of Normalization. The conference allowed us to honor Bengt Nirje and Wolf Wolfensberger, the two main initiators and promulgators of Normalization, and, coincidentally, to help Bengt celebrate his 70th birthday and Wolf, his 60th. We also hoped that the conference would provide a vehicle for overcoming the isolation in which many key Normalization and SRV actors were working, in North America, the UK, Scandinavia, Europe, and Australia and New Zealand. Many of these individuals had never met, knowing one another only through their writings or personal correspondence. Increased interaction among people in different countries has been an important legacy of the Ottawa conference.
On the substantive level, we had several objectives in organizing the conference, to which correspond the various sections of this book. First, we thought that it would be illuminating to elicit detailed personal accounts of the origins and evolution of Normalization and SRV from Bengt Nirje and Wolf Wolfensberger. Bengt and Wolf, in chapters 2 and 3, respectively, present their vivid and sometimes humorous accounts, which reveal how each came to the Normalization principle and how they contributed to its evolution. Wolf’s chapter includes a description of how Bengt’s famous chapter came to be written. (As former students of Wolf at Syracuse University, we were amused, but not surprised, to learn of the effective editorial tactics he used to help Bengt produce his compelling contribution, which quite literally helped to change the world.)

Second, we wanted to stimulate debate. Normalization and SRV have engendered intense debate from the beginning, which has contributed greatly to their prominence as a service innovation, their ongoing renewal, and their staying power as a reform movement. To ensure as clear and fruitful an exchange of ideas as possible, we invited Jack Yates to provide an overview of the “North American” version of Normalization (chapter 4), Susan Thomas and Wolf Wolfensberger to contribute an exposition of SRV (chapter 5), and Burt Perrin to furnish a description of the “Scandinavian” model of Normalization and a critique of Wolfenberger’s version. We invited Michael Oliver, author of the influential The Politics of Disablement (1990), to provide a critique of Normalization (chapter 6). From his perspective as a Marxist/materialist sociologist, Oliver criticizes Normalization as at best neutral and at worst a contributor to oppression. He believes that Normalization is based on a discredited functionalist and interactionist sociology and offers neither an explanation for nor a solution to the oppression and social and economic exclusion of persons with disabilities in capitalist society. This oppression and exclusion are, for Oliver, the central realities facing people with disabilities and are at the heart of his social model of disability. The latter conceptualizes disability as a social construction superimposed by capitalist society on disabled people’s original impairments. Oliver also sees the community services on which Normalization has had such an impact as merely perpetuating the basic power imbalance between professionals and persons with disabilities that had been characteristic of the institutions that community services have replaced.

In his rejoinder to Oliver, Wolfensberger (chapter 7) characterizes Oliver’s position as unavowed religion, not empirical science, and criticizes Marxism/materialism as empirically incapable of ever delivering the liberation and justice that it promises. Wolfensberger locates the fundamental problem of oppression in the human propensity to socially devalue and calls for a radical, personal choice to side with oppressed people, without any illusion that oppression will ever be vanquished.

In his contribution to the debate, Laird Heal (chapter 9) investigates the relationship of individuals’ competence to their own and others’ assessments of their quality of life (QOL) and, by implication, to their Normalization and SRV outcomes. Heal (who, we regret to say, died in 1998) finds that the dominant dimension underlying informants’ assessment of the quality of life of individuals with mental retardation is the latter’s competence. This suggests that it will be a challenge to assess QOL, achieve Normalization, or provide access to the SRV desideratum of valued and satisfying social roles in a way that is independent of individuals’ abilities.

