A Quarter-Century of Normalization and Social Role Valorization

Flynn, Robert J., Lemay, Raymond

Published by University of Ottawa Press

Flynn, Robert J. and Raymond Lemay.
A Quarter-Century of Normalization and Social Role Valorization: Evolution and Impact.

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=293443
Historical background
and evolution of Normalization-related
and Social Role Valorization-related training

SUSAN THOMAS

1 INTRODUCTION

In this paper, I will be speaking primarily about the North American scene, both because (a) that is what I am most familiar with, and (b) historically, many people from other places came to North America to learn Normalization and/or Social Role Valorization (SRV), returned to their own homes, and there imitated or adapted what they had seen in North America. Thus, many training developments related to Normalization/SRV in other places have been based to a greater or lesser extent on those in North America.

The perspective that I will offer on the impact of Normalization and SRV training is based on three sources. One is my having worked for Professor Wolf Wolfensberger at Syracuse University since 1973 (he hired me about one month after he himself arrived in Syracuse), with only two hiatuses, one of 4 months in 1975 and one of 9 months in 1977-1978.

The second source of information is the archives kept at the Training Institute for Human Service Planning, Leadership and Change Agentry at Syracuse University, which Dr. Wolfensberger directs. This Training Institute is the body that was largely responsible for launching systematic training workshops in Normalization, and later SRV, in the United States, though it also conducted extensive training throughout Canada, and sporadically in England and Australia.

The third source of information is Dr. Wolfensberger’s oral history and remembrances of "the way things were."

2 AN ORIENTATION TO LEVELS AND DIMENSIONS OF SOCIETAL CHANGE

Wolfensberger initially taught Normalization in a way that divided potential action implications into three or four levels of social organization, and two dimensions. This yielded six boxes, as shown in Table 15.1.

The levels were those of the person; the primary and intermediate social systems; and the societal systems. The person level referred to the specific person who was devalued or at risk of such devaluation. The primary social systems were a person’s family, friends, and peer group. Intermediate social systems meant such things as school, neighborhood, service agency, and community. Though the primary and intermediate social systems were recognized as distinct, they were collapsed into one level on the chart, for ease of teaching and discourse. The societal systems level referred to larger social systems, such as the school system of an entire state or nation, the laws of the land, and the mores of a society.

The levels referred to the party or entity being acted upon, so to speak, rather than to the party doing the acting. Thus, the person level referred to a specific
person to whom normalizing measures would be applied, not to specific individuals working to implement Normalization. After all, as an individual, one could work on any of the levels, even the societal one. The primary social systems referred to families or peer groups to whom normalizing measures would be applied, not to families who were pursuing Normalization for a family member. After all, such families might be acting on the secondary social systems level, such as trying to change a service agency, and so on.

In other words, there is a difference between taking action on a certain level, and an action being directed toward change in a certain level. It is the latter that the three levels in the chart tried to capture. In the long run, actions taken on any level could eventually impact on any of the other levels. For example, a state law could change the lives of many specific persons to whom it applies, changes in families and services could eventually result in changes in an entire system of service delivery, and action taken on the primary and intermediate social systems level might eventually affect societal level social systems. Of course, any action on any level is not guaranteed of results, which is one more reason why actions taken must not be equated with impacts.

The two dimensions were those of interaction and interpretation. First, Wolfensberger had spoken largely about what he called interaction, meaning what is done to and with people. Later in 1970, he added a second dimension, that of interpretation, which referred to how people were presented or interpreted to others.

### TABLE 15.1

<table>
<thead>
<tr>
<th>Level of action</th>
<th>Dimension of action</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Person</strong></td>
<td><strong>Interaction</strong></td>
</tr>
<tr>
<td></td>
<td>Eliciting, shaping, and maintaining normative skills and habits in persons by means of direct physical and social interaction with them</td>
</tr>
<tr>
<td></td>
<td><strong>Interpretation</strong></td>
</tr>
<tr>
<td></td>
<td>Presenting, managing, addressing, labeling, and interpreting individual persons in a manner emphasizing their similarities to, rather than differences from, others</td>
</tr>
<tr>
<td><strong>Primary and intermediate social systems</strong></td>
<td><strong>Interaction</strong></td>
</tr>
<tr>
<td></td>
<td>Eliciting, shaping, and maintaining normative skills and habits in persons by working indirectly through their primary and intermediate social systems, such as family, classroom, school, work setting, service agency, and neighborhood</td>
</tr>
<tr>
<td></td>
<td><strong>Interpretation</strong></td>
</tr>
<tr>
<td></td>
<td>Shaping, presenting, and interpreting intermediate social systems surrounding a person or consisting of target persons so that these systems as well as the persons in them are perceived as culturally normative as possible</td>
</tr>
<tr>
<td><strong>Societal systems</strong></td>
<td><strong>Interaction</strong></td>
</tr>
<tr>
<td></td>
<td>Eliciting, shaping, and maintaining normative behavior in persons by appropriate shaping of large societal social systems, and structures such as entire school systems, laws, and government</td>
</tr>
<tr>
<td></td>
<td><strong>Interpretation</strong></td>
</tr>
<tr>
<td></td>
<td>Shaping cultural values, attitudes, and stereotypes so as to elicit maximal feasible cultural acceptance of differences</td>
</tr>
</tbody>
</table>
The chart, as shown in Table 15.1, was included in the 1972 textbook The Principle of Normalization in Human Services (Wolfensberger, 1972, p. 32), and Wolfensberger’s Normalization teaching continued to incorporate some version or other of this useful chart, mostly to show that a great many and very diverse actions were required in order to bring Normalization about, that these actions needed to take place at many different levels, and that Normalization had impacts on different levels of societal organization. The chart was also used to emphasize that how people were seen by others—i.e., their interpretation—was very important, just as important as direct habilitational and other clinical services. Impressively this latter fact very strongly on people was so necessary then because it was a novel idea—so much so that it was very hotly contested for much of the 1970s, and elements of it occasionally continue to be contested even now. For instance, as late as 1993, the Muscular Dystrophy Association in the US vehemently defended its annual fund-raising telethons that have characteristically been full of child and pity imagery.

But even prior to the 1972 Normalization text, Wolfensberger had already written about the need for normalizing action to take place on these three levels. In a Nebraska publication of February 1970 (Wolfensberger, 1970a, p. 4), he noted that “retarded persons should be presented and interpreted to others in such a way as to emphasize . . . their similarities to . . . others” (the first level), “retarded persons should receive services which make them less deviant” (the second level), and “the attitudes and values of society should be shaped so as to be more accepting and tolerant of . . . differentness” (the third level). Similarly, in a September 1970 article in the American Journal of Psychiatry (Wolfensberger, 1970b, p. 292), he said that “deviant persons should be helped to be able to become less deviant and nondeviant people to remain nondeviant” (first level), and that “the attitudes and values of society should be shaped to be more accepting and tolerant of . . . differentness” (third level). However, for this psychiatric audience, he also referred to the three levels of action as being “clinical, public interpretation, and societal change” (Wolfensberger, 1970b, p. 296), rather than those of person, primary and intermediate social systems, and society as a whole. And he noted that in the field of mental disorder, a disproportionate amount of effort and address are directed at the clinical, or person, level, and not at the other two (p. 296).

In his first (rebuffed) attempt in 1970 to publish an article on Normalization for the field of mental retardation, he also included the 2 x 3 chart and asked colleagues for critique of this chart especially. As Normalization training evolved, and particularly as Normalization was reconceptualized into Social Role Valorization (SRV) (Wolfensberger, 1983, 1984, 1985, 1991a, 1992), the dimension of interpretation was gradually refined and eventually renamed—around 1982—“social image enhancement,” that is, those things that primarily affected a party’s image in the eyes of others. The interaction dimension was supplanted by a construct of personal competency enhancement, with social interaction implications being embedded in various components of the chart.

When the first monograph on SRV was published in 1991, and then in 1992 in a revised edition (Wolfensberger, 1991a, 1991b, 1991c, 1991d, 1992), it also contained the 2 x 3 chart, though by this time the chart had been revised to accord with how SRV was by then conceptualized and taught. This chart, as it appeared in the 2nd (1992) edition of the monograph, but with two minor revisions, is shown on Table 15.2.

