A Quarter-Century of Normalization and Social Role Valorization

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Social integration: How can we get there from here?
Reflections on Normalization, Social Role Valorization and community education

DEBORAH REIDY

1 BACKGROUND: DEINSTITUTIONALIZATION AND DASHED HOPES

My first formal exposure to Normalization theory occurred in 1980, when I went to a PASS workshop in Danvers, Massachusetts. At the time, I was founding director of a very small residential agency in western Massachusetts serving four young women with severe multiple disabilities, including mental retardation.

Around 1982, I became very interested in working with community members to positively affect their attitudes toward people with disabilities. In 1983, I began a project that was to be named Education for Community Initiatives (ECI). Initially a component of a Normalization-based values training project, the Safeguards Project, ECI later became an independent project whose purpose was to stimulate community members to take an interest in the situation of people with disabilities and to take actions that would positively affect their lives. During the project's 10-year history, we experimented with a number of means and methods to interest community members in the life experiences of people with disabilities (and, to a lesser extent, of devalued people in general) in order to encourage them to undertake constructive actions on their behalf. Some of our educational activities took the form of training events but most were experiential. For example, we developed a number of educational projects that brought together people with disabilities and other community members to collaboratively address issues of mutual benefit. We also created several projects that assisted children and adults with disabilities to become active members of voluntary associations or recreational activities of their choosing, and then provided education and consultation to support their participation.

The early 1980s marked an active period of deinstitutionalization from the two state institutions serving people with mental illness and retardation in western Massachusetts, as well as a rich period of Normalization and other values-based training in our area. Many service workers active in the 1980s eagerly embraced the deinstitutionalization movement as the latest service reform. We operated on the assumption that the physical presence of people with disabilities1 in communities would automatically lead to social integration, although, had we been asked, we probably would have denied this. Normalization training had taught us that, along with deinstitutionalization, certain service practices would facilitate social integration, practices such as small groupings, dispersed settings, nearness to generic resources, and attention to enhancing both the image and competency of the individuals served. However, most of our hopes, energy, and resources focused on the act of "springing" people with disabilities from institutions and physically establishing them in community settings.

Once people were living in the community, many of the anticipated social integration benefits failed to
materialize. Although physically present in their new communities, people with disabilities typically continued to have relationships largely with their staff and with other devalued people. Community members tended to be tolerant of, but disinterested in, the presence of people with disabilities. While our efforts were fraught with shortcomings, these shortcomings did not fully account for the lack of progress in attaining broad community support for the presence and improved life conditions of people with disabilities. I have since concluded that we held unreasonably high expectations regarding the possible impact of the mere physical presence of people with disabilities within communities. As a consequence, we placed too much emphasis on deinstitutionalization as a single-path strategy. The next section will consider possible contributors to the unreasonable expectations of the deinstitutionalization effort.

2 SEARCHING FOR A CULPRIT

In retrospect, it is remarkable that we would assume community members might automatically go out of their way to welcome people who had been absent from society for years and years. Not only were people with disabilities absent, but their absence was accompanied by powerful negative messages about their lack of capacity or right to be part of ordinary community life. And even those individuals with disabilities who continued to live in their home communities struggled to be accepted.

As a consequence of the continued lack of acceptance of people with disabilities, I, and others of my generation, became disheartened and even disillusioned. Some of us even became angry with community members for their reluctance to welcome people, or we blamed services and service workers for this so-called “failure.”

How might these overinflated expectations of the deinstitutionalization movement be accounted for? The following are several possible explanations:

1. As mentioned above, we assumed that the physical presence of people with disabilities within community life would automatically lead to social integration. Normalization and Social Role Valorization teach that physical presence creates preconditions for social integration. In addition, they teach that supports and services must actively work to deepen community integration and participation, assist in the development of valued roles, and so on. Wolfensberger had warned as early as 1972 that “physical integration by itself will not guarantee social integration” (p. 48). Despite this unambiguous assertion, many people who were trained in Normalization and Social Role Valorization became disappointed or disillusioned when social integration was not an inevitable result of physical presence. We had, most likely unconsciously, pinned our hopes on the possibility that hundreds of years of intentional separation of people with disabilities from their communities could be counteracted quickly, employing a relatively small array of positive actions. This view is consistent with many shortsighted approaches in our field (and, indeed, in our society) that promise easy answers to significant social problems, with relatively little investment of time or other resources. Another assumption underlying the emphasis on deinstitutionalization was the belief that fighting against a “bad thing” (e.g., institutionalization) would accomplish the same ends as working toward a “good thing” (e.g., social integration). In fact, we have seen in other social movements (e.g., school desegregation), that merely reversing or undoing a wrong will not inevitably create a positive condition. Bradley (1994) writes: “Wolfensberger’s warning that physical integration was not sufficient to guarantee social integration has been heeded by planners and policymakers only since the late 1980s. Instead of moving to accomplish physical and social integration simultaneously, the field has focused first on physical integration and is now learning Wolfensberger’s lesson that integration is more than just the opposite of segregation” (p. 12).