Third, we wanted to foster closer links between Normalization and SRV and mainstream social science. Raymond Lemay’s review of role theory (chapter 10) shows that SRV theory, despite its focus on social roles, has only scratched the surface in terms of appropriating and putting to creative use the sociological and psychological riches to be found in the various versions of role theory. Sara Burchard (chapter 11) provides an impressive example of the sizable payoff to be derived from a sustained program of research on Normalization and social integration. Robert Flynn and Tim Aubry (chapter 12) provide what appears to be the first systematic review of attempts to conceptualize and measure integration among persons with developmental or psychiatric disabilities. It is surprising that the research on integration has not previously been reviewed, given the central importance that integration has assumed throughout the world in all areas of disability—intellectual, psychiatric, and physical. Judith Sandys (chapter 13) presents a summary of her doctoral thesis research, one of the only prospective tests of SRV theory of which we are aware. In her qualitative study, she found some support for the central SRV hypothesis that people in valued roles tend to get the good things
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of life. Finally, Robert Flynn (chapter 14) provides a comprehensive review of 48 studies carried out with the main instruments used to assess human service quality in light of Normalization and SRV, namely, PASS (Program Analysis of Service Systems; Wolfensberger & Glenn, 1975) and PASSING (Program Analysis of Service Systems’ Implementation of Normalization Goals; Wolfensberger & Thomas, 1983). The review is encouraging in its overall assessment of the reliability, factorial validity, and construct validity of PASS and PASSING and should encourage more widespread use of these instruments in applied research and evaluation studies. At the same time, it points out some of the perennial challenges that service agencies face in trying to improve their programs, especially in achieving higher levels of social integration and service quality.

Fourth, we thought it useful to assess the impact of training and community education on the improvement of services. Training and education have been the main Normalization and SRV-related strategies used over the last quarter-century to enhance the quality of service programs. Complementary evaluations of the success of these efforts are provided by several individuals who have been highly involved as Normalization or SRV trainers, researchers, or evaluators: Susan Thomas (chapter 15), Deborah Reidy (chapter 16), and John O’Brien (chapter 17).

Fifth, we thought it was time to take stock of the international impact of Normalization and SRV. Kristjana Kristiansen (chapter 18), Anna Hollander (chapter 19), and Kristjana Kristiansen, Märten Söder, and Jan Tøssebro (chapter 20) evaluate the effect that Normalization and SRV have had in two Scandinavian countries, Sweden and Norway. Michael Kendrick (chapter 21), André Blanchet (chapter 22), Tony Wainwright (chapter 23), and Peter Millier (chapter 24) assess the impact of the approach in the English-speaking world in general and in Canada, England, Australia, and New Zealand, specifically. Jacques Pelletier (chapter 25) and André Dionne (chapter 26) evaluate the effects of Normalization and SRV in the French-speaking world as a whole and its impact on government policy-making in Quebec in particular.

Sixth, we wanted to assess the impact of Normalization and SRV on a more personal level. Peter Park and Beth French (chapter 27), Joe Osburn (chapter 28), and David Schwartz (chapter 29) describe the considerable influence that Normalization and SRV have had on them as individuals, in their respective roles as service recipients, providers, or administrators.

Seventh, we thought it essential to conclude our appraisal of the evolution and impact of Normalization and SRV with a look toward the future. Wolf Wolfensberger (chapter 30) offers a candid view of the accomplishments of Normalization and SRV to date and of their possible contributions in the future.

Finally, we wanted to provide readers with a comprehensive bibliography of Normalization and SRV-related sources published in English or French, to help them find the relevant literature. In an appendix, Carol St-Denis and Robert Flynn present an 800-item bibliography of writings on Normalization, SRV, PASS, and PASSING. The bibliography covers a 30-year period, beginning in 1969, and is as complete as its authors could make it.

2. THE ONGOING RENEWAL OF NORMALIZATION AND SRV: THE NEED FOR VALIDATING EVIDENCE, PROCEDURAL EVIDENCE, PERSONAL COMMITMENT, AND MULTIPLE PERSPECTIVES

It is a truism that intellectual and reform movements must renew themselves on an ongoing basis to counteract the staleness and entropy that menace them from within and the rapid changes in context that threaten them from without. Normalization and SRV are no exceptions, and, in fact, we planned the Ottawa conference and edited the present book as instruments of renewal. For the future, we see four complementary strategies as needed for the continued vitality of Normalization and SRV: the generation of fresh validating evidence, the production of up-to-date syntheses of procedural evidence, the encouragement of personal commitments, and the development of multiple theoretical perspectives.

2.1 THE GENERATION OF FRESH VALIDATING EVIDENCE IN SUPPORT OF NORMALIZATION AND SRV

Rychlak (1993) made a useful distinction between two broad forms of evidence that can and should be adduced in support of theories. Procedural evidence,
based on a coherence theory of truth, tests the plausibility of theories by appealing to their congruence with criteria such as reasonableness, internal consistency, tautology, and face validity. Validating evidence, based on a correspondence theory of truth, tests the empirical robustness of theories by arranging events according to hypotheses and making predictions to appropriate criteria. While maintaining that both types of evidence are necessary to support a theory, Rychlak insists that any truly scientific theory must involve the control-and-prediction, hypothesis-testing stage of validation. Thus, the production of validating evidence is an essential methodological tie that alone binds a theory to the family of sciences.