It still had the three levels of person, primary and intermediate social systems, and larger social systems, with specific action implications “sorted” into six boxes, depending on which level and which dimension a particular implication best fit.

However, by the early 1990s, it had become evident that collapsing the primary and intermediate social systems into a single level may have been a mistake, because so many people had a tendency to focus on the intermediate systems—the schools, the vocational services, organized services in general—and overlook the many implications to primary social systems, such as family and friends. But because of inertia and competing demands on our time, the full separation of this second level into two distinct levels has not yet been accomplished in the publications on Normalization/SRV, though it is being worked into the teaching package on SRV that the Syracuse University Training Institute uses and has been making available to qualified SRV trainers. (This has been done since the 1994 conference and is included here as Table 15.3.)
<table>
<thead>
<tr>
<th>Individual person</th>
<th>Primarily to enhance social images</th>
<th>Primarily to enhance personal competencies</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Creating physical and social preconditions to the enhancement of social perceptions of individuals by others</em></td>
<td><em>Creating physical and social preconditions to the enhancement of competencies of individuals</em></td>
<td></td>
</tr>
<tr>
<td><em>Age-appropriate and culturally valued:</em></td>
<td><em>Precise, relevant address of competency needs</em></td>
<td></td>
</tr>
<tr>
<td><em>Personal appearance and dress</em></td>
<td><em>Intensity of relevant service</em></td>
<td></td>
</tr>
<tr>
<td><em>Personal labels and forms of address</em></td>
<td><em>Individualization of programming</em></td>
<td></td>
</tr>
<tr>
<td><em>Personal possessions</em></td>
<td><em>Prevention/reversal of impairments</em></td>
<td></td>
</tr>
<tr>
<td><em>Rights</em></td>
<td><em>Provision of stable, secure, and ongoing relationships</em></td>
<td></td>
</tr>
<tr>
<td><em>Activities, including those perceived as risky</em></td>
<td><em>Enablement of continuity with physical environments and objects</em></td>
<td></td>
</tr>
<tr>
<td><em>Promotion of challenging role expectations and valued social roles</em></td>
<td><em>Teaching of self-mastery/self-discipline</em></td>
<td></td>
</tr>
<tr>
<td><em>Attachment of other valued personal symbolisms</em></td>
<td><em>Enrichment of experiential world</em></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Individual's primary and intermediate social systems</th>
<th>Creating physical and social preconditions to the enhancement of social images via aspects of social systems</th>
<th>Creating physical and social preconditions to the enhancement of competencies via aspects of social systems</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Age-appropriate and culturally valued:</em></td>
<td><em>Service proximity to:</em></td>
<td></td>
</tr>
<tr>
<td><em>Activities, schedules, and routines</em></td>
<td><em>Clients and their families</em></td>
<td></td>
</tr>
<tr>
<td><em>Names of services, facilities, groupings, and activities</em></td>
<td><em>Population centers and their resources</em></td>
<td></td>
</tr>
<tr>
<td><em>Image-enhancing facility locations and appearances</em></td>
<td><em>Ease of client and public access to/from service system</em></td>
<td></td>
</tr>
<tr>
<td><em>Positively imaged service workers</em></td>
<td><em>Competency-challenging and demanding facilities and programs</em></td>
<td></td>
</tr>
<tr>
<td><em>Image-enhancing groupings and juxtapositions with more valued/less devalued others</em></td>
<td><em>Dispersal rather than congregation of groupings and services</em></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Larger society of individual or group</th>
<th>Creating physical and social preconditions to social image enhancement throughout society</th>
<th>Creating physical and social preconditions to competency enhancement throughout society</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Education and positive attitude-shaping of public</em></td>
<td><em>Nondiscrimination laws</em></td>
<td></td>
</tr>
<tr>
<td><em>Modeling of positive attitudes and interactions with devalued people</em></td>
<td><em>Accessible public settings</em></td>
<td></td>
</tr>
<tr>
<td><em>Rightful and generic funding of services</em></td>
<td><em>Adaptive service personnel training structures</em></td>
<td></td>
</tr>
<tr>
<td></td>
<td><em>Comprehensiveness and continuity within and across service systems</em></td>
<td></td>
</tr>
<tr>
<td></td>
<td><em>Adaptive and flexible funding patterns that provide incentives for more role-valorizing forms of services</em></td>
<td></td>
</tr>
</tbody>
</table>
## Table 15.3

**Social Role Valorization Action Implications**

<table>
<thead>
<tr>
<th><strong>Individual person</strong></th>
<th><strong>Primarily to enhance social images</strong></th>
<th><strong>Primarily to enhance personal competencies</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Arranging physical and social conditions for a specific person so that they are likely to enhance positive perceptions of that individual by others</strong></td>
<td><strong>Arranging physical and social conditions for a specific person so that they are likely to enhance the competencies of that individual</strong></td>
<td></td>
</tr>
<tr>
<td><em>Age-appropriate and culturally valued:</em></td>
<td><em>Precise, relevant address of competency needs</em></td>
<td></td>
</tr>
<tr>
<td>• Personal appearance and dress</td>
<td><em>Potency of relevant service</em></td>
<td></td>
</tr>
<tr>
<td>• Personal labels and forms of address</td>
<td><em>Individualization of programming</em></td>
<td></td>
</tr>
<tr>
<td>• Personal possessions</td>
<td><em>Prevention/reversal of impairments</em></td>
<td></td>
</tr>
<tr>
<td>• Rights</td>
<td><em>Competency-challenging and demanding physical setting</em></td>
<td></td>
</tr>
<tr>
<td>• Activities, including those perceived as risky</td>
<td><em>Competency-challenging and demanding activities and rhythms</em></td>
<td></td>
</tr>
<tr>
<td><em>Promotion of challenging role expectations and valued social roles</em></td>
<td><em>Provision of competency-enhancing possessions and material supports</em></td>
<td></td>
</tr>
<tr>
<td><em>Attachment of other valued personal symbolisms</em></td>
<td><em>Provision of stable, secure, and ongoing relationships</em></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Individual’s primary social systems</strong></th>
<th><strong>Arranging physical and social conditions in a primary social system so that they are likely to enhance positive perceptions of a person in and via this social system</strong></th>
<th><strong>Arranging physical and social conditions of a person’s primary social system so that they are likely to enhance that person’s competencies</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Age-appropriate and culturally valued:</em></td>
<td><em>Competency-promoting groupings and juxtaposition with models, members, servers, and mentors in that social system</em></td>
<td></td>
</tr>
<tr>
<td>• Activities, schedules and routines</td>
<td><em>Activities, schedules and routines</em></td>
<td></td>
</tr>
<tr>
<td>• Names (if any) of groupings and activities</td>
<td><em>Names (if any) of groupings and activities</em></td>
<td></td>
</tr>
<tr>
<td><em>Image-enhancing setting location and appearance</em></td>
<td><em>Image-enhancing setting location and appearance</em></td>
<td></td>
</tr>
<tr>
<td><em>Positively imaged other members of the social system</em></td>
<td><em>Positively imaged other members of the social system</em></td>
<td></td>
</tr>
<tr>
<td><em>Image-enhancing groupings and juxtapositions with more valued/less devalued others in that social system</em></td>
<td><em>Image-enhancing groupings and juxtapositions with more valued/less devalued others in that social system</em></td>
<td></td>
</tr>
</tbody>
</table>
### A QUARTER-CENTURY OF NORMALIZATION AND SOCIAL ROLE VALORIZATION

