A Quarter-Century of Normalization and Social Role Valorization

Flynn, Robert J., Lemay, Raymond

Published by University of Ottawa Press


For additional information about this book
https://muse.jhu.edu/book/6541

For content related to this chapter
https://muse.jhu.edu/related_content?type=book&id=293432
1 INTRODUCTION

At the outset, I should say two things. I have no particular interest in the history of Normalization and, therefore, I am not attempting to provide a revisionist history of it. Neither do I think that Normalization, nor Social Role Valorization as it has become in its reincarnation, has much to offer in developing a social theory of disability. I am interested, however, in the oppression of disabled people in capitalist societies and what Normalization does, or rather does not, say about it.

This interest has led me to begin to sketch out what a social theory of disability might look like (Oliver, 1990). For me, all social theory must be judged on three interrelated elements: its adequacy in describing experience; its ability to explain experience; and, finally, its potential to transform experience. My own theorizing on disability is located in Marxist political economy, which, I would argue, offers a much more adequate basis for describing and explaining experience than does Normalization theory, which is based upon interactionist and functionalist sociology.

In fact I would go further and argue that the social theory that underpins Marxist political economy has far greater transformative potential in eradicating the oppression that disabled people face throughout the world than the interactionist and functionalist theories that underpin Normalization ever can have. And I will go even further than that and argue that already this theory has had a far greater influence on the struggles that disabled people are themselves currently engaged in to remove the chains of that oppression than Normalization, which is, at best, a bystander in these struggles and, at worst, part of the process of oppression itself.

In presenting this argument, I will begin by articulating my own theoretical position based upon Marxist political economy and hereinafter referred to as materialist theory. I will then demonstrate the inadequacies of Normalization theory's explanation of the rise of the institution before going on to provide a critique of the ideology that underpins it. Next, I will take issue with the argument that Normalization has been successful because it is based upon “experience.” Finally, I will look at what both Normalization and materialist theories say about change, having briefly described the appalling material conditions under which disabled people live throughout the world.

Before proceeding further, it is perhaps necessary to explain the use of terminology in this chapter. Underpinning it is a materialist view of society; to say that the category “disability” is produced by capitalist society in a particular form implies a particular worldview. Within this worldview, the production of the category “disability” is no different from the production of motor cars or hamburgers. Each has an industry, whether it be the car, fast food, or human service. Each industry has a workforce that has a vested interest in producing their product in particular
ways and in exerting as much control over the process of production as possible.

2 PRODUCING A MATERIALIST THEORY OF DISABILITY

The production of disability, therefore, is nothing more or less than a set of activities specifically geared toward producing a good—the category "disability"—supported by a range of political actions that create the conditions to allow these productive activities to take place and underpinned by a discourse that gives legitimacy to the whole enterprise. As to the specifics of the terminology used in this discourse, I use the term "disabled people" generically and refuse to divide the group in terms of medical conditions, functional limitation, or severity of impairment. For me, disabled people are defined in terms of three criteria: (a) they have an impairment; (b) they experience oppression as a consequence; and (c) they identify themselves as disabled persons.

Using the generic term does not mean that I do not recognize differences in experience within the group, but that in exploring this we should start from the ways oppression differentially impacts on different groups of people rather than the differences in experience among individuals with different impairments. I agree that my own initial outlining of a materialist theory of disability (Oliver, 1990) did not specifically include an examination of the oppression that people with learning difficulties face (and I use this particular term throughout my paper because it is the one that democratic and accountable organizations of people with learning difficulties insist on).

Nevertheless, I agree that "For a rigorous theory of disability to emerge which begins to examine all disability in a materialist account, an analysis of Normalization must be included" (Chappell, 1992, p. 38).

Attempting to incorporate Normalization in a materialist account, however, does not mean that I believe that beyond the descriptive it is of much use. Based as it is upon functionalist and interactionist sociology, whose defects are well known (Gouldner, 1971), it offers no satisfactory explanation of why disabled people are oppressed in capitalist societies and no strategy for liberating us from the chains of that oppression.

