

Mathematicians have suggested that an infinite number of monkeys, typing on an infinite number of typewriters over an infinite amount of time, could eventually and quite randomly type up the works of Shakespeare. Given the contrived nature of the negative-speak that inspires professional labelers, one would suspect that only a definite number of monkeys working on a definite number of typewriters for a definite number of years could come up with a DSM.

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Lemay, R.A. (1999). Roles, identities, and expectancies: Positive contributions of role theory to Social Role Valorization theory. In R.J. Flynn & R. Lemay (Eds.), *A quarter-century of normalization and Social Role Valorization: Evolution and impact*. Ottawa: University of Ottawa Press, 219-240.

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#### THE CITATION FOR THIS REVIEW IS

Lemay, R. (2010). Review of the article *Language, labels and diagnosis: An idiot's guide to learning disability* by A. McClimens. *The SRV Journal*, 5(1), 46-49.

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**ROLE DEVELOPMENT: AN EVIDENCED-BASED INTERVENTION FOR INDIVIDUALS DIAGNOSED WITH SCHIZOPHRENIA IN A FORENSIC FACILITY.** By V.P. SCHINDLER. *Psychiatric Rehabilitation Journal* 28(4), 391-394, 2005. **REVIEW AVAILABLE ONLINE @ [www.srvip.org](http://www.srvip.org)**

#### Reviewed by Ray Lemay

VICTORIA SCHINDLER WRITES THAT “individuals diagnosed with schizophrenia often have deficits in developing and/or maintaining social roles and their underlying tasks and interpersonal skills. Commonly available treatment such as medication and activity programs alleviate symptoms and promote improvement, but may not address the development of social roles or the skills nested in these social roles” (p. 391). The author thus highlights the differences in outcome goals of different programmatic initiatives. Some programs of intervention seek symptom reduction or functional improvement; indeed O’Connor (2001) in her doctoral thesis describes how successfully treated (symptom free or at least controlled) ex-psychiatric patients live lives of abject poverty and social isolation in the community; in the community each of these individuals had a role identity that could be summed up as ex-psychiatric patient, nothing more, nothing less. However, in this article, the author describes an approach where a role development program went beyond merely reducing or controlling symptoms and addressed issues that touched upon the quality of life experiences and conditions of inmates.

**Since you are reading this journal,** why not tell someone else about it? We believe Social Role Valorization is an important tool that concerned individuals can use to address social devaluation in people’s lives. As someone who shares that belief, encourage others to read and subscribe to the only journal dedicated to SRV. Information available at [http://www.srvip.org/journal\\_general.php](http://www.srvip.org/journal_general.php).

This article describes a small scale pre-post two group study that compares two methods of intervention. The experimental group involved in the Role Development Program (RDP) was made up of 42 participants. When describing RDP, the author references Wolfensberger's (2000) definition of Social Role Valorization, stating that the program is based on the concept of "role development [which] is a theory-based individualized intervention in which staff and participant work collaboratively to identify and develop the participant's social roles, such as worker, student, friend, and group member, and the task and interpersonal skills associated with these roles" (p. 391). RDP is a manualized intervention approach where employees received extensive training and were monitored for their fidelity to the approach. Staff then helped participants in their development of role relevant skills. "Although Role Development can focus on a variety of roles including community roles, roles for this study are those an individual could develop in this forensic setting (e.g., worker, student, group member, friend)" (p. 392); we could characterize such an intervention as crafting valued activities in a devalued setting in interactions with devalued individuals; or simply crafting valued roles in a devalued and segregated setting. One would want to read more about this intervention approach, but unfortunately the article provides only cursory information about the intervention methodology. Interestingly, Dr Schindler (2004) had previously authored a book on her approach where it is defined as an occupational therapy.

RDP was viewed as an enhancement of the existing treatment program and thus the experimental group was also involved in the regular "Multi-departmental Activity Program" (MAP). The RDP component was not particularly intensive, as it amounted to a total of 15.5 hours per person over a 10 week period, or less than 15 minutes a day.

The comparison group, that also included 42 individuals, participated in the existing MAP. "The MAP is a non-individualized, therapeutic

intervention designed to encourage the productive use of time and socialization in a group setting" (p. 392). To ensure that it was the RDP and not individualization (a possible confound) that was producing an effect in the study, a sub-group of the MAP comparison group received a weekly 15-minute period of individual attention: "to discuss their development of roles and skills as part of the RDP, it was important to assess whether individual attention could be the cause for