<table>
<thead>
<tr>
<th>Intermediate/secondary social systems</th>
<th>Arranging physical and social conditions in secondary social systems so that they are likely to enhance positive perceptions—in and via those social systems—of people in them, and of others like them.</th>
<th>Arranging physical and social conditions in secondary social systems so that they are likely to enhance the competencies of people in them.</th>
</tr>
</thead>
</table>
| **Intermediate/secondary social systems** | *Age-appropriate and culturally valued:*  
  - Activities, schedules and routines  
  - Names of services, facilities, groupings, and activities  
  - Image-enhancing setting locations and appearances  
  - Dispersal rather than congregation of groupings and services  
  - Positively imaged servers  
  - Image-enhancing groupings and juxtapositions with more valued/less devalued others  
  - Combinations of service elements so as to be model coherent, and protect images even if the major need is in the competency domain. | *Service proximity to population centers and community resources  
  *Ease of access to/from service system settings for recipients, their families, and public  
  *Competency-challenging and demanding settings and programs  
  *Competency-promoting groupings and juxtapositions with more advanced persons within social systems  
  *Competent servers and mentors in that system  
  *Comprehensiveness and continuity of provision within and across services so as to allow movement according to competency level  
  *Combinations of service elements so as to be model coherent, and protect competencies even if the major need is in the image domain. |
| **Larger society of individual, group, or class** | Arranging physical and social conditions throughout society so that they are likely to enhance positive perceptions of classes of people. | Arranging physical and social conditions throughout society so that they are likely to enhance the competencies of classes of people. |
| | *Education and positive attitude-shaping of the public  
  *Positive media portrayal  
  *Public modeling of positive attitudes and interaction with devalued people  
  *Funding patterns that incentive image enhancement of (devalued) people, including by rightful and generic funding of services | *Laws against unjust/unjustified discrimination  
  *Public settings that are physically accessible to impaired people  
  *Adaptive training structures for service personnel  
  *Funding patterns that incentive more competency-enhancing forms of services |

Deborah Reidy (chapter 16) and I both believe that the mandate we received from the book editors to prepare our presentations on this topic was either derived from considerations of that original 2 x 3 chart, or at least reflects it, because we were given the charge to present on “the impact of ... training ... [on the] personal, service, and policy” levels, and respondents to this paper are supposed to address how training in Normalization and SRV has affected specific persons, services, and societal policy.

Thus, one can see that from very early on, it was recognized that normalizing actions needed to be taken, and changes needed to be made, on many levels of social organization. This deserves emphasizing because one of the criticisms or misunderstandings that have beset Normalization from the beginning (and that continue to occur with regard to SRV as well) is that it focuses only on changes expected from devalued people, something along the lines of, “Normalization or SRV wants to change devalued people but does not ask society to make any changes or accommodation for them.” But another criticism has been that it focuses only on what services should do, or only on what society should do, which usually goes something like, “Normalization or SRV calls upon society to make all sorts of adaptations and accommodations but has no
In other words, different critics have noted that Normalization/SRV does address one or another of the four levels and have concluded that it addresses only one such level.

Further, the charge has often been made that Normalization/SRV is concerned only with one of the two dimensions. This usually takes the form of, "Normalization/SRV is all about image, about 'dressing up' devalued people, but does nothing to enhance their behavioral competency." The opposite criticism is that "Normalization/SRV is concerned only with how devalued people need to change, thus putting all the onus on them."

These charges have always been baseless, because Normalization and SRV are concerned with both dimensions, and with all levels of social organization. But they will probably continue to be made, particularly since the vast majority of critiques of Normalization and SRV have come from parties who had neither acquainted themselves with the basic literature, nor been to any of the longer SRV training events of two to three days' duration.

Among other things, this tells us that, unlike with many other subject matters, most people—including those in academia—obviously have not learned Normalization or SRV well, or primarily, from the source literature on it. Instead, the bulk of Normalization/SRV competence—at least as concerns the breadth of its relevance and its depth of application—has come from an oral training culture, primarily in the form of short-term training workshops, as I will elaborate.

3 THE TRAINING CULTURE IN NORMALIZATION/SRV

From the very beginning of the Normalization movement, training of one sort or another was a major mechanism for disseminating Normalization ideas. For instance, Bank-Mikkelsen, Nirje, and Grunewald gave speeches and presentations to many groups during their visits to the US. Nirje especially used many slides, many of which were very dramatic in those days. Then Wolfensberger took up this practice of giving short talks on Normalization to different groups, as did others, mostly in connection with promoting what was then the new Nebraska state plan for community-based comprehensive service systems for mentally retarded people across that state.

But training was not the only mechanism for spreading Normalization ideas. Another was writing and publication, such as several chapters in the book Changing Patterns in Residential Services for the Mentally Retarded (Kugel & Wolfensberger, 1969), Wolfensberger's first refereed publication solely devoted to Normalization (Wolfensberger, 1970b); the Normalization book itself (Wolfensberger, 1972); numerous articles on it—both pro and con—in the professional literature; the 1980 Flynn and Nitsch book; the various editions of PASS (Wolfensberger & Glenn, 1969, 1973, 1975); then PASSING (Wolfensberger & Thomas, 1980, 1983, 1988); and the SRV monograph (Wolfensberger, 1991a, 1991b, 1991c, 1991d, 1992).

A third mechanism for dissemination of the ideas was study tours in which people would visit model services, even whole service systems, that were built on Normalization. Hopefully, the visitors would learn a lot about Normalization from this, and then return home and implement services there that incorporated these ideas, even if they did not exactly duplicate whatever they had seen. Remember that for a long time—throughout most of the 1970s—community services were still a very new, even radical idea in North America. Group homes were new and few in number. Many handicapped children were still excluded from schooling altogether, or were in segregated schools of low quality. Many adults had no day program at all, or only one of an arts-and-crafts/leisure nature, rather than work. And so on. So visiting services that incorporated Normalization principles was, on the one hand, necessary—otherwise some people might never see such services—and on the other hand very instructive, because these services were so different in many ways from the service scene with which people of that time would have been familiar.

Indeed for very many people, it was actually seeing services that had adopted Normalization that opened their eyes to what Normalization was and meant, how revolutionary it was, and that it could really "work." Even when people had heard about Normalization, or read about it, even if they had attended presentations and slide shows on it (such as were given frequently in the early 1970s), the radicality of what Normalization proposed often did not sink in unless and until they had visited an entire service system based on Normalization.
For instance, in the late 1960s and early 1970s particularly, a large number of people toured services in Denmark and Sweden, where Normalization was pioneered, and it was this seeing that made believers out of them. Many of these visitors included senior people and decision makers in human services.

Similarly, the Eastern Nebraska Community Office of Retardation (ENCOR) in the area around Omaha, Nebraska, was the first entire system in North America of comprehensive community services for retarded people that was based on Normalization. It became famous, and was also one of the first centers of concentrated and sustained Normalization teaching in North America. As a result, Nebraska generally, and the ENCOR system specifically, became as busy as a railroad station for several years, with people from all over the world coming to see what was being done.

At least within the Normalization conceptualization that was developed and promoted by Wolfensberger, there had also always been the recognition—from very early on—that in order for Normalization to be successfully implemented, there had to be good change agentry. That is, people had to know how to bring about change; what legislation to pursue; how to develop and implement service plans; how to coordinate services; how to change public attitudes for the better; and so on. Thus, at least within Wolfensberger’s promotion of Normalization, training people in change agentry skills was always a major thrust and seen as necessary accompaniment to learning about Normalization and applying it. The two were seen to go hand in hand, with Normalization providing the ideology, and change agentry being the technical skills for putting it into practice, with the law providing the sometimes needed enablement or mandate. For example, in his training workshops on how to plan and implement comprehensive, community-based, and Normalization-based service systems, Wolfensberger taught that adaptive human service systems rested on “three legs” (see Figure 15.1), two of which—implementation and legislation—were in the nature of change agentry. It was largely in these workshops on planning and implementing comprehensive, Normalization-based service systems that the change agentry knowledge was conveyed. These workshops were 5 days long at first, and then expanded to 6.

Also, until PASSING came along in 1983, the training workshops on PASS (more about these later) all included some coverage of change agentry, because only 70% of PASS dealt with Normalization, and the rest with other nonprogrammatic adaptive service practices.

![Figure 15.1](image)

Further, the early Normalization leaders recognized that if there was a serious effort to implement Normalization, then there would also have to be numerous small service settings varying widely in type. In other words, services would be highly dispersed (rather than congregated), and specialized (rather than all-purpose or multipurpose). These two concepts of dispersal and specialization were repeatedly emphasized from the first in Normalization training. This had major implications to service system planning and implementation, in that dispersal and specialization of services meant that the service system and its management would be terribly complex. However, few people other than Wolfensberger recognized or emphasized this as he did in his training, and as can be documented by the overheads that were used in early
such training into the late 1970s. (Unfortunately, not all the early teaching aids were kept as they underwent successive revision, and we only now realize what a loss this is because it is more difficult to document how the training evolved over time.) For instance, it was in the aforementioned training workshops on planning and implementing comprehensive service systems—developed by Wolfensberger starting in 1971 at what was then called the National Institute on Mental Retardation in Toronto—that the complexity of a normalizing service system was heavily stressed, and implications to service governance and coordination were worked out. Wolfensberger drafted most of that workshop material into manuscripts in hopes that it might eventually be published, though that never came about because there were so many other projects competing for his time.