2. Perhaps if we had oriented ourselves more to the vast body of knowledge available on community attitude change, we might have pinned fewer hopes on the impact of deinstitutionalization alone. Many of us acted as if well-intended actions alone would be sufficient, as long as they were carried out in a community setting. We had little sense of strategy. This certainly was my approach, and I have encountered many other enthusiastic service workers and advocates who, like myself, fumbled along in a random fashion, occasionally rediscovering time-tested
principles of community change. As mentioned, around 1982, I became very interested in the issue of community education and attitude change. During the 10 years of Education for Community Initiatives, I encountered numerous sources of information about community organizing and community education that had already been tested and refined. This information I literally stumbled upon and it is still unknown to the majority of people in our field, even those interested in community integration.

3. There is another reality that may have contributed to the emphasis on deinstitutionalization as a primary strategy. This was the fact that many of the change agents of the 1980s, including those who studied Normalization and Social Role Valorization, had a deep service orientation and very little experience or even interest in the larger community. Though we may have understood intellectually the need for broader social change in order to accomplish the goals of Normalization, we did not have the experience or the worldview to effect change in that arena. While earlier generations of service workers addressed the broader social change level (see, for example, Wolfensberger & Menolascino, 1970), our generation focused its efforts largely on service development and reform. Most of my peers had few community ties, belonged only to disability-related voluntary organizations, and some even held an elitist distaste for the pedestrian nature of everyday community life. It was only when we began to lose faith in the capacity of services to bring about positive life conditions for people with disabilities that we became intrigued by the potential of communities and of “everyday community life.”

Today, services bear the brunt of our disillusionment. A theme underlies much of today’s progressive thinking: Services themselves are solely responsible for the bad things happening to people with disabilities—if people would only be restored to their communities without the negative influence of services, then they would be accepted. This disenchantment with services often manifests itself as an idealization of community life and, in many cases, a categoric rejection of any positive role that might be played by formal supports and services.

Despite the current hope invested in the promise of “community living,” there is little evidence that explicit community education is carried out on a widespread or systematic basis. For example, deinstitutionalization efforts unaccompanied by community education or positive social integration are the norm. Community education and social integration are seen as something to be tackled once the “real work” of getting people out of institutions or setting up programs is complete, even by those who profess to be proponents of social integration. Virtually no resources are committed to community education, although the unwelcoming attitudes of community members are often described as a major barrier to social integration.

To compound the problem, certain assumptions held by some of our field’s conceptual leaders are problematic. For example, proponents of the latest ideas in service delivery (e.g., “supported living,” “bridgebuilding,” “circles of friends”) often express unreasonably optimistic beliefs about the willingness and capacity of communities to welcome returning members with disabilities. The evidence to support these beliefs is found in the stories of a small number of individuals whose successes can usually be attributed to massive effort on the part of highly committed family or service workers, and seldom to the “kindness of strangers.” I have somewhat facetiously termed this view the prairie home companion vision of supporting people with disabilities, because of its romanticized and generally unrealistic notions of community life.

Another problematic assumption is that individual successes will be sufficient, if enough accumulate, to produce significant societal attitude change. Alfie Kohn addressed this issue well when he described the “entrenched reluctance of Americans to consider structural explanations for problems.” He wrote, “We are moved to help a hungry individual but oblivious to how broad social policies have created hunger on a massive scale.” While working at the individual level can have many positive outcomes, there must also be those who address issues at the systemic and structural level. However, a bias toward individual action is currently evident in our field.

