
BEYOND NORMALIZATION: SOCIAL ROLE VALORISATION

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Abstract

In 1972, Dr. Wolf Wolfensberger, a renowned American social scientist produced his classic work *The principle of normalisation in human services*. The principle has become a cornerstone of Government funded services to intellectually disabled children in Victoria. This article presents developments in Wolfensberger's most recent thoughts on *normalisation*.

The normalisation principle

'Normalisation' was initially a Scandinavian concept. The Director of Mental Retardation Services in Denmark, N.E. Bak Mikkelsen was instrumental in incorporating the principle into Danish law in 1959. He defined normalisation as "letting the mentally retarded obtain an existence as close to the normal as possible". The theme was adopted by other Scandinavian countries, thus pioneering an area of social legislation and public service which has had far-reaching consequences.

In 1967, Bengt Nirje, Secretary General of the Swedish Association for Retarded Children began to apply the concept to the "quality of life" experienced by intellectually disabled children and adults. He is widely recognised as an originator of the normalisation principle.

His definition is an elaboration of the earlier Danish principle - "making available to the mentally subnormal, patterns and conditions of everyday life which are as close as possible to the norms and patterns of the mainstream of society". He listed as "rights" some of the experiences that institutionalised intellectually disabled children were being denied, for example, the "right to dress and feed themselves, the "right" to privacy and the "right" to go to school or as young adults, to work.

Nirje spoke of *normalisation* in very personal terms, focussing on the 'normal' rhythms and routines of the human life cycle:

"Normalisation means . . . a normal rhythm of the day.
You get out of bed in the morning, even if you are profoundly retarded and physically handicapped;
you get dressed,
and leave the house for school or work, you don't stay home;
in the morning you anticipate events,
in the evening you think back on what you have accomplished;
the day is not a monotonous 24 hours with every minute endless,

You eat at normal times of the day and in a normal fashion;
not just with a spoon, unless you are an infant;
not in bed, but at a table;
not early in the afternoon for the convenience of the staff.

Normalisation means . . . a normal rhythm of the week.
You live in one place,
go to work in another,
and participate in leisure activities in yet another.
You anticipate leisure activities on weekends,
and look forward to getting back to school or work on Monday.

Normalisation means . . . a normal rhythm of the year.
A vacation to break the routines of the year.
Seasonal changes bring with them a variety of types of food,
work, cultural events, sports, leisure activities.
Just think . . . we thrive on these seasonal changes.

Normalisation means . . . normal developmental experiences of the life cycle.

In childhood, children, but not adults, go to summer camps,
In adolescence one is interested in grooming, hairstyles,
music, boyfriends and girlfriends.
In adulthood, life is filled with work and responsibilities.
In old age, one has the memories to look back on, and can enjoy the wisdom of experience.

Normalisation means . . . having a range of choices, wishes, and desires respected and considered.

Adults have the freedom to decide where they would like to live.
What kind of job they would like to have, and can best perform.
Whether they would prefer to go bowling with a group,
instead of staying home to watch television.

Normalisation means . . . living in a world made up of two sexes.
Children and adults both develop relationships with members of the opposite sex.
Teenagers become interested in having boyfriends and girlfriends.
And adults may fall in love, and decide to marry.

Normalisation means . . . the right to normal economic standards.
All of us have basic financial privileges and responsibilities,
are able to take advantage of compensatory economic security means,
such as child allowances, old age pensions, and minimum wage regulations.
We should have money to decide how to spend;
on personal luxuries, or necessities.

Normalisation means . . . living in normal housing in a normal neighbourhood.
Not in a large facility with 20, 50 or 100 other people because you are retarded,
And not isolated from the rest of the community.
Normal locations and normal size homes will give residents better opportunities for successful integration with their communities".⁽¹⁾

Since that time the *normalisation* concept has spread across the world. It is currently a feature of the Australian Labor Party's policy on disability and is one of the key principles of our State's Intellectually Disabled Persons Services' Bill.

In 1972, Dr. Wolf Wolfensberger, Scholar and Leader in the broad area of human services philosophy, wrote the first book on *normalisation*⁽²⁾. Copies can be found in every IDS Regional Office and institution. His text defines *normalisation* as "the use of means which are as culturally normative as possible".

However, the choice of the term *normalisation* has clearly been unfortunate, one major reason being that relatively few people have found it possible to separate the different meanings attached to it by various users of the term. Wolfensberger himself has pointed out that once people hear or see the term *normalisation*, a large proportion assume, usually wrongly, that they know "what it means". They in fact fail to appreciate the principle as a tightly-constructed, intellectually demanding and empirically well-anchored theory of human service and to some degree, relationships.