4 THE MOST COMMON KINDS OF TRAINING IN NORMALIZATION/SRV

Training in Normalization, and later SRV, typically took four major forms.

4.1 SHORT PRESENTATIONS

The first consisted of presentations of 1 hour or so in length. As mentioned, first Bank-Mikkelsen, Nirje, and Grunewald, then Wolfensberger, and then others, gave such presentations widely at the start of the Normalization movement. For instance, in order to gain support from the citizenry for the then new Nebraska state plan for normalizing services for the mentally retarded, town meetings open to the public were held in 1969–1970 all over the state. At these meetings, the basic tenets of Normalization would be presented in such a way as to persuade and gain the support of the public (who would have to support legal changes and pay taxes for much of the new services) by capitalizing on the things the Nebraska public valued and was familiar with. For instance, conditions in institutions were shown to be offensive to ideals of human dignity. Group homes, apartments, and other community residential services were interpreted as offering to retarded people the same kinds of places to live that other people want to live in. Education and training were emphasized as reducing or preventing personal dependency. Work services were presented as capitalizing on the “frontier spirit” of independence, pulling one’s share, making a contribution, rather than just being “on the dole.” Parents, professionals, and ordinary citizens were recruited and prepared to testify that they thought this was the right thing to do, and that they supported it and were willing to help pay for it. Because the purpose of these presentations was to recruit support for the state’s shift from an institutional to a community service system, (a) they were given almost only in Nebraska, and (b) they focused as much on explaining the new state plan and persuading people to support it as they did on explaining Normalization. In other words, these early presentations were a mixture of Normalization orientation and change agentry. This campaign was so successful that the benefits, in terms of continued public support for community services in Nebraska, have continued to this day.

In other places, and to other groups as well, short speeches and presentations on Normalization were given. For instance, there might be a session on it at a cerebral palsy conference. There might be a keynote address on Normalization at an annual convention of parent associations. Someone might be invited to address a group of educators on Normalization. And so forth.

Once the new Nebraska state plan had been accepted and the services started up, then the newly hired workers in these newly established services were given 1- to 2-day orientation training in Normalization that had to be specially designed. This orientation training can be thought of as the transition to the second form of training, which will be covered next.

4.2 SHORT-TERM INTENSIVE WORKSHOPS

The second form of training, and the one that perhaps people are most familiar with, was the short-term intensive workshop that might last 2 to 5 full days (and sometimes nights as well), in which participants were taught the theory and implications of Normalization, usually via a combination of lectures, small group discussions, and practicum experiences. For instance, in the early PASS workshops that initially lasted 5 days, there would be 2 days of lecture on Normalization theory and its specific implications, lavishly illustrated with overhead transparencies and slides. For the next 2 days and nights, participants
would go out in small teams led by more experienced persons (called team leaders), and each team would practice-assess two existing services. Teams would gather information about these services through a combination of interviews, tours, and review of records, and then apply the PASS evaluation tool to each service, determining its performance on each of the ratings that make up the instrument. On the last day, the teams would reconvene into a large group, and participants would hear about the findings of all the other teams, trainers would draw lessons for the participants, and there might be additional lectures on advanced issues or the next steps.

For very many people, participating in a PASS training workshop was a consciousness-transforming experience. Often, participants went through the first practicum assessment fighting and resisting all the way but had a breakthrough during the second practicum and began to really understand, and often embrace, what Normalization implied. It was often the fact that their PASS training had been so world-changing for them that generated in many people their deep commitment to Normalization ideals and to seeing these implemented. However, I repeat that this type of PASS training workshop was just one of several training formats by which people learned about Normalization.

Initially, at least in North America, Normalization was taught in short presentations, as mentioned, and then within a 5-day PASS workshop, starting in June 1973. The first long (5-day) freestanding Normalization workshop that was not part of a PASS workshop was not offered until 1975, but from then on there were both separate Normalization workshops, as well as PASS workshops in which people could learn Normalization.

Also, soon after PASS training got going, advanced PASS workshops were developed and given, the first one in 1974. In these training events (which could only be attended by people who had successfully participated in an introductory PASS workshop), participants were taught more advanced and difficult issues, and applied PASS to more difficult and challenging types of services, such as a “soft” service, or one given in dispersed sites, or one that dealt with a new, unusual, or difficult need or clientele, such as a detentive service. These advanced events helped people gain greater competency with Normalization and PASS, identified problematic issues, helped to refine what Normalization would mean for difficult service areas, and helped prepare participants to advance as Normalization teachers.

Another type of advanced training workshop begun in the early 1980s was that on the construct of Model coherency, which was based on a supremely important insight into how services should be structured and run. The construct was originally conceptualized as Specialization, and that is how it was written into the 1st (1969) and the 2nd (but first published) editions of PASS (Wolfensberger & Glenn, 1973). For the 3rd edition of PASS (Wolfensberger & Glenn, 1975), it was refined and renamed Model coherency. Workshops to teach people how to design model coherent services have ranged from one to two days in length, and sometimes these have been followed by practicum exercises of one to two days in the design of a specific kind of service for a specific type of people, or for people with a specific type of problem.

Then, with the publication of PASSING in 1983, PASSING training workshops began to be conducted, initially with basically the same format as PASS: lectures on the theory and principles, followed by practice assessments of real services by small teams, and then a plenary session of all participants for team reports and interpretations of the findings by senior trainers. In PASSING, various elements that make up Model coherency were included separately, such as coherent groupings of recipients, and appropriate match of servers to the type of service and the needs and identities of recipients. But in order to keep the PASSING instrument relatively simple, no single Model coherency rating was included in PASSING as it had been in PASS.

And, just as there were advanced PASS training workshops, so, too, an advanced PASSING training workshop was eventually devised and first held in January 1993, in which participants would assess more challenging types of services and would also tackle the construct of Model coherency. However, for the Advanced PASSING workshops, the concept of Model coherency was drastically revised from how it had been written for the 3rd edition of PASS, and a new freestanding rating of Model coherency Impact was written. So in advanced PASSING workshops, participants would apply to a more difficult type of service PASSING, plus the Model coherency Impact rating, plus the nonnormalization-related ratings of
At first, introductory SRV teaching was embedded in the PASSING workshops, much as introductory Normalization had been taught as part of PASS workshops. However, starting in about the mid-1980s, introductory SRV began to be taught in separate workshops. Thus, a person would first go to a 2- or 3-day SRV training workshop, and then either immediately or later go to a 4½- or 5-day PASSING training workshop. This separation was done for two reasons.  

1. When the two topics were taught back-to-back, participants had to attend a weeklong event, and not many people would be able to get away for an entire week of training at a time.  

2. By separating the two events, many more people could and would come to SRV training, and learn SRV, than would be interested in attending PASSING. Thus, several SRV training events might be held, each of them attended by anywhere from 20 to 100 or more participants, and then a single PASSING training event would be held to which approximately 30 to 50 people might go who had earlier attended an SRV workshop. This made SRV training more frequent, and PASSING training less frequent but more efficient.

4.3 VARIATIONS ON "STANDARD" WORKSHOPS  

In addition to what one might call the standard workshops, there were all sorts of Normalization training events that were designed and offered by many different parties, and included everything from lecture presentations ranging anywhere from an hour to a full day, to practicum workshops, to events that engaged participants in a lot of exercises of different types, to ones that focused on designing services consistent with Normalization for one single person, to ones that helped participants try to solve particularly intractable clinical problems. There have been events offered specifically to families, workers in particular disciplines, workers in specific agencies, handicapped people themselves, citizen advocates, clergy and religious, voluntary associations such as what were then called the Associations for the Mentally Retarded in Canada, and citizens in town-hall-type meetings. There have been trainings that looked specifically at Normalization in residential services, or at Normalization and education, or at Normalization and work services. There were training workshops on Normalization and mental disorder, and on Normalization and aging.