Perhaps the most troubling problem with the thinking of progressives in the field is the continued service reform emphasis. Even proponents of “supported living” pay almost exclusive attention to staff roles, organizational structures, and policy considerations, with little emphasis on potential roles of community members, a point to which I will return.
With 25 years of experience in Normalization, Social Role Valorization, and deinstitutionalization, the field is in a time of transition. We are clearly assessing the impact of our efforts to date and searching for clarity about where to go from here. Many of our assumptions about what would work to accomplish the goals we set in the 1970s and 1980s have proven to be wrong, and yet we have not fully taken stock of our experience and learned from it. Instead, we have tended to either transfer our unreasonable expectations to another arena, the community, or become disillusioned and cynical about the possibility of ever achieving our goals. If we are ever to bring about social integration for devalued people, we need to look clearly at what might constitute reasonable expectations of community members in realizing our goals on behalf of people with disabilities, and then develop strategies to involve community members. The remainder of this chapter will sketch some thoughts on these topics.

3 PARADIGM OF SUPPORT: A REFORM IN PARADIGM-SHIFT CLOTHING

Over the past 25 years, beliefs about what might constitute “success” in our work have evolved considerably. In 1976, when I began working in this field, most efforts focused on creating facsimiles of real life. Phrases such as “homelike environment” and “creating conditions that are, as much as possible, like those of typical people” were commonly used to describe our aspirations. The language has changed and so has the thinking. Now phrases like “helping people have a real home” or a “real job” are heard instead, reflecting the recent emphasis on helping people with disabilities to have ordinary, typical, valued lives—real lives in real communities.

Adopting this new vision means adopting goals that are more complex and more subtle than were the goals of the 1970s and 1980s. They include assisting devalued people to hold valued roles within their communities; supporting them to be fully integrated on a personal level, including having a wide range of relationships with unpaid, valued others; and enabling people to engage in meaningful, age-appropriate activities in integrated settings. For each of these goals to be realized requires that change agents pay attention to systemic and structural considerations, not just to act at the individual level. More importantly, the realization of these new goals necessitates the willing participation of an additional set of actors—the “general public”—as well as those on whom we relied to build the existing service system. Along with this additional set of actors, different means, methods, and strategies are likely to be necessary to enlist their support and involvement.

Current discussions in the field of developmental disabilities have begun to focus on providing “community supports” rather than community services, sometimes called a “paradigm of support.” This new orientation reflects an increased emphasis on social networks and informal community supports, through the identification of existing relationships and informal community connections for an individual with a disability, and the subsequent establishment of formal arrangements that build on and strengthen the existing informal supports.

Ashbaugh, Bradley, and Blancy (1994) compiled an extensive description of strategies for moving toward a paradigm of support that attempted to address virtually every aspect of adopting and implementing this approach. This recent emphasis on community membership and natural supports is consistent with earlier work of people such as McKnight and Wolfensberger. Yet it can be distinguished from their work in that it appears to derive more from a desire to restructure services—service reform—than from a profound lack of faith in any form of support other than the informal, a view that is reflected in both Wolfensberger’s and McKnight’s work.

Wolfensberger (1983) writes, “in a world that is falling apart and where virtually every single social glue that can hold a society together is coming unstuck...the promotion of communality is another essential and basic priority. We need a communality by means of which people at risk of social rejection and devaluation are included and embedded in communal, supportive, primary and secondary social groups and networks” (p. 2). McKnight (1987) writes, “Those who seek to institute the community vision believe that beyond therapy and advocacy is the constellation of community associations. They see a society where those who were once labelled, exiled, treated, counseled, advised, and protected are, instead, incorporated in community where their contributions,
capacities, gifts, and fallibilities will allow a network of relationships involving work, recreation, friendship, support, and the political power of being a citizen” (p. 57). While Wolfensberger’s position emphasizes the impending collapse of most existing social structures, including human services, and McKnight critiques the damage done to community life by professional services, both advocate an emphasis on “extrastructural supports” or the “associational life” of a community as a primary response to the needs of devalued people.

The paradigm of support appears to hold more promise for creating positive conditions in the lives of people with disabilities than many traditional service arrangements: It acknowledges the need for most people with disabilities to have some mediating presence in the process of helping them to be integrated within their communities, yet strives to keep this presence in the background and focused on meeting the needs of people served. But amid the emerging thicket of detail about staff roles, organizational structures, and legal and policy considerations, there is a notable lack of attention to the roles, responsibilities, and strategies needed to enlist the willing support of community members in bringing about this new vision. This is troubling; I fear that the paradigm of support is merely an updated service reform, rather than a radical departure from our former ideas (a reform in paradigm-shift clothing, one might say). What will make this paradigm of support truly radical is its acknowledgment and attention to the fundamental role of communities and community members in achieving the vision we have set.