Political economy, on the other hand, suggests that all phenomena (including social categories) are produced by the economic and social forces of capitalism itself. The forms in which they are produced are ultimately dependent upon their relationship to the economy (Marx, 1913). Hence, the category "disability" is produced in the particular form it appears by these very economic and social forces. Further, it is produced as an economic problem because of changes in the nature of work and the needs of the labor market within capitalism.

The speed of factory work, the enforced discipline, the time-keeping and production norms—all these were a highly unfavorable change from the slower, more self-determined methods of work into which many handicapped people had been integrated. (Ryan & Thomas, 1980, p. 101)

The economy, through both the operation of the labor market and the social organization of work, plays a key role in producing the category "disability" and in determining societal responses to disabled people. In order to explain this further, it is necessary to return to the crucial question of what is meant by political economy. The following is a generally agreed definition of political economy:

The study of the interrelationships between the polity, economy and society, or more specifically, the reciprocal influences among government . . . the economy, social classes, state, and status groups. The central problem of the political economy perspective is the manner in which the economy and polity interact in a relationship of reciprocal causation affecting the distribution of social goods. (Estes, Swan, & Gerard, 1982)

The central problem with such an agreed definition is that it is an explanation that can be incorporated into pluralist visions of society as a consensus emerging out of the interests of various groups and social forces and, indeed, this explanation has been encapsulated in a recent book on disability.

A person's position in society affects the type and severity of physical disability one is likely to experience and more importantly the likelihood that he or she is likely to receive rehabilitation services. Indeed, the political economy of a community dictates what debilitating health conditions will be produced, how and under what circumstances they will be defined, and ultimately who will receive the services. (Albrecht, 1992, p. 14)
This quote lays out the way in which Albrecht pursues his argument in three parts. The first part shows how the kind of society people live in influences the kinds of disability that are produced, notably how the mode of production creates particular kinds of impairments. Further, he traces the ways in which the mode of production influences social interpretation and the meanings of disability and he also demonstrates how, in industrial societies, rehabilitation, like all other goods and services, is transformed into a commodity.

The second part of the argument shows how intermediate social institutions in America, such as the legal, political, and welfare systems, contribute to the specific way in which disability is produced, and their role in the transformation of rehabilitation into a commodity.

The final part considers what this may mean in terms of future developments in social policy and what effects it may have on the lives of disabled people.

It is difficult to disagree with this formulation at the descriptive level, but the problem with this pluralist version of political economy is that the structure of capitalist America itself goes unexamined as does the crucial role that the capitalist economy plays in shaping the experience of groups and individuals. Exactly the same criticism can be leveled at Normalization theory. Devaluation according to Normalization theory is a universal cognitive process, and economic and social conditions are only relevant to who gets devalued.

Political economy, as it is used here, takes a particular theoretical view of society, one that sees the economy as the crucial, and ultimately determining, factor in structuring the lives of groups and individuals. Further, while the relationship between various groups and the economy may differ in qualitative ways, the underlying structural relationship remains.

The convergence and interaction of liberating forces at work in society against racism, sexism, ageism and economic imperialism are all oppressive "isms" and built-in responses of a society that considers certain groups inferior. All are rooted in the social-economic structures of society. All deprive certain groups of status, the right to control their own lives and destinies with the end result of powerlessness. All have resulted in economic and social discrimination. All rob (American) society of the energies and involvement of creative persons who are needed to make our society just and humane. All have brought on individual alienation, despair, hostility, and anomie. (Walton, 1979, p. 9)

Hence, the oppression that disabled people face is rooted in the economic and social structures of capitalism. And this oppression is structured by racism, sexism, homophobia, ageism, and disabling, which is endemic to all capitalist societies and cannot be explained away as a universal cognitive process. To explain this further it is necessary to go back to the roots of capitalism itself.