In all these three types of training mentioned so far, participants tended to respond in one of two ways: Either with hostile rejection and defensiveness, or with enthusiastic embrace.

4.4 EMBEDDING NORMALIZATION INTO HUMAN SERVICE WORKERS’ PREPARATION  

Apart from various kinds of workshops, the fourth major form of training was the incorporation—either implicitly or explicitly—of Normalization into the curriculum of human service worker preparation programs, such as in colleges and universities. Sometimes, an entire course on Normalization or SRV would be taught. Sometimes, the ideas of Normalization or SRV would be incorporated in major ways into other courses. Some agencies and organizations developed their own Normalization and SRV training materials for ongoing in-service training for their own staff.

5 SOME DIFFERENCES BETWEEN NORMALIZATION TRAINING AND SRV TRAINING  

As of this time, there has been less variation in how SRV training is offered than there has been in Normalization training. For one thing, as I will elaborate a bit later, SRV training has been provided mostly to human service workers, rather than to other groups of people, for reasons I will also explain later. Further, the SRV training culture has so far been more rigorous in requiring people to go through certain types and sequences of training and preparation before they are considered qualified to conduct SRV training. This has meant that there are fewer people actually doing SRV training, and therefore fewer variations on it.

Yet further, the emphasis so far in the development of the SRV material, and in teaching it in training events, has been on giving participants the coherent logic and integrity of the overarching theory and its assumptions. Once people have understood that, then they will be better able to themselves perceive and generate implications—perhaps implications that were
not obvious when they received their training. The development of the SRV training materials is still moving in this direction. In contrast, the early days of Normalization training tended to emphasize the implications. In fact, specific implications that are today taken pretty much for granted were shocking—earthshaking—to people then, such as not locking people up, not segregating people unnecessarily, fostering a positive personal appearance for people, and even little things such as people being free to talk on the telephone when they wanted to, group homes for adults having a liquor cabinet, and so forth. Thus, in early Normalization training, a great deal of time was devoted to teaching—and fighting over—specific implications.

I believe that one of the impacts of the dissemination of Normalization ideas has been precisely that many of the implications that used to be so fiercely contested are now taken for granted by many people. In other words, the Normalization concepts have penetrated not only the human service culture, especially in mental retardation, but also the larger culture, so that they are much less controversial. For instance, the importance of age-appropriate appearance and routines, at least physical integration, and homelike residences is now largely accepted. Further, the evolution of SRV theory—and of the SRV training package—have resulted in more time being spent during training events on explaining the overarching theory more fully. However, this has also meant that the specific implications have to be covered in less detail because there is not enough time to do more.

In a later section, I will return to other changes that have taken place over time in Normalization/SRV training.

6 SOME FACTS ON THE NUMBER AND “KINDS” OF PEOPLE TRAINED

The Training Institute for Human Service Planning, Leadership and Change AGENCY at Syracuse University in Syracuse, New York, has tried to keep a record of all the people who have ever attended at least the longer events on Normalization, PASS, SRV, and/or PASSING that have been conducted either by the Training Institute itself, or by close associates who send to the Training Institute the lists of participants at their events. By longer events, I mean standard Normalization workshops of 2 or more days, full-length PASS workshops of at least 5 days, 2- and 3-day or longer SRV workshops, full-length PASSING workshops, and Model coherency training. This does not count all the many shorter presentations—anywhere from 1 to 2 hours to a full day—that have been given on Normalization and SRV, nor the shorter presentations on PASS and PASSING that have been given by the Training Institute and its close associates, nor the variations on these that have been given by others, nor college-level courses in Normalization/SRV.

In addition, there are parties who conduct long events related to Normalization or SRV, but of whose events and participants the Training Institute has not kept a tally. This includes such training that has been conducted not only in the United States and Canada, but also in England, Australia, Ireland, New Zealand, France, Belgium, Switzerland, Spain, Norway, and Iceland, and possibly in other countries as well.

Thus, counting only those people on record at the Training Institute, and only the longer events, a conservative estimate is that probably several 10,000 people have participated in longer Normalization, SRV, and related training events, offered by the Institute and its associates. Of course, some people have attended several events (e.g., both SRV and PASSING).

A 1992 estimate (Williams, 1992) of the numbers of people who had by then participated just in PASS training in the United Kingdom was 4,000. By 1986, 27,000 copies of PASS and 45,000 of The Principle of Normalization in Human Services had been produced (Wolfensberger, 1986), and both books are still in print and still being sold. Note that none of these figures count those people who attended related training events conducted by the Training Institute that were not on Normalization or SRV, such as those on the “Liberation of Devalued People From Bondage and Dependency,” nor the workshops mentioned earlier on planning and change agency.

The vast majority of the people who have participated in these various kinds of training have been from the field of mental retardation, with much smaller representations from the fields of mental disorder and aging, and yet fewer altogether from other fields, such as physical impairment, poverty, homelessness, blindness, deafness, and corrections.
Currently, efforts are under way in some locales to make more significant inroads specifically into the domains of mental disorder and physical handicap. In Australia, many people in the field of aging have received SRV and PASSING training, in good part because some of the people who have given major support to the establishment of an SRV and PASSING training culture there work in services to the elderly in the Adelaide area. In New Zealand, the fledgling SRV training culture seems to be centered more on aging than in any locale other than South Australia.

Now while training could never be expected to bring about all the changes that would be required for the implementation of Normalization/SRV in families, in service systems, and in society as a whole, training—rather than public relations campaigns or other means—has been nonetheless the major mechanism for the dissemination of Normalization and SRV, and continues to be so. The only exception appears to have been the public relations and attitude-change campaign started circa 1968 in Nebraska, mentioned earlier, in connection with what was then the new Nebraska state plan for community services for the retarded.

7 SOME CHANGES THAT HAVE TAKEN PLACE IN THE TRAINING AND TRAINING CULTURE

Next, I will review a number of significant changes that have occurred since the early days of training that have been sketched.

7.1 THE "KINDS" OF PEOPLE RECEIVING TRAINING

Early on in the dissemination of Normalization, training was given very broadly to people at different levels of society, and in different positions to effect change—parents, legislators, service administrators, planners, direct service workers, advocates—rather than to specific groups. As mentioned, this broad-based dissemination was done not only in order to spread Normalization ideas, but also (at least in Nebraska) with the specific purpose of garnering support for the Nebraska state plan of normalizing services for the retarded, and for similar efforts elsewhere.

Later, as also mentioned, presentations on Normalization were specifically designed and offered to people in one type of position, or with a particular identity. For instance, legislators were targeted for training in certain locales, as were funders, service providers, and parents of handicapped people. Such people were consciously and actively recruited to attend both the "generic" and the specific kinds of presentations, and many of them did.

Because Normalization dissemination or training events were attended by people from all societal levels, but especially by those at the second (primary and intermediate systems) and third (social policy) level, Normalization ideas began to be incorporated into human services at several different levels as well. For instance, service administrators and direct service workers tried to shape their own programs to be more normalizing, but so, too, did service planners for entire states or provinces begin to incorporate Normalization principles into state and provincial plans. Some locales implemented large-scale deinstitutionalization programs and invested a great deal of money into initiating community services. On the federal level in the US, all the states were mandated in 1975 to provide an appropriate education for all handicapped children.

When, in 1970, Wolfensberger sat on the subcommittee of the Joint Commission on Accreditation of Hospitals (JCAH) that revised the standards for mental retardation institutions (which eventually became the standards for mental retardation residential services generally, which, in turn, eventually fed into the standards for mental retardation services generally), he was able to persuade his fellow subcommittee members to make Normalization the foundation for these standards. These standards were widely disseminated, adopted, and applied to services that wanted to receive accreditation. Thus in order to be accredited, services had to implement at least some of these measures. Further, the accreditors received training from the JCAH on how to apply the standards, which also constituted a form of dissemination of Normalization ideas.