Over the last quarter-century, much of the evidence adduced in favor of Normalization and SRV theory has been procedural rather than validating in nature. More of each type is desirable in future, but additional validating evidence is especially needed in order, in Rychlak’s (1993) words, to strengthen the ties that bind Normalization and SRV to the family of sciences. Prospective hypothesis-testing research would be especially useful if it addressed what is probably the most central SRV hypothesis of all, namely, that people in valued roles tend to obtain the good things of life and those in devalued roles tend to get the opposite. Thomas and Wolfensberger formulated this key hypothesis in chapter 5 of the present volume, as follows:

A fifth premise underlying SRV...is that a society is apt to extend what it defines as the “good life” to those people whom it values, and whom it perceives in a positive light. This will largely be those people whom society perceives as filling roles which are valued positively in that society. The more positively valued the roles that a party fills, the more will that party’s society be likely to extend good things to it. In contrast, those people in devalued roles tend to get the bad things. [Italics added.]

To our knowledge, this key SRV hypothesis has not yet been subjected to many prospective validating tests. Fortunately, Sandys has provided one such test, in chapter 13 of the present volume. In her qualitative study, she interviewed 21 employers in 18 work settings who had hired 16 people with intellectual disabilities through supported employment programs. Sandys concluded that her findings were supportive of the key SRV hypothesis in question. She also suggested, however, that a wider web of often negative roles in which the supported employees remained embedded continued to exercise a countervailing, negative impact:

Social Role Valorization theory is rich and complex, stressing the interplay between societal values and the devaluation of specific individuals, groups, and classes of people. It recognizes that people invariably fill multiple roles, with each having an impact on how people are perceived and treated within society. Nevertheless, there is perhaps a tendency for service providers to think that finding one particular valued role for an individual will overcome the impact of other, devalued, roles. This study does support the relationship between valued roles and positive life experiences. While outcomes were not entirely positive, as evidenced by work that was most often part-time and poorly paid (or not paid), the role of worker did affect the way that employers perceived the supported employee. While the focus of the study was not on the experiences of the supported employees, the data that were available in this regard did suggest many positive outcomes. However, while the role of worker may have had a positive impact, it did not overcome or erase the impact of the other more characteristic and negative roles into which people with disabilities are so often cast. (Sandys, chapter 13, p. 305)

With regard to Normalization (as distinguished from SRV), Burchard’s contribution to the present volume (chapter 11) presents a superb example of the ability of a focused and long-term research program to generate fresh validating evidence. Her work and that of her colleagues is a model of the benefits to be reaped from making clear conceptual and methodological links between key Normalization-related constructs, such as lifestyle Normalization and physical and social integration, and central social science concepts, such as social networks, social support, stress and coping, and personal satisfaction. In investigating fundamental Normalization-derived policy and practice questions, Burchard’s 15-year program of research produced numerous findings that are supportive of Normalization theory, such as the following:

1. Vermont was successfully accomplishing many of its key social policy objectives, including the implementation of Normalization.

2. Residence managers’ possession of Normalization-oriented and person-oriented competencies, rather than narrow technical skills, fostered greater program
Normalizatin, community integration, and residential satisfaction.

3. The most tightly supervised residential settings (i.e., group homes) were the least desirable environments to live in, for residents, and to work in, for staff.

4. Clients’ level of community integration was affected by the composition and stability of their social networks.

5. Clients’ inclusion in friendship networks that included ordinary citizens (i.e., persons beyond family members, other residents, or staff members) tended to be minimal, such that residents’ level of social integration was generally weak.

6. Normalization was consistently and positively related to clients’ well-being and personal satisfaction.

Another prospective validating test of Normalization theory can be found in an evaluation of a set of 28 Normalization-based community-care projects that were carried out in the UK in the latter half of the 1980s. In 1983, the Department of Health and Social Security (DHSS) invited the Personal Social Services Research Unit (PSSRU) at the University of Kent at Canterbury to evaluate the 28 projects composing the Care in the Community Demonstration Programme (CCDP; Knapp, Cambridge, Thomason, Beecham, Allen, & Darton, 1992). DHSS had allocated £15 million to support the CCDP projects, which were intended to help long-term residents of hospitals move to community settings. Of the pilot projects, 11 served people with learning difficulties (the British term for mental retardation). Of the 17 other projects, 1 served young people with multiple disabilities, 1 served people with physical disabilities, 8 served people with mental-health problems, and 7 served elderly persons (3 served physically frail elderly people and 4 served elderly people who had mental-health problems, mainly dementia). Overall, the PSSRU evaluation team followed the progress of more than 900 people over a 9- to 12-month period after they moved from hospital to community settings.