3 DISABLED PEOPLE AND THE RISE OF CAPITALISM

Whatever the fate of disabled people before the advent of capitalist society and whatever their fate will be in the brave new world of the 21st century, with its coming we suffered economic and social exclusion. As a consequence of this exclusion, disability was produced in a particular form: as an individual problem requiring medical treatment.

At the heart of this exclusion was the institution—something on which we would all agree. In the 19th and 20th centuries, institutions proliferated in all industrial societies (Rothman, 1971) but to describe this, as Wolfensberger does, as "momentum without rationale" (Wolfensberger, chapter 3, p. 48) is patently absurd. The French Marxist Louis Althusser (1971) suggested that all capitalist societies are faced with the problem of social control, and they resolve this by a combination of repressive and ideological mechanisms.

The reason for the success of the institution is simple: It combines these mechanisms almost perfectly. It is repressive in that all those who either cannot or will not conform to the norms and discipline of capitalist society can be removed from it. It is ideological in that it stands as a visible monument for all those who currently conform but may not continue to do so—if you do not behave, the institution awaits you.

It is for this reason that the institution has been successful. Its presence perfectly meets capitalism's needs for discipline and control (Foucault, 1972). It is also the reason that, despite the fact that the defects of institutions have been known for the 200 years that they have existed, they have remained unaddressed. Indeed, the principle of "less eligibility" was central to
the rise of the institution. It is simply not true to say
that we have only known of their defects in recent
years because, if this were the case, they would then
not have been performing their ideological control
function. Day trips to institutions, which originated in
the 1850s, not the 1950s, were precisely for this
purpose; to demonstrate how awful they were for the
purposes of social control, not to educate the public
about their reform (Wolfensberger, chapter 3, p. 50).

What is also not in dispute between us is that in the
second half of the 20th century, the physical and
ideological dominance of the institution began to
decline (Scull, 1977). What is in dispute, however, is
why this should be so. While not claiming that the
Normalization principle was the only causal factor in
what has become known as deinstitutionalization or
decarceration, Wolfensberger (chapter 3) nonetheless
claims that it “broke the back of the institutional
movement” (p. 72) and without it “there would have
been massive investments in building new, smaller,
regionalized institutions” (p. 53). I would not wish to
dismiss the role of ideas or, more appropriately,
ideologies in this process, but there were other more
important factors.

Most importantly, the rising costs of institutional
care were becoming a major factor in the shift to
community-based care. Ideology was turned into
political action when this, along with other factors such
as rising oil prices, spiraling arms expenditure, and so
on, brought about fiscal crises in many capitalist states
(O’Connor, 1973; Gough, 1979). This fiscal crisis
explanation stands in stark contrast to Wolfensberger’s
(chapter 3) assertion that while deinstitutionalization
may have started in the 1950s, it was a “drift that
occurred without much planning, intent or
consciousness” (p. 89).

The transition to late capitalism (the postindustrial
society, as some writers have called it, or its more
recent fashionable manifestation as postmodernity) has
seen this process continue apace. The question it raises
is what does this process mean. Cohen suggests that it
“is thought by some to represent a questioning, even a
radical reversal of that earlier transformation, by others
merely to signify a continuation and intensification of
its patterns” (1985, p. 13).

Those who have promoted the idea of
Normalization would, I suspect, place themselves in
the first camp. That is to say, the move from the
institution to the community is part of a process of
removing some of the apparatus of social control by
the state. I would place myself in the latter camp,
seeing this move as an extension of the processes of
control within the capitalist state.

After all, the balance of power between disabled
people and professionals has not changed at all. The
situation described by Cohen (1985) remains
unchanged:

much the same groups of experts are doing much
the same business as usual. The basic rituals
incorporated into the move to the mind—taking case
histories, writing social enquiry reports, constructing
files, organizing case conferences—are still being
enacted (p. 152).