Also, Pennsylvania adopted statewide regulations for its community residential services for the mentally retarded that were largely based on Normalization implications as embodied in the ratings of the PASS service evaluation instrument. This, too, meant that throughout the community residential service system in that entire state, Normalization ideas spread.
The early 1970s also saw the beginning of class-action lawsuits on behalf of handicapped people. Lawyers for the plaintiffs very quickly (sometimes almost overnight) oriented themselves to the literature on Normalization, and included Normalization ideas in the legal remedies they were pursuing, which would then be mandated if the lawsuit were won. Of course, there were other influences on these developments as well, but certainly Normalization training was one of them.

However, over time, a de facto change took place, at least in North America. First, the participants at the most common type of Normalization or SRV training—the short-term intensive training workshops—began to be almost only and entirely human service workers. Fewer and fewer family members attended. Hardly any lawmakers or people at a high policy-setting level attended anymore. (However, in recent years, there has been some resurgence of attendance by parents and advocates.) Thus, eventually (though not through any conscious policy decision, but as a result of a confluence of many dynamics, only some of which will be explained below), the bulk of the Normalization and SRV training has come de facto to be rendered to, and directed at, only one sector of the second of the three levels in the chart, that is, to people working in a paid capacity in the intermediate social systems: the paid, formal, organized human services of which so many devalued people are clients for a good part of their lives.

Obviously, other types of dissemination and training, and other forms thereof, and other ways of bringing about desired changes, are needed. (I will return to this shortly.) But the training of human service workers has simply become by far the predominant form of dissemination of Normalization and SRV.

A second change is that the service workers who attend training have increasingly become people who work at or close to the lowest direct service level. Administrators, board members, or others who would set policy for an agency have become less likely to attend. This is a contrast to the early 1970s, particularly, when there was a great eagerness by senior people to learn of new ideas and developments, and they would attend all sorts of workshops in order to acquire new ideas to introduce into their own services. However, since the late 1970s, senior leaders have become increasingly overwhelmed with administrative and bureaucratic demands, and rarely seem to attend seminal learning events. Furthermore, it appears that an increasing percentage among them have acquired an attitude that they know vastly more than in fact they do, and their reasoning seems to be that they would not have been able to attain senior positions if they had not known so much more than other people. In reality, the opposite may now be the case because junior people are vastly more likely to attend learning events than senior people and to be familiar with new or valid ideas. This, in turn, may have contributed to yet further reduced attendance by senior people who may feel threatened or demeaned by attending events with people other than their peers.

7.2 THE SPONSORSHIP OF THE TRAINING

Another remarkable change that has taken place has to do with the sponsorship of the training. In the beginning, Normalization training was largely sponsored by either human service agencies or by some kind of body that was not a direct service provider, but had a major high-level organizational identity. For instance, for a long time, the major sponsor of Normalization and related training in Canada was what was then called the National Institute on Mental Retardation (now the G. Allan Roeher Institute) in Toronto. Though not itself a provider of services to handicapped people, it was an arm of the voluntary parents’ associations and was a major provider of support services to direct service providers throughout Canada. It had a publishing division, as well as a large library; it conducted all sorts of training; it developed position papers and lobbied government; and so on.

But over time, this, too, changed, particularly starting in the 1980s, so that Normalization (and later SRV) training began to be less and less sponsored by groups and organizations such as these, or by human service-providing agencies. For this there were several reasons.

1. Agencies had, or said they had, less money to support training, though this may be a doubtful claim.

2. Human services began more and more to be driven by a “craze” mentality that lasts and runs after one new craze idea or scheme after another. With great rapidity, new ideas, strategies, and techniques get introduced into the service field. Almost all get greeted with great hype and with expectations that each one—
and if not this one, then the next one—will be the long-awaited answer, perhaps even the definitive solution, to this or that human service problem. And then, as each one disappoints (and they all must, since there can be no definitive human solutions to the problems of suffering, division, devaluation, and hatred), people flock to the next craze that comes down the pike. Thus, even when something valid, legitimate, and useful (such as Normalization or SRV) makes an appearance in human services, it is simply not apt to hold the attention of a craze-crazy service field for long. (For an analysis of the craze culture in society, the sciences, and human service, see Wolfensberger, 1994.)

In contrast to what craze-crazy people yearn for, SRV is definitely not quick-and-easy to learn, and it is most certainly not quick or easy to implement. Further, if one takes SRV seriously, one never stops learning about what it can and cannot do, what its limitations are, how it applies in specific instances, and so forth. SRV does not offer tricks that change with the fashion and preferences of the times. Rather, it offers very high-level interrelated universals—about human nature, human perception, human interaction, attitude formation and change, and pedagogy. SRV also does not offer or promise any definitive solutions, neither to the problem of human devaluation generally, nor even to the problems that devaluation can inflict in just one life. It does offer valid strategies, that is, strategies that—if they were implemented—have a strong probability of being able to improve the plight of individual devalued persons, of specific groups, and of entire devalued classes, though possibly not until the future. All this has meant that Normalization especially and, to some extent, SRV are seen by many people as old hat, possibly even backward and retrograde, as compared to the new ideas that are always coming along, and that—in a craze mentality—must by definition be better or at least preferable.

3. Also, Normalization began to be seen as something that had become sufficiently known and understood, and that was now being done, so that more training or learning about it was no longer necessary or cost-efficient. For instance, people seemed to think that if they supported “mainstreaming,” or, more recently, “inclusion”; if they used the latest language conventions, such as so-called “people first” language; if they knew about age-appropriateness, or endorsed “supported employment,” then they knew all there was to know about what Normalization had to offer—and maybe even more.

There are at least two ironies in these changes so far reviewed that took place in Normalization or SRV training. One is that in the late 1980s, a lot of people in human services, and especially in mental retardation, began to say that Normalization was now passé. By this they meant that it was no longer relevant, that Normalization had been “achieved” and that now it was time to move on to other things. But the ironic thing is that a lot of these people had never endorsed or promoted or practiced or implemented Normalization in the first place. So it was not that they had actually done it and were now ready to move on to other things; it was rather that they had never done it or liked it and were now ready and anxious—as they had always been—to move on (or even back) to other things.

A second irony is that to this day, the performance of services for devalued people on instruments such as PASSING that measure Normalization/SRV quality is normatively very poor: Rarely does a service even score in the positive range, and most are deeply in the negative range. This raises the interesting question that if Normalization is passé because it has been achieved, then why are so many services showing such abysmally poor Normalization quality? It also raises the question whether it is really possible for a service to be good according to currently popular, nonpassé criteria, but abysmal according to measures of Normalization/SRV quality.

7.3 THE EXPECTATIONS FOR THE TRAINING

Another big difference between the early days of Normalization training and the contemporary scene has to do with both the hopes and the opportunities for implementing what gets taught in such training. The early days of Normalization training were indeed heady: Sweeping change was in the air; for the first time, monies were becoming available, or available in significant amounts, for what were then the very new community services such as group homes; people’s old stereotyped and limiting expectations for the retarded were being overthrown; the new mind-set was that anything was possible. Those who had embraced Normalization and worked in institutional services ran up against a great deal of hostility and opposition to making changes there, but those who worked in
People do not want good things to happen to those whom they devalue, but instead want to see bad things. Workers own devaluations of the people they serve, excluded from top management had begun to make implementation of Normalization/SRV is service participation of such people in society have turned out physical presence and integration of devalued people positions. In the same way, people are finding that been addressed, other, more difficult, more subtle obstacles are becoming apparent and refusing to yield. Much innovative prosthetic technology became available, and was used to help profoundly and multiply handicapped people become more competent and active. And so on.

But over time, and at least in North America, this scene, and people's perception of it, has begun to change, and for several reasons. One is that now that some of the easier, more obvious obstacles to the full, valued participation of devalued people in society have been addressed, other, more difficult, more subtle obstacles are becoming apparent and refusing to yield. A useful analogy for this is the current talk of the "glass ceiling" in the world of work. It refers to the fact that groups who had previously been almost totally excluded from top management had begun to make great inroads but eventually ran up against seemingly invisible obstacles that still kept them from top positions. In the same way, people are finding that some of the implications of Normalization/SRV are indeed very difficult to obtain. For instance, while the physical presence and integration of devalued people into many sectors of society have been greatly furthered, the real valued social integration and participation of such people in society have turned out to be much more difficult to achieve.