Once their fundamental role is acknowledged, we then need to determine what might be reasonable to expect from them—in a nonidealized fashion—and to identify how such involvement might be enlisted. The next section will address this question.

4 REASONABLE EXPECTATIONS OF COMMUNITY MEMBERS: WHAT ARE THEY? HOW MIGHT THEY BE MET?

I have given a great deal of thought to this question of expectations and would like to propose my list of “bottom-line” expectations reasonable to hold for individual community members and communities regarding people who are devalued. Obviously, this list reflects my own evolving thinking about “what we can pin our hopes on” and thus where efforts might most fruitfully be invested.

1. That many human beings will make an effort to be decent to one another on an interpersonal basis. Kendrick (1994) writes:

   social acceptance, inclusion, and the accordance of personal worth do not primarily come through agencies. Rather these qualities of life require the will and commitment of ordinary people. When these qualities become the norm, then a commensurate change in social pattern will occur. . . . people should be encouraged toward personal responsibility to one another within the range of appropriate personal obligation. (p. 367)

**TABLE 16.1**

**PROPOSITIONS REGARDING “REASONABLE EXPECTATIONS” OF COMMUNITY MEMBERS AND COMMUNITIES**

1. Many human beings will make an effort to be decent to one another on an interpersonal basis.
2. Voluntary institutions founded on explicit values and principles emphasizing a sense of community and service will make a special effort to treat people well and model this to others (e.g., religious, service, and fraternal organizations).
3. Social policy and the law will serve to set limits on the categoric rejection, mistreatment, exclusion, and discrimination of devalued people.

**PROMISING EDUCATIONAL STRATEGIES TO ENCOURAGE THE FULFILLMENT OF THESE EXPECTATIONS**

1. Work directly with community members to raise consciousness, encourage actions, and promote positive personal contact with devalued people, especially through work with voluntary associations.
2. Reach key decision makers, policy setters, the media, etc., with information relevant to their areas of interest and expertise.

379
2. That voluntary societal institutions founded on explicit values and principles emphasizing a sense of community and service, such as religious, service, and fraternal organizations, will make a special effort to treat people well and to model this to others.

3. That social policy and the law will serve to set limits on the categoric rejection, mistreatment, exclusion, and discrimination of devalued people, although their positive potential is fast diminishing.

If the above expectations were to be adopted, what might community members need to know or believe in order to fulfill them? One tempting answer within the present context might be that community members need to know Social Role Valorization (SRV) theory. After all, SRV contains within it virtually everything an advocate or supporter of devalued people might need to know about devaluation and potential responses. Yet, as Susan Thomas has stated: “it 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.” (Chapter 15, p. 360.)

### TABLE 16.2

**FORMS OF COMMUNITY EDUCATION POTENTIALLY CONTRIBUTING TO ACTIONS CONSISTENT WITH SOCIAL ROLE VALORIZATION**

1. Upbringing, e.g., religious, educational, family
2. Positively experienced personal contact with devalued people
3. Attitudes and values of key leaders, decision makers, and role models
4. Participation in voluntary associations
5. Social policy and law
6. Media, e.g., magazines, books, television, interactive video, movies.
7. Structures, processes, and conduct of people within human services

In fact, community members already learn many messages about devalued people—both positive and negative—through a number of cultural “media.” These “media,” which include such things as one’s upbringing, personal contact with devalued people, the attitudes of key leaders, social policy and the law, and so forth, can be capitalized on to bring about positive attitude change. While a full explication of the ways these cultural “media” convey such messages is beyond the scope of this chapter, Table 16.2 provides examples of a number of major ways messages about devalued people are conveyed.

I would like to highlight two targets for focused attention in order to encourage and assist community members to meet the expectations outlined earlier. These areas do not receive sufficient attention in our field. They are:

1. To work at the interpersonal level, that is, directly with community members so that they may be more aware of the circumstances of devalued people and more receptive to acting on their behalf and welcoming them into community life. While it is feasible to work with individual community members, educational activities with members of voluntary associations can reach individual community members as well as influence community attitudes and values.