In the world of late capitalism, the same people,
albeit with different job titles and perhaps in plusher
buildings, are doing the same things to disabled people,
although they may now be calling them “doing a
needs-led assessment” or “producing a care plan” in
Britain. Elsewhere it may be called individual program
planning, social brokerage, change agency, and the
like. But the material fact remains, it is still
professionals doing it, whatever “it” is called, to
disabled people.

4 THE IDEOLOGY OF NORMALIZATION

All social changes require an ideology to support
the economic rationality underpinning them. So the
ideology underpinning the rise of the institution was
ultimately a medical and a therapeutic one;
accordingly, placing people in institutions was not only
good for the health of individuals, it was also good for
the health of society. Normalization, it could be
argued, is the ideology (or one of the ideologies) that
allowed people to be returned to the community in that
they can be “normalized” or, in its later variant, be
allocated normal (valued) social roles. After all, we do
not want the different, the deviant, or even the
dangerous returned to our communities.

I fully realize that here I am stepping on dangerous
ground and that both Wolfensberger (chapter 3) and
Nirje (1993) would probably argue that I am confusing
normal with Normalization. There is not the space to
demonstrate that I realize that this is not the case nor to
draw attention to their own published ambiguities on this issue. Instead, I wish to point out that Normalization is part of a discourse that is predicated on the normal/abnormal distinction, and it is certainly clear that Wolfensberger (chapter 3) thinks this distinction is real rather than socially constructed (p. 88).

A materialist approach to this would suggest, as does the French philosopher Foucault (1973), that the way we talk about the world and the way we experience it are inextricably linked—the names we give to things shape our experience of them and our experience of things in the world influences the names we give to them. Hence, our practices of normalizing people and normalizing services both construct and maintain the normal/abnormal dichotomy.

It is becoming clear that the social structures of late capitalist societies cannot be discussed in a discourse of normality/abnormality because what characterizes them is difference: differences based on gender, ethnic background, sexual orientation, abilities, religious beliefs, wealth, age, access or nonaccess to work, and so on. And in societies founded on oppression, these differences crosscut and intersect each other in ways they have not even begun to properly understand, let alone try to resolve (Zarb & Oliver, 1993).

The concept of simultaneous oppression (Stuart, 1993) may offer a more adequate way of understanding differences within the generic category of disability. Certainly, people are beginning to talk about their experience in this way.

As a black disabled woman, I cannot compartmentalise or separate aspects of my identity in this way. The collective experience of my race, disability and gender are what shape and inform my life (Hill, 1994, p. 7).

Kirsten Hearn provides a poignant account of how disabled lesbians and gay men are excluded from all their potential communities. First, “the severely able-bodied community and straight disabled community virtually ignored our campaign” (1991, p. 30) and, “issues of equality are not fashionable for the majority of the severely able-bodied, white, middle-class lesbian and gay communities” (1991, p. 33).

The point that I am making is that the discourse of Normalization (whatever the intent of its major proponents and however badly they feel it has been misused by its disciples) can never adequately describe or explain societies characterized by difference because of its reductionist views of both humanity and society. Individual and group differences cannot be described solely in terms of the normality/abnormality dichotomy, and inegalitarian social structures cannot be explained by reference only to valued and devalued social roles. Normalization can also never serve to transform peoples’ lives, a point to which I shall return.

5 THE ROLE OF EXPERIENCE

In explaining why the idea of Normalization was so powerful for many people, Wolfensberger (chapter 3) claims that it connected with their common sense, it gave them a language or discourse in which to talk about the issues, and it gave them a “unified mental scheme” (social theory) connecting a range of issues (p. 72). Of course, in talking about this he is talking about the connection of these ideas to the experience of academics, professionals, and policy makers, not to the experience of people with learning difficulties.

He also claims that “a single theory or principle could be applied to all; not only to all retarded people and not only to all handicapped people but to all deviant ones” (p. 71). I remember attending the first conference on Normalization in Britain in the mid-1970s when such claims were made. A colleague and I vociferously denied the claim that the half-digested mishmash of functionalist and interactionist sociology we were being presented with had anything to do with our experiences as disabled people.