Yet another major glass-ceiling-type obstacle to the implementation of Normalization/SRV is service workers' own devaluations of the people they serve, though much of this devaluation is unconscious. People do not want good things to happen to those whom they devalue, but instead want to see bad things done to them. Where the devalued party is a service recipient, and where the devaluers are service workers, then the service workers will not give their wholehearted support to social-role-valorizing measures in that service and for its clients. They may give lip service, they may give grudging cooperation, they may do what is actually required of them—but they will not give genuine or glad or committed support. And in fact, they will often do things that sabotage or undercut social-role-valorizing measures. This, too, constitutes a serious obstacle to the implementation of SRV, at least within the service system.

A second reason—and a most critical one—that expectations of the training have changed is that people are now finding it very difficult to implement Normalization/SRV within the formal, organized service system, in part because there are larger societal dynamics that are antagonistic to Normalization/SRV, or for that matter, to any adaptive service measure. For this and other reasons, the workers within these services are actually less and less permitted to do what SRV would require.

Thus, while in the beginning, the major emphasis of the training itself, and of those who took it, was to change human services so that they were more normalizing for the people they served, more and more, people who attend the training now seem to be getting from it knowledge of Normalization/SRV that they can try to use in their own lives but that they will probably not be allowed to use much in any paid service engagements.

This particular development has also led to a shift of emphasis, at least in the formal training in SRV and related issues that is conducted by the Training Institute and its associates, though perhaps not in the training conducted by other parties. Namely, there is now a conscious emphasis in such SRV training on what people can do in their personal lives outside and apart from the formal service structures. In other words, there is more emphasis on what one can do as an ordinary citizen, a friend, a volunteer advocate, a parent, sibling, or other relative of a devalued person, rather than on what should be done to change entire systems, or on what agencies and service systems need to become. However, this does not mean that action only on the personal level is emphasized. As mentioned earlier, the levels refer to the parties being acted upon, rather than the parties doing the acting. Thus, even as
a lone individual, acting on one's own and outside of any work role, one could still take action directed toward even the higher of the levels, such as those of the secondary social systems and even society as a whole.

Even though this change in the teaching so far has emphasized primarily what one can do as an individual working outside the organized service structures, it would also be possible for primary and even some secondary social systems to work outside the organized structures, and on any of the three societal levels. For instance, families, friends, and intentional voluntary communities could take action apart from the organized structures.

Also, at the same time as SRV began to be formulated, and to be widely taught, there has been an ascendancy of a major competing concept or even paradigm in human services, namely, one based on a radical individualism that revolves around power and self-determination, emphasizing the “empowering” of devalued people and the granting to them of the liberty to make whatever choices they wish—especially via rights legislation and judicial rulings—and the devil (which society is seen to be) take the hindmost. Many people have attempted to find congruences between this paradigm of power and SRV/Normalization, but this is only possible to the extent that the measures promoted by the power and empowerment ideology are congruent with the lawfulness of social science as expressed via SRV. After all, much of the empowerment model is ideology, not science, and much of it is inconsistent with empirical reality. However, what the differences are between the empowerment ideology and SRV goes beyond the scope of this paper. An analysis of them is in progress and, it is hoped, will eventually be published. Here, I only want to note that the rise of radical individualism, with its deluded obsession with power and formalisms, has become an ever increasing obstacle to the broader dissemination and adoption of SRV today.

8 THE QUESTION OF “TRAINING FOR THE GENERAL PUBLIC”

A number of people who try to promote and implement Normalization/SRV have struggled with the issue of how to get the message across to the wider public, the general citizenry. Since many people interested in this question had themselves learned Normalization/SRV via training workshops, often their first effort was to devise or conduct some “training” for the general public. However, these efforts have usually fizzled, and for several good reasons.

1. Unless people are pressured or forced to come to an event, they will usually only attend something that interests them. For instance, the public will usually only attend such things as free lectures, public hearings, school board and town council meetings, and so on, if the topic is one in which they already have an interest, such as a school board decision that will affect their own taxes or their own children. Members of the general public who have little or no social contact with devalued people, or no personal commitments to such people, would therefore have very little motivation to attend training events having to do with such persons.

2. Even where members of the public have the motivation to attend such training offered to them, the nature of life in modernistic society today is such that people simply have less free time and leisure to attend public lectures, even ones that “sound interesting” to them and that they really want to attend. People seem to have many more demands on their time than they can handle. Even public figures whom one could expect to have an interest in such issues, such as local government leaders, may not have the leeway to go to learning and training events.

There have, of course, been efforts in the past to gain support from the general public for various measures that Normalization/SRV would imply or require. For instance, as mentioned, when the state of Nebraska was moving from an institutional to a community service system in the late 1960s, and all sorts of normalized community services—sometimes, the first of their kind in the entire US—were being implemented, there were public presentations all across the state. However, these did not really constitute Normalization training per se. Rather, they were presentations that explained and promoted normalizing services, and aimed at garnering public and political support for such, and for related issues: changes in the governance of services, new taxing and tax-use patterns and policies, and so forth.

It is interesting to note who attended these presentations and why they came. First of all, there was a significant number of human service workers, as well as pa-rents of handicapped people. But apart from these two groups, there were people who saw
themselves as opinion leaders and decision makers in their community, such as clergy, people who held office in local government, and newspeople. Also in attendance were those who had an intense interest in political affairs generally, such as people who were deeply opposed to governmental or tax encroachment, and people who envisioned themselves as possibly running for office sometime in the future. It also has to be remembered that in that region of the US, politics and governance were and are very much a grassroots affair, so local interest in these types of things was higher than in other regions.

Thus, people who want to convey Normalization/SRV to the public need to ask themselves at least two crucial questions, namely: (a) Where and how does the public today get its new ideas? and (b) What elements of Normalization/SRV is it reasonable to expect the public to learn?

To me, the answer to the first question is very clear. Like it or not, and for better or worse, the public gets most of its information today from the visual media, and, more specifically, from television. Thus, today, many people probably have had their attitudes about people with Down's syndrome shaped more by the U.S. ABC television program Life Goes On (about a family whose son has Down's syndrome) than by anything else. Similarly, television films and news articles about physically handicapped people, elderly people, street people, and so-called autistic people, are probably one of the dominant influences on the knowledge, opinion, and attitudes of most people in society to these groups. In fact, even human service workers are deeply shaped by seeing films such as the 1988 Rain Man. I will return to this issue later.

One question all this raises is why one would want the general public to be knowledgeable about Normalization and SRV. What would be one's goals? Is it because one wants them to be more receptive to Normalization and SRV implications that impinge on their own lives? That can be accomplished without them ever hearing the terms Normalization or SRV.

Is it because one found learning about Normalization and SRV a life-changing experience for oneself, and one wants others to have the same experience? But unless ordinary people have some close personal engagement with a devalued party, such as a family member, or work in services to devalued people, they might not be very likely to find Normalization or SRV even interesting, let alone life-changing.

Is it because one hopes that ordinary people in society, rather than organized services, will be doing much of the positive interacting with devalued people, and sometimes the managing of the lives of competency-impaired ones? That is a noble desire, but it does not seem to take account of the reality that, like it or not, the vast majority of devalued groups will continue to have extensive contact with organized human services; and their lives will be extensively managed by people in such services.

It therefore seems both a more rational and more realistic goal to aspire to help ordinary people be more supportive of Normalization/SRV measures than to try to “teach them Normalization or SRV.” In other words, it is much more likely that one could teach the public significant conceptual “chunks” of Normalization or SRV thinking or implications, than that one could teach them the theory *qua* theory, or in its global form.

For instance, one could convey to people the importance of what today is commonly called “access,” that is, that devalued people should have the opportunities to use community resources, and that there should not be physical or social obstacles to such use. One can teach the public the merit of devalued people living in the same kinds of places as other people live, going to school like other children, working like other adults, and generally following the same routines of life as do other people. Ordinary people can easily understand the importance of a decent income and that it is unfair for people to be locked away merely for who they are rather than for anything they have done. And so on. And these elements of Normalization/SRV can also be conveyed in language that the public would use. For instance, one would probably not talk to them about “culturally valued analogues,” but one could certainly talk about devalued people being enabled to do things as much as possible the way ordinary people do them, and to have the same kinds of opportunities that ordinary people would like to have in their own lives. In fact, it was exactly this idiom that was used with the Nebraska population during the late 1960s for the state community services plan, and that won them over.