   The literature on voluntary associations describes a number of important functions they play in our society. One of the most important is the creation and maintenance of community values through the provision of a context for shaping and affirming these values. Another relevant function of voluntary associations is their importance in bringing about social integration in the generic sense (Smith, 1978). A third function of voluntary associations relevant to the goal of positive attitude change is their role in providing educational experiences for their members (e.g., League of Women Voters, Sunday School, etc.) (Smith, 1978). Working with members of community organizations also has the practical benefit of reaching more people at a time, and creating a context where members might be supported to further develop and maintain their newfound consciousness.

2. To work at the systems level, i.e., to reach key decision makers, policy setters, representatives of the media, and others who shape broad attitudes and actions—not necessarily with SRV training but with information relevant to their areas of interest and expertise. This might include imagery and positive roles taught to members of the media; the importance of integration taught to those who set public policy; the reality of conflict of interest, the effects of complexity,
and other systemic topics taught to policy makers, legislators, and so forth. "Education" is meant in a broad sense and might include advocacy, lobbying, and other actions that promote a specific agenda, as well as more traditional forms of education.

TABLE 16.3

FUNCTIONS OF VOLUNTARY ASSOCIATIONS THAT MAKE THEM CANDIDATES FOR COMMUNITY EDUCATION EFFORTS

2. Bringing about social integration (Berger & Neuhaus, 1977; Milofsky, 1988; Smith, 1978)
3. Providing educational experiences (Smith, 1978)

5 PROMISING PEDAGOGIES FOR BRINGING THE SRV MESSAGE TO COMMUNITIES

Based on the writing of educators concerned with oppression and psychologists interested in empathy and prosocial behavior, three pedagogies appear to be especially effective in creating more positive attitudes regarding devalued people. They are:

1. Consciousness-raising, that is, the process of identifying and critiquing the ideologies controlling our beliefs and our lives. Evans (1987) writes, "Controlling ideology can be compared to the water in which fish swim: it is so much a part of our ordering environment that we do not even recognize its existence, to say nothing of its dominating power" (p. 268). SRV training is one powerful consciousness-raising experience that enables participants to examine our society's controlling ideologies, especially regarding devaluation. However, many other consciousness-raising tools also exist.

2. Action. Rather than listening to a lecture or reading a book, actually engaging in constructive action on behalf of devalued people can be educational. In fact, a number of writers assert that action is a precursor to change in values and behavior, not merely a consequence (Evans, 1987; Kennedy, 1987a; Kennedy, 1987b; Kohn, 1990; Staub, 1989).

TABLE 16.4

SOME MAJOR STRATEGIES FOR ARRANGING POSITIVELY EXPERIENCED INTEGRATIVE CONTACTS, INTERACTIONS, AND RELATIONSHIPS

1. Address characteristics and conditions of devalued persons that are apt to elicit rejection from others and therefore prevent/inhibit integration.
   a. Reduce anxiety and rejection-provoking personal characteristics of devalued persons, e.g., poor grooming, poor body hygiene, offensive/intrusive habits.
   b. Encourage, develop, and instill valued social habits.
   c. Disperse devalued people, and services to them, throughout community and neighborhood.
   d. Reduce/eliminate compensate for negative images attached to devalued persons/groups.
   e. Foster valued social roles for devalued people and present/interpret them to others in such roles.

2. Help potential integrators to identify with devalued persons.
   a. Find and emphasize backgrounds, interests, activities, and involvements that devalued persons and potential integrators share.
   b. Pair up devalued and valued persons in co-operative tasks at which the chances of success are relatively good, e.g., board/committee work, school projects, neighborhood cleanup.
   c. Request/elicit/structure satisfying direct personal helping involvements by valued persons with devalued ones, e.g., Citizen Advocacy.

3. Reward and reinforce any integrative gestures or acts by valued persons, e.g., private interpretations, praise, commendations, comments to significant others, public letters.
3. Positively experienced personal contact. Optimally, there would be positive experiences with more than one individual in order that stereotypes held about devalued people might begin to break down. As Kohn (1990) writes:

Maximizing personal knowledge, minimizing distance and anonymity, are useful not just for humanizing in general but specifically for overcoming the obstacle of deindividuation. Assumptions about a particular group are shattered as one comes into contact with its members, one by one. At first the stereotypes persist and remain in uneasy coexistence with direct knowledge about an individual: He’s one of the good X’s. Eventually, as one comes to know too many counterexamples—and the chief reason prejudice endures is that this happens too rarely—the stereotypes tremble and collapse. (p. 145)

Crucial to the shattering of stereotypes is positive contact with people who serve as counterexamples. In fact, a negative experience can cause stereotyping or reinforce existing negative stereotypes. There are several conditions associated with personal contact that make it most likely to have a positive effect, some of which are taught in SRV training workshops in the module on “personal social integration and valued social participation.” Table 16.4 describes some strategies suggested by SRV teaching which might assist in this.