Our claims were, of course, denied, as they often have been in the past, on the grounds that as isolated, elite disabled individuals, our experiences did not accord with those of the majority of disabled people (a basis on which you may wish to deny my claims in this paper). And, of course, the Normalization bandwagon rolled on in Britain, into social service departments, health authorities, and undemocratic voluntary organizations. But not into the newly emerging democratic and accountable organizations that disabled people were setting up at the time. To this day, not a single one of these organizations of disabled people has adopted the Normalization principle as the basis for its operations or as a rationale for its existence.
Our experiences at that conference mirrored our experience in terms of disability politics more generally. We were already being told by groups of able-bodied experts that not only did they know best what our problems were, they also knew best how to solve them. And disabled people were developing our own views both on those experts who wished to define or colonize our experience and to identify what our problems really were. These views were encapsulated in “a little red book” called Fundamental Principles of Disability (UPIAS, 1976), which, I would argue, is far more important for disabled people than all the publications on Normalization put together.

This slim volume is not widely available, but the debt that disabled people owe to it is enormous. I, and many other disabled people, openly acknowledge our debt to the document in the way it shaped our own understanding of disability (Oliver, 1995). Because the document has never been widely available, and with the demise of the Union in 1991, it will become increasingly difficult to obtain. I reproduce two passages here, the first of which exposes the role of “experts” in our lives and the second which defines our own problems for us.

The Union maintains that, far from being too concerned with the cause of disability, the “experts” in the field have never concerned themselves with the real cause at all. The fact that they had delusions that they were looking at the cause, when they were typically concentrating on its effects, on confusing disability with physical impairment, underlines the imperative need for disabled people to become their own experts. It is only when we begin to grasp this expertise that disabled people will be able to see through the “experts’” attempt to disguise as something “entirely different” the traditional, clearly failed, “spontaneous” struggle against aspects of disability, such as poverty.

Disability is something imposed on top of our impairments by the way we are unnecessarily isolated and excluded from full participation in society. Disabled people are therefore an oppressed group in society. To understand this it is necessary to grasp the distinction between the physical impairment and the social situation, called ‘disability,’ of people with such impairment. Thus we define impairment as lacking part of or all of a limb, or having a defective limb, organ or mechanism of the body; and disability as the disadvantage or restriction of activity caused by a contemporary social organization which takes no or little account of people who have physical impairments and thus excludes them from participation in the mainstream of social activities. Physical disability is therefore a particular form of social oppression.

It was from this work that I and a number of other disabled people began to write and talk about the social model of disability. For my own part, I originally conceptualized models of disability as the binary distinction between what I chose to call the individual and social models of disability (Oliver, 1983). This was no amazing new insight on my part dreamed up in some ivory tower, but was really an attempt to enable me to make sense of the world for the social work students and other professionals I was teaching at the time. The idea of the individual and the social model was taken quite simply and explicitly from the distinction originally made between impairment and disability by the Union of the Physically Impaired Against Segregation in the Fundamental Principles document (1976).

The articulation of this new view of disability did not receive universal acceptance. Originally, it was professionals, policy makers, and staff from organizations for disabled people who, because they had vested interests in maintaining the status quo underpinned by the individual model, questioned the experiential validity and explanatory reliability of the social model. However, we have seen a paradigm shift, and many professional bodies and groups have now come to espouse the social model, in theory at least (DHSS, 1988; Gillespie-Sells & Campbell, 1991). Whether it has had much impact on professional practice is another question altogether and beyond the scope of this paper.

The articulation of the social model was received much more enthusiastically by disabled people because it made an immediate connection to their own experiences. It quickly became the basis for disability awareness and later disability equality training.

It was adopted by democratic disability organizations all over the world, including Disabled Peoples International (DPI) and the British Council of Organizations of Disabled People (BCODP), and remains central to their rationale.
In reading Wolfensberger's (chapter 3) comments about how Changing Patterns came to be written, I am struck by just how much in the way of economic resources (plane tickets, hotel bookings, secretarial support, etc.) went into producing it. Similarly the World Health Organization has spent millions of pounds, dollars, and yen on trying to describe and classify us (Wood, 1980) and has lamentably failed.