Because of the pervasive influence of Normalization on national policy in the UK (Knapp et al., 1992), all of the projects for people with learning difficulties and most of the other projects had an explicit emphasis upon Normalization as a guiding policy. The evaluation of outcomes and costs for the 356 people with learning difficulties who returned to the community during the evaluation period was inspired by multiple perspectives on Normalization, including those of Wolfensberger (1972), O’Brien and Tyne (1981), and O’Brien (1986). O’Brien’s (1986) perspective was especially influential and consisted of his “five accomplishments,” or positive life experiences: community presence, in valued settings; choice in everyday life, in things large and small; competence in being able to perform meaningful activities, with whatever assistance may be required; respect, in valued relationships and roles; and community participation, as a member of a network of personal relationships.

The evaluation of the CCDP projects indicated that some of the projects were successful in establishing settings that adhered closely to Normalization ideals, in encouraging autonomy and independence. In these projects, the people with learning difficulties who moved to the community (Knapp et al., 1992, pp. 301-302):

- gained new self-care skills related to dressing, preparing meals, shopping, finding their way around, taking care of their clothes and personal possessions, writing and counting;
- had a greater degree of choice concerning their daily activities and participated much more in decision making;
- made greater use of community amenities, although integration into community life was far from complete for the vast majority, particularly in the areas of education and employment;
- had fewer social contacts than in the hospital but were rated as more skilled at initiating and engaging in social interactions;
- expressed a higher level of satisfaction with their social networks and with their overall lives in the community;
- had better outcomes if they were in smaller, more homelike community accommodations, especially group homes and independent living; and
- enjoyed better quality care and better quality of life overall.

Among the more than 200 people with long-term mental health problems served by the CCDP projects, the researchers found similarly positive results. Overall, upon moving to the community, the clients with mental health difficulties (Knapp et al., 1992, p. 324):

- made regular use of shops, churches, or pubs, and participated in many more activities outside of their place of residence;
- were twice as likely to express positive attitudes about activities in the community, compared with those who remained in the hospital;
Five years after the people with learning difficulties moved to the community, Cambridge, Hayes, Knapp, Gould, and Fenyo (1994) followed them up to assess the long-term outcomes associated with the move. This follow-up research showed that, in the long term and not only in the short run, “Normalization worked.” Cambridge et al. (1994) summarized the five-year outcome findings as follows:

From our involvement with the twelve services included in the evaluation, we know of no reasonable basis on which to challenge the policy of care in the community for people with learning disabilities who would otherwise be long-term hospital residents. In fact, most people with learning disabilities are demonstrably better off living in the community than in hospital, over both the short and long term. For most people who have lived for long periods in hospital, a number of self-care and life skills can improve significantly after the move to the community and can be maintained in the longer term. This applies similarly to a range of key welfare dimensions. People are happier in the community than in hospital, and integration into the community continues over time, along with the maintenance and development of wider social networks and more meaningful social contacts. Physical aspects of people’s homes are “more ordinary” and remain of better quality than those of the hospitals they left behind. There is also evidence of slightly more choice over living environments and support networks in the longer term. (p. 105)

2.2 THE PRODUCTION OF UP-TO-DATE SYNTHESES OF PROCEDURAL EVIDENCE SUPPORTIVE OF NORMALIZATION AND SRV

Procedural evidence relevant to Normalization and SRV is available in numerous social science journals and monographs. Lipsey and Wilson’s (1993) landmark quantitative review of 302 meta-analyses of the efficacy of psychological, educational, and behavioral interventions is a particularly rich example. Lipsey and Wilson found that such treatments show a strong and consistent pattern of positive overall effects. The latter cannot be explained away as mere artifacts of meta-analytic techniques or generalized placebo effects, nor can they be dismissed as so small as to be lacking in practical or clinical significance. Among the 302 meta-
analyses reviewed by Lipsey and Wilson, many were based on research carried out on interventions that, in general, appear relatively congruent with the **competency-enhancement goal** of Normalization and SRV. For example:

1. Innovative out-patient programs, compared with traditional aftercare for mental health patients released from hospitals, had a mean effect size on all outcomes, across 130 studies, of 0.36 standard deviation (SD) units. (An effect size of 0.20 SD units would be small, one of 0.50 SD units would be moderate, and one of 0.80 SD units would be large.)