Current Situation

By 1982 Wolfensberger had rethought this definition and proposed that the most explicit and highest goal of *normalisation* must be the creation, support and defence of *valued social roles* for people who are at risk of social devaluation (3). All other elements and objectives of the theory are really subservient to this end, since if a person's social role is a societally valued one, then other desirable things will be accorded to that person almost automatically, at least within the norms and resources of his or her society. Indeed, those personal attributes which might otherwise be viewed negatively by society would become viewed positively. For example, a person who experienced hallucinations would probably be rendered devalued in our culture. However, he or she might be held in awe and high respect in another culture (as among the Arab world) where such phenomena are considered manifestations of divine favour. Or in parts of the Far East until relatively recently, a mandarin or very wealthy person might have his or her hands or fingers rendered useless, so that what would be considered a serious functional impairment in Australia, would elsewhere become a symbol of the person's high social status. Indeed, so high that all would be aware that the person had all necessary personal functions performed for him/herself by servants and retainers.

Being seen as filling a valued social role might be the one thing which prevents a person from becoming devalued because of a characteristic which would automatically cast other people who do not

have socially valued roles into a devalued status.

With respect to children, we know (as Dr. Wolfensberger has pointed out) that being seen as devalued/deviant brings with it three important consequences:

1. Devalued children will be badly treated. They are apt to be rejected, even persecuted, and treated in ways which tend to diminish their dignity, adjustments, growth, competence, health, and/or lifespan.
2. The (bad) treatment accorded to devalued children will take on forms that largely express the devalued societal role in which they are perceived. For instance, if handicapped children are (unconsciously) viewed as animals, they may be segregated into settings that look like cages and animal pens, may be located close to zoos or animal laboratories, and their service may be given an animal name, often even the name of an animal that is seen as expressive of the devalued child's identity. Thus, a class of intellectually disabled children may be named "the Turtles". Similarly, children perceived to be social menaces (perhaps for no realistic reason) may be served in settings that look forbidding and fortress-like, have (or appear to have) walls, locks, fences, and barred windows and that are far removed from the rest of society.
3. How a child is perceived and treated by others will in turn strongly determine how that child subsequently behaves. Therefore, the more consistently a child is perceived and treated as being deviant, the more likely it is that s/he will conform to that expectation and will behave in ways that are socially expected of him/her - or at least that are not valued by society. On the other hand, the more social value that is accorded to a child the more s/he will usually be encouraged to assume roles and behaviour which are appropriate and desirable, the more s/he is apt to achieve.

In his writings on *normalisation*, Wolfensberger has stressed that the cultural relativity of who gets devalued, points to a two-pronged action strategy:

- (a) to the reduction or prevention of the differentness or stigmata (ie. the overt signs) which may make a child devalued in the eyes of observers; and,
- (b) to changing societal perceptions and values in regard to a devalued child or group so that a given characteristic or child is no longer seen as devalued. If a human condition (including what might be considered an affliction) were valued in society, then it would be less likely that people would do bad things to the "incumbent" of such a condition. Instead, the incumbent would be respected other people would tend to

censure anyone who attempted to harm the child; the incumbent would be sought out by others as a valuable friend, or at least as a person with whom one wishes to be associated.

A New Conceptualisation of Normalisation Goals and Strategies

In order to pursue the above two strategies in attempting to attain the goals of socially valued roles and life conditions for (devalued) children, any number of things can or must be done which, for practical and problem-solving purposes, can be divided into two large classes:

- (a) enhancement of children's "social image" or perceived value in the eyes of others; and,
- (b) enhancement of their "competence". In our society, image enhancement and competence enhancement are generally reciprocally reinforcing, both positively and negatively. That is, a person who is competence-impaired is highly at risk of becoming seen and interpreted as of low value, thus suffering image-impairment; a person who is impaired in social image is apt to be responded to by others in ways that impair/reduce his/her competence. Both processes work equally in the reverse direction; that is a person whose social image is positively valued is apt to be provided with experiences, expectancies and other life conditions which will generally also increase his/her competence, and a person who is highly competent is also more apt to be imaged positively.

In terms of practical word use, one would speak of things being "social role valorising" rather than *normalising*, although the adjective "normative" is still useful in some contexts, especially as the concepts of what is normative and valued in a culture are still of the highest relevance to social role valorisation.

Thus, "social role valorisation" has now been submitted to our field as a replacement for "the principle of *normalisation*" and Wolfensberger has begun to use it in his teaching and training events.

I believe that adopting this new term is not only a more accurate description of what the theory of *normalisation* has been all about, but that just as importantly, the phrase can serve as a very instructive consciousness-raiser to those who hear and use it.

References

1. National Institute on Mental Retardation. *Orientation Manual*, Toronto, 1981, p.52.
2. Wolfensberger, W. *The Principle of Normalisation in Human Service*. Toronto, NIMR, 1972.
3. Wolfensberger, W. A proposed new term for the principle of *normalisation*. *Mental Retardation*, 1983, 2(6), 234-39.