Disabled people, whose intellectual labors have produced the social model, have done this without access to the kinds of resources available to international academic superstars, professionals, and policy makers, as well as the usual coterie of hangers-on and freeloaders. Imagine how much farther down the road we might be if disabled people had been given these resources to develop our own social theory, our own quality measures for human services, and our own classification schemes.

6 THE MATERIAL CONDITIONS OF DISABLED PEOPLE THROUGHOUT THE WORLD

Developing materialist theory with respect to disability requires us to understand the material conditions under which disabled people live throughout the world. A recent UN report (Despouy, 1991) has confirmed earlier estimates that there are more than 500 million impaired persons in the world; that is 1 in 10 of the world's population. The report goes on to suggest that at least “25 per cent of the entire population are adversely affected by the presence of disabilities.”

There have been very few international studies of the lives of disabled people although the UN report did come to the following conclusion:

these persons frequently live in deplorable conditions, owing to the presence of physical and social barriers which prevent their integration and full participation in the community. As a result, millions of disabled people throughout the world are segregated and deprived of virtually all their rights, and lead a wretched, marginal life. (Despouy, 1991, p. 1)

It is possible to put some descriptive flesh on the bones of these figures, and what follows relies heavily on figures present in a recent special edition of the New Internationalist called “Disabled Lives” (1992).

Of the 500 million disabled people in the world, 300 million live in developing countries, and of these 140 million are children and 160 million are women. One in 5, that is 100 million of the total population of disabled people, are disabled by malnutrition. In the developing countries, only 1 in 100 disabled people have access to any form of rehabilitation and 80% of all disabled people live in Asia and the Pacific, but they receive just 2% of the total resources allocated to disabled people. In the Third World, the death rate of people with a spinal injury within 2 years of the injury is as high today as it was in the developed world before the Second World War.

While not being able to put an accurate figure onto it, there is no doubt that all over the world, there is a close link between disability and poverty.

malnutrition, mothers weakened by frequent childbirth, inadequate immunisation programmes, accidents in overcrowded homes, all contribute to an incidence of disability among poor people that is higher than among people living in easier circumstances. Furthermore, disability creates and exacerbates poverty by increasing isolation and economic strain, not just for the individual but for the family; there is little doubt that disabled people are amongst the poorest in poor countries. (Coleridge, 1993, p. 64)

While in an absolute sense, the material conditions of disabled people in the developed world are vastly superior to their Third World counterparts, they still experience conditions of life far inferior to the rest of the population. Thus, for example, more than 60% of disabled people in both Britain and America currently live below the poverty line.

Labor markets in the developed world continue to discriminate to the point where disabled people are three times more likely to be unemployed than their able-bodied counterparts. In education, the majority of disabled children are still educated in segregated special schools and less than 3 in 1,000 disabled students end up in higher education, when, according to prevalence figures, it should be 100. On any indicator, disabled women and black disabled people fare worse than their white, male counterparts.

While the accuracy of some of these figures might be called into question with respect to both the developed and developing world, no one would deny that they paint an authentic picture of the lives of disabled people throughout the world. The point at
issue is what can be done about producing the necessary changes. In the next section, I shall discuss the different positions of Normalization and materialist theories with respect to producing changes in the lives of disabled people.

7 ECONOMIC, POLITICAL, AND SOCIAL CHANGE—HOW WILL IT BE DELIVERED?

In comparing what Normalization and materialist theory have to offer with respect to these changes, I want to concentrate on three interrelated areas: change in individuals, change in social policy and welfare programs, and change through the political process.