2. Deinstitutionalization programs for persons with long-term psychiatric disorders had a mean effect size on all outcomes, across 111 studies, of 0.36.

3. Vocational programs for persons with “mental illness” had a mean effect size on all outcomes, across 18 studies, of 0.54.

4. Social skills training for persons with schizophrenia had a mean effect size, across 27 studies, of 0.65.

5. Subjective well-being interventions among elderly people had a mean effect size on subjective well-being outcomes, across 31 studies, of 0.42.

6. Computer-assisted instruction for special education students, in elementary through high school, had a mean effect size on achievement, across 18 studies, of 0.66.

7. Computer-assisted instruction for learning disabled and educable mentally retarded students had a mean effect size on achievement, across 15 studies, of 0.57.

8. Cooperative versus noncooperative task arrangements for handicapped, nonhandicapped and ethnically different groups had a mean effect size on all outcomes, across 98 studies, of 0.75.

9. Tutoring of special education students by other special education students had a mean effect size on the tutor’s achievement, across 19 studies, of 0.65, and a mean effect size on the tutored student’s achievement, across 19 studies, of 0.59.

10. Early-intervention programs for handicapped preschoolers had a mean effect size on all outcomes, across 74 studies, of 0.68.

11. Mainstreaming versus segregated special education for disabled K-9 students had a mean effect size on achievement, across 11 studies, of 0.44.

12. Direct instruction in special education had a mean effect size on achievement, intellectual ability, readiness skills, on-task behavior, and affect, across 25 studies, of 0.84.

13. Early-intervention and sensory-stimulation programs for organically impaired developmentally delayed children had a mean effect size on development, motor, cognitive, language, social, and self-help outcomes, across 38 studies, of 0.97.

14. Language therapy/training for language/learning disabled children had a mean effect size on language improvement, across 43 studies, of 1.04.

15. Educational treatment programs for emotionally disturbed students had a mean effect size on achievement and classroom behavior, across 99 studies, of 1.02.

16. Training for mentally retarded persons on memory and learning tasks had a mean effect size on all outcomes, across 96 studies, of 0.70.

Interestingly, only one meta-analysis was related to the **image-enhancement goal** of SRV: Interventions to modify attitudes toward persons with disabilities had a mean effect size on attitudes, across 273 studies, of 0.37.

Another example of procedural evidence from a mainstream social science journal that is supportive of Normalization and SRV is Heller’s (1993) call for a conceptual reorientation of psychological services to older adults toward prevention and the maintenance of useful social roles. In what appeared to be an independent “rediscovery” of the core of SRV theory, as applied to the field of aging, Heller suggested ways of promoting more active social engagement on the part of older persons. Citing examples from the areas of housing, part-time employment, and the development of supportive social ties, Heller made a strong case for the role that public education can play in helping the general public understand the social dilemmas faced by older adults and the value of their continued integration as useful citizens. Heller’s insights could be used in application of SRV to services in aging, such as those that have emerged in Australia, where strong evaluation and publication links are being forged between SRV and services to older persons.

In sum, as these various examples suggest, many of the findings of mainstream social science are consistent with the assumptions of Normalization and SRV theory and provide procedural evidence supportive of it. Such parallels need to be made explicit and require regular updating and renewal.
2.3 THE ENCOURAGEMENT OF PERSONAL COMMITMENTS CONSISTENT WITH NORMALIZATION AND SRV

At the Ottawa conference, we were struck by the extent to which Nirje’s and Wolfensberger’s own personal experiences, especially their involvement and solidarity with marginalized people, had contributed to their positions on Normalization and SRV. In the case of Nirje, first of all, his critique of institutional life for persons with mental retardation stemmed directly from his work in 1956 for the Swedish Red Cross, which he describes in chapter 2 of the present volume. In this early phase of his career, which preceded his work in mental retardation, Nirje assisted Hungarian refugees living in a camp near Vienna after escape from Hungary. Nirje understood that refugees (like people who have been institutionalized) had lost their past, dwelt in an uncertain present, and had an unpromising future. He also saw how difficult it was for refugees confined to camps to live with a large number of other persons. Later, Nirje worked with children with cerebral palsy and their families, understanding the importance of the family setting for the child, the reality of dependency, and the importance of believing in the child’s potential.