Some ways of fostering positively experienced personal contact include assisting devalued people to become members of voluntary associations, promoting citizen advocacy relationships between members of community groups and devalued persons, or encouraging members of community groups to work collaboratively with members of advocacy groups of devalued persons toward a common goal.

Positively experienced personal contact alone may not be sufficient to bring about long-term attitude change. Zimbardo, Ebbesen, and Maslach (1977) write that such contact must be accompanied by other conditions in order to sustain a change in attitude about devalued people. This is one reason why working with community organizations to create a receptive climate for responding to devalued people is probably more effective than working only with individuals:

A second approach used . . . has assumed that contact or physical proximity between members of the group in question, would make attitudes more favorable . . . There is some equivocal evidence that as long as the contact continues, the prejudiced attitudes may weaken. However, once the person returns to a situation where the norms do not support tolerant attitudes, the newfound tolerance slips back into old prejudiced habits of thought, speech, and action. (p. 163)

An especially effective combination of educational approaches, whether they be with members of voluntary associations or others, is to create opportunities for constructive personal contact between a devalued person and others, and then to offer opportunities for consciousness-raising and other kinds of learning as follow-up. I have termed this combination of approaches “contextual learning,” because it enables the learner to develop a connection to a devalued individual, then provides a context for understanding the situation of that individual including cultural and structural contributors to their devaluation.

In Normalization or SRV training with staff, one can usually assume that staff already have personal contact with people who are devalued. What they may be missing is a broader framework of understanding of such things as patterns of devaluation, the impact of unconsciousness on actions, and so forth that can be taught in an SRV course. However, community members who do not know devalued people personally may first need such contact as a way to engage or interest them. Personal contact can provide the motivation to learn more about the broader situation of devalued people. Then the additional information can be offered, using a variety of approaches. This additional information enables the learner to put that personal contact into a frame of reference—to see that many of the individual’s experiences are common to a whole class or group. Without the personal contact, the learner has no immediate need to know or apply what is being learned. Without the broader learning, a person can be positively disposed toward an individual but not understand the larger patterns affecting his or her life.

Contextual learning is one important strategy for anyone interested in social change. There are a few models of this kind of education. The Highlander Center in New Market, Tennessee, is one example. The Plowshares Institute in Simsbury, Connecticut, is another. Both combine explicit education/training with intentional opportunities for personal contact.
TABLE 16.5

PROMISING PEDAGOGIES FOR BRINGING THE SRV MESSAGE TO COMMUNITIES

Consciousness-raising, i.e., the process of identifying and critiquing the ideologies influencing our beliefs and our lives.

Three dimensions:
* Personal
* Organizational
* Systemic

Action, i.e., constructive actions on behalf of devalued people.

Positively experienced personal contact

Effective combination of approaches

1. Opportunities for constructive personal contact with a devalued individual, combined with
2. Opportunities for consciousness-raising and broader education with links to the devalued individual.

"CONTEXTUAL LEARNING"

6 CONCLUSION

Since the late 1960s, our vision of what might be possible for people with disabilities has expanded considerably. Rather than working toward facsimiles of real life, the aim is for people with disabilities to have ordinary, typical, valued lives—real lives in real communities. The success of this new vision requires the willing participation of community members—"ordinary people." While it is probably unreasonable to expect that communities will, of their own accord, systematically rise to the challenge of integrating people with disabilities and provide them with the needed support, there are certain reasonable expectations of community members and communities. In order to prepare and support community members to fulfill these expectations, direct efforts at community education and attitude change need to be carried out. SRV training is not the most feasible approach to accomplish the desired outcomes with an audience of community members, but there are many possible strategies to teach about devaluation and SRV measures. Especially promising audiences include individual community members who might have contact with devalued people at the interpersonal level, and especially members of religious, service, and fraternal organizations. Contextual learning, that is, pedagogies that build on opportunities for constructive personal contact between devalued people and other community members, and that provide additional information and understanding regarding matters arising from such contact, are likely to be especially effective forms of education.

REFERENCES


NOTE

1. Throughout this part of the paper, both the terms people with disabilities and devalued people are used. When referring specifically to people with disabilities or to trends most relevant within the disability field, the former term is used.