Partly, I suspect, because of the unacknowledged impact that the social model has had, both Nirje and Wolfensberger are anxious to claim that Normalization does not mean making individuals normal. They go further and suggest that it can be applied even more fruitfully to environments. Wolfensberger, however, honestly admits that

as long as one grants that abnormalization abnormalizes a person, and not just the person’s environment, . . . one cannot say that Normalization only normalizes life conditions . . . In short, I cannot see how Nirje’s formulation allows an exclusion of actions on a person (chapter 3, p. 88).

It is the final sentence which raises issues of grave concern. The history of oppression is underpinned by allowing “actions on persons,” and the crucial questions this raises are who decides, what actions, and which persons? To answer, as Normalization does, that prevailing life conditions, environments, and values are the ones into which to normalize individuals, begs huge questions and may take us down the road to death making, sterilization, physical torture, incarceration, and mind control. This list is part of our collective history as disabled people, as we are discovering as we begin to write this history, and not some emotive or exaggerated imagining to make a political point (Morris, 1991; Coleridge, 1993).

Materialist theory does not have the same problem with changing individuals, although it is their consciousness that it wants to change, not their bodies, their behavior, or their social roles. Transforming consciousness is a matter of changing personal experiences into political issues. This materialist theory does, and it also links the two: At the collective level, disabled people may “false consciously” believe that the difficulties they face are because of their individual impairments. Hence they “internalize oppression” (Sutherland, 1981; Morris, 1991) by believing that it is their fault that they cannot get a job, use public transport, and so on.

Social and individual transformations are inextricably linked. However, in materialist theory individuals must transform themselves through collective action, not be transformed by others who know what’s best for them or what’s best for society. Empowerment is a collective process of transformation on which the powerless embark as part of the struggle to resist the oppression of others, as part of their demands to be included, and/or to articulate their own views of the world. Central to this struggle is the recognition by the powerless that they are oppressed—first articulated with respect to disability by the Union of the Physically Impaired Against Segregation in the 1970s and more recently been given a theoretical reformulation within “oppression theory” more generally (Abberley, 1987).

Normalization theory sees improving human services as a major platform for improving the quality of life for disabled people, and, indeed, much time and energy is devoted to precisely this. Wolfensberger’s position on this is unequivocal; he is vehemently opposed to services provided by institutions but has spent much of his working life developing and improving community-based services. As I suggested earlier, this is because he views community-based services as radically different from institutional ones in that they are not part of the social control apparatus of the state.

While his position on community-based human services may be unequivocal, it is certainly contradictory. In the paper he gave at the International Disability Conference in Bristol, in 1987, he came very close to taking a materialist position on all human services, not simply institutional ones, when he argued that their real purpose (latent function) was to provide employment for the middle classes, and in order to continue to do that,

merely enlarging the human service empire is not sufficient to meet all the requirements that a post-
primary production economy poses. In addition, one has to make all the services that do exist as unproductive as possible—indeed one has to make them counterproductive if at all possible, so that they create dependency, and so that they create impaired people rather than habilitate them (Wolfensberger, 1989, p. 34).

The problem with this formulation is that it mistakes the symptom for the problem. If human services under capitalism are part of the state apparatus of social control, as materialist theory would argue, the reason they employ the middle classes is simple: They are not the groups who pose a threat to capitalism, and therefore, they do not need to be controlled, but instead can become agents for the control of others.

It is precisely for this reason that the demands of disabled people all over the world are not, any longer, for improvements in existing services but for control over them. And, further, their struggles around welfare issues are about producing and controlling their own services through centers for independent living, direct payments to enable them to purchase these services for themselves, and peer counseling to enable them to develop the necessary skills and support to meet their own self-defined individual and collective needs. This is not an antwelfare or antihuman-services position, but one that raises fundamental issues of who is in control and in whose interest.

In looking at the issue of political change, within Normalization theory it is difficult to find anything beyond descriptions of the kinds of things devalued people should be entitled to. How to achieve these entitlements at the political level is not really discussed although Wolfensberger (chapter 3) confidently asserts that if we want to valorize someone’s social roles “we know from social science what the overarching strategies are through which this can be accomplished if that is what one wants to pursue” (p. 88).