In the case of Wolfensberger, who was a native of Mannheim, Germany, personal experience of the Nazi terror during his childhood marked him deeply. Coming to the United States in 1950 at the age of 16, he undertook studies in philosophy and psychology. It was in 1956—the same year that Nirje began working with the Hungarian refugees—that Wolfensberger, at the time an intern in clinical psychology at George Peabody College in Nashville, Tennessee, had his first contact with a mental retardation residential institution. He was outraged by the conditions he encountered there, an experience that ignited the “passion for justice” of which he spoke in Ottawa and eventuated in his formulations of Normalization and SRV. In 1961, Wolfensberger spent a year with Jack Tizard, an eminent British psychologist, in England, where he saw excellent community programs for persons with mental retardation. This exposure helped him later, when he and colleagues in Nebraska were establishing the first Normalization-based community-service system in the United States, to combat the very low expectations that were commonly held of such persons in the United States.

The importance of this kind of highly personal experience, in the instance of both Nirje and Wolfensberger, leads us to think that the future of Normalization and SRV will depend, to a considerable extent, on the continuation in others of this same “passion for justice.” Such individuals should be prepared for controversy, if another interesting parallel between Nirje’s and Wolfensberger’s careers is any guide. Their criticism of institutions, advocacy of Normalization, and personal activism led them into conflict with authorities in Sweden and Nebraska, respectively. Partly as a result, Canada had the good fortune to welcome both in the early 1970s when they came to work in Toronto, Nirje for the government of Ontario, Wolfensberger for the Canadian Association for the Mentally Retarded (now the Canadian Association for Community Living) and its National Institute on Mental Retardation (now the Rocher Institute).

2.4 THE DEVELOPMENT OF MULTIPLE PERSPECTIVES ON NORMALIZATION AND SRV

At the Ottawa conference, both major perspectives on Normalization and SRV, Nirje’s and Wolfensberger’s, were much in evidence and are present in various chapters of this volume. For example, “Scandinavian” Normalization, as articulated by Perrin (chapter 8), places an overriding emphasis on the equality of rights that persons with disabilities have vis-à-vis nondisabled people. Wolfensberger, on the other hand, remains unconvinced (see chapter 30) that a strategy consisting mainly of conferring rights upon devalued and powerless people will have much positive effect. He characterizes an emphasis on rights that is not accompanied by an equal emphasis on obligations as one-sided and naive. Aside from the philosophical divergences involved, however, this “rights” debate raises an important empirical issue that would benefit from some impartial evaluative research: How effective is a change strategy that is couched mainly in terms of “rights” and implemented mainly through efforts to effect changes in the law? Such a strategy has undeniable appeal to those oriented to the law and other normative approaches to change, but the empirical efficacy of such an approach is, to our knowledge, largely unknown.

The Ottawa conference also revealed that Normalization and SRV are not without their detractors. Michael Oliver (chapter 6) exemplifies one strand of critique, but Wolfensberger (chapter 3) also provides an overview of other critical positions. These critiques
have contributed to the conceptual evolution and renewal of Normalization and SRV.

Overall, we were struck by the loyalty that the Nirjean and Wolfensbergian perspectives on Normalization and SRV continue to command in different individuals and groups, even after a quarter-century. On balance, this pluralism and clash of perspectives strikes us as invigorating rather than as something to be decried. Social science areas of research or practice that are progressing rather than stagnating are almost always marked by theoretical diversity and a degree of conflict. The absence of such pluralism and tension is likely to be more a sign of conceptual sclerosis and decline than of continued development and vitality. It is thus a distinct advantage for the researcher or practitioner to be able to draw on the particular perspective on Normalization or SRV that seems to him or her to be the most philosophically coherent, the most clearly articulated, or the best supported empirically. A vigorous pluralism and dialogue and debate among different formulations of Normalization or SRV will be as important in the future as they have been in the past.

REFERENCES


NIRJE, B. (1969). The Normalization principle and