Thus, rather than formal “training” focused specifically on Normalization/SRV ideas in order to
create a grassroots movement by and from the general public that, in turn, will demand services that are more normalizing or social-role-valorizing, it seems that the following three strategies are much more relevant for reaching and teaching the public.

1. One overarching strategy is to do those things which increase the positive identification of valued people with devalued ones; that is, which help valued people see devalued people as being very much like themselves. For instance, the more devalued people live in places just like those where valued people live; the more they go to school like valued people, and do in school the same things that valued students do; the more they work at the same types of jobs and in the same types of places and following the same schedules that valued people do; the more they dress the way valued people of the same age dress; and so on, the more valued people are likely to see in devalued people a reflection of themselves. And the more people see others as like themselves, the more positively they are apt to view these others, the more they will be willing to interact with these others, and the more good things of life they are likely to extend to them—and the more the negative values they hold toward them will shift to positive ones. After all, people generally want good things to happen to themselves, so they will usually want good things to happen to and for those whom they see as like themselves.

Among other things, this implies aggressively attending to the images of and about devalued people that are conveyed on all levels of society: personal, primary and intermediate social systems, and societal. For instance, the appearance of specific devalued persons should be as positive as possible. The names, location, and appearance of service settings for devalued people should be as positive as possible. And so on. Doing this plants positive and associations about devalued people in the minds of the public, which predisposes them to be more accepting, receptive, and positive when it comes to asking for their support and cooperation.

2. A related overarching strategy is to create the occasions and conditions under which positive interactions of valued with devalued people can take place, and where positive expectations for devalued people will be conveyed.

Among other things, this means that integration of devalued people into society must be experienced by the valued sector as reasonably pleasant, so as not to repel or frighten ordinary people. One can see that this strategy conflicts with much of what is commonly taught and practiced by those parties who endorse a power-based approach to dealing with society's rejection of various devalued groups. Such parties typically promote that handicapped or other devalued people should be present where they want, the way they want, doing what they want, and the impact on valued people and society be damned. Often, this "inclusion" is promoted in a belligerent fashion, and by raw force of law, rather than by persuasive and socializing means. Yet if valued people do not experience the presence and participation of devalued people in society as pleasant and positive, then they will not have an accepting mental disposition toward such people. Moralizing about it, and passing laws about it, will do little to change their hearts; and in the long run, it can even lead to outcomes opposite to the desired ones. One should just ask oneself, if children in school walk away from an interaction with a devalued peer in bodily pain, crying, holding themselves where they have been punched, pinched, and gouged, just how is this supposed to lead to positive valuation of the devalued party by these children, their parents, and their teachers?

Relatedly, the public is not likely to be positively disposed and receptive to integrative strategies unless it is convinced that those who propose and implement such strategies have good common sense and are not going to do something that is foolish, or even hurtful, to either the valued or devalued parties. Again, we can contrast this recognition of the need to earn the public's trust with the stance of those who would include everyone in everything regardless of whether such people pose a danger to others, and regardless of what the public response might be.

Strategies 1 and 2 are closely interrelated and affect each other. The more valued people can be brought to positively identify with devalued ones, the more they will be receptive to the integration of devalued people in the valued life of society. And the more devalued people are adaptively integrated into valued social life, the more valued people will be able to identify with them.

3. The third major strategy for "capturing," so to speak, the public is to use the very avenues by which they are most apt to be shaped indirectly, namely, the
media. Thus, the interpretations of devalued people in
national fund-raising appeals, in movies, and on
Television, and in the press should be as positive as is
realistically and honestly possible. Devalued people
should be included—in a natural, noncontrived and
nonthreatening way—in the depiction of ordinary as
well as valued life and its activities.

Actually, though much still remains to be done, in
many respects much progress along the above lines has
already been made in the media. There, we find a large
number of positive interpretations of many types of
devalued people, especially in contrast to how
people—such as retarded ones—used to be shown in
a very negative light in the media. Some presentations
of handicapped people in the media include them
continuously, as in a long-running television serial,
while others are one-shot and sporadic. However, this
of course does not mean that every such depiction in
the media is positive, even if there are good intentions
behind it. For instance, some show devalued people
involved in valued activities with valued people in
valued contexts, while others emphasize how different
they are from other people, even in some cases when
the presentation of these different people is a
sympathetic one.

If one does all these things—facilitating
identification of valued with devalued people, creating
occasions for positive interactions with and
expectations of devalued people, and making positive
use of the media—then one is de facto engaged in
changing attitudes. And such an attitude change
campaign has to be (a) directed at all levels of society,
rather than only one or a few; and (b) long-term in
orientation, rather than aiming for a quick-and-easy fix,
such as can sometimes be enforced by law and court
rulings. The problem is that while many people talk a
good deal about attitude change, few ever study how to
do it right, and then apply the strategies known to be
valid and effective. Further, few people are prepared to
pay the costs of doing it right, which include (among
other things) making a commitment to the long haul
and accepting all sorts of short-term sacrifices for the
sake of long-term gain. There are three reasons this
seems to be so hard for most people. (a) Many of the
benefits of specific attitude change measures—especially the systemic ones—are apt to come about
slowly and over the very long run. (b) Most of the
benefits will come about so indirectly—like bread cast
upon the waters—that they cannot be clearly attributed
to a specific earlier action or actor. (c) Most
people—especially these days—are incapable of
investing themselves heavily and over the long run in
an enterprise of which they may not live to see the
result, and where they are not able to take credit for
whatever result may be apparent in their lifetime.

However, we should note that positive attitude
change can result even when there is no concerted
attitude change effort. For instance, much of the
address of people’s image has to do with helping
valued people identify positively with devalued ones.
Similarly, Citizen Advocacy—in which individual
volunteer advocates represent the interests of
individual impaired protégés—helps to build positive
interpersonal identification, and to improve attitudes
(at least of the advocates), even though Citizen
Advocacy is not an attitude change effort but a justice
and protective one.

Of course, all this raises the question of just who
will foster positive interactions and integration of
devalued people with valued people in society? Who
will assume responsibility and initiative for helping
valued people identify with devalued ones? Who will
attend to the image of societally devalued people?

Obvious candidates are people among the workers in
human services to them, their families and advocates,
and the affected people themselves to the degree that
they are capable of doing so—and not all of them are.
But if such people are to do these things for and with
devalued parties, then they need to learn what is
important to do. Thus, somewhere along the line, there
has to be SRV training in order to form leaders, value-
and opinion-shapers, and so on, who can disperse and
disseminate SRV ideas to those who cannot be
expected to undergo training themselves. Accordingly,
SRV training is still needed.

If one thinks about what I have proposed, one can
see that the strategies that are most likely to be
effective in recruiting broad public support for
Normalization/SRV implications and ideas are some of
the very implications of Normalization/SRV! For
instance, the address of the negative image of devalued
people and their adaptive integration into society are
both implications of Normalization/SRV, as well as
strategies to gain support for measures that are
normalizing/social-role-valorizing.

Note, too, that these three measures of facilitating
positive interpersonal identification, facilitating positive interactions, and interpreting people positively in the media, can and should take place on all levels of society. For instance, there needs to be image enhancement of specific devalued people, of and in services to them, and of their interpretation in and by the law, the public media, and so on. Similarly, there needs to be adaptive integration into society of specific devalued persons. Services to them should be physically integrated into valued and resource-rich locales in the community, and there need to be systemic changes (such as in public housing policy) to facilitate at least some such integration. And so on.

These strategies are not apt to create sophistication among the general public about Normalization/SRV, or provide in-depth knowledge of these principles. In fact, even if a long-term attitude change strategy were successfully implemented, ordinary members of the public would be apt to be living out and supporting Normalization/SRV even while not knowing the meaning of the terms, while not being able to explain Model coherency, while not knowing the difference between age-appropriate and culture-appropriate, and so on. But it seems that it is more important that the general public be doing and supporting Normalization/SRV than conversant with the theory.

In the next chapter, Deborah Reidy will take up and further expand on the question of “training for the general public” and on how actions more concordant with Normalization/SRV might be fostered in them.

REFERENCES