I don’t know what social science he is referring to, but I have to say that I know very few social scientists who are, any longer, convinced that the concept of social roles has very much value to the development of social theory let alone for the promotion of political action. Not only are Talcott Parsons and Erving Goffman dead in a material sense but so are their products, the macro and micro versions of role theory. One can only assume from Normalization writings that political change will be a gift from the powerful to powerless once they have come to a true understanding of disability through exposure to the teachings of Normalization and Social Role Valorization. Nowhere does Normalization acknowledge that

the conviction that one’s group is worth fighting for has to come at least partly from within. The alternative is to wait passively for the advantaged group to confer limited equality which does not essentially alter the status quo, and which it may be motivated to avoid. (Dalley, 1992, p. 128)

Again, materialist theory is much more upfront about political change. It will only be achieved through struggle, and that struggle will be by oppressed groups themselves against the forces that oppress them. In order to do this, it is necessary for oppressed groups to organize collectively to confront this oppression. That inevitably means confrontation and conflict with powerful groups, interests, and structures, for there are few examples in human history of people willingly giving up power to others.

As far as disabled people are concerned, we have seen over the past 15 years disabled people coming together to organize themselves as a movement at local, national, and international levels. In Britain, for example, in order to harness this growing consciousness of disabled people, to provide a platform to articulate the redefinition of the problem of disability, and to give a focus to the campaigns for independent living and against discrimination, the British Council of Organizations of Disabled People (BCODP) was formed in 1981, and its success in the subsequent decade is entirely an achievement of disabled people themselves (Hasler, 1993). Its conception and subsequent development have been achieved without extensive financial support from government or from traditional organizations for disabled people. On the contrary, the BCODP was criticized from the start as being elitist, isolationist, unrepresentative, and Marxist by a collection of unrepresentative people with abilities, right- and left-wing academics, isolated and elitist staff and management of traditional organizations, and many professionals whose very careers were bound up with keeping disabled people dependent.

Yet despite these attacks, BCODP has gone from strength to strength, now representing over 90 organizations of disabled people and 300,000 disabled
individuals. These initiatives not only established BCODP as the only representative voice of disabled people in Britain, but by its very success it stimulated an ever growing number of disabled people to adopt a disabled identity. Similar stories of the rise of the disability movement could be told from other parts of both the developing and the developed worlds.

With this growing sense of a collective, political identity has developed the self-confidence not simply to ask for the necessary changes, but to demand them and to use a whole range of tactics, including direct action and civil disobedience. What's more, this movement is democratic and accountable to disabled people themselves (Dreidger, 1988; Oliver, 1990; Davis, 1993) and its collective voice is demanding that we be included in our societies everywhere by ending the oppression that confronts us, not by offering us and our oppressors Normalization or Social Role Valorization programs.

8 CONCLUSION

In this paper I have argued that Normalization as a social theory is inadequate in that it does not describe experience satisfactorily, that its explanation of why disabled people have the kinds of experiences they do is wholly inadequate, and that its potential for transforming those experiences to something better is limited. It is not only those unsympathetic to Normalization who question its future, however.

What does Normalisation now have to do in order to be a positive force for change in the 1990s? The answer may lie in going back to its roots and realigning itself in relation to other sociological theories (Brown & Smith, 1992, p. 176).

Whether such a realignment, even with materialist theory, is likely to resuscitate Normalization is itself doubtful, because what is at stake is a vision of the kind of society we would like to live in. Normalization theory offers disabled people the opportunity to be given valued social roles in an unequal society that values some roles more than others. Materialist social theory offers disabled people the opportunity to transform their own lives and in so doing to transform the society in which they live into one in which all roles are valued. As a disabled person, I know which of those choices I prefer, and I also know which most of the disabled people I meet prefer.

REFERENCES

ESTES, C., SWAN, J. & GERARD, L. (1982). Dominant and competing paradigms in gerontology: Towards a political economy of
ageing. Ageing and Society, 2 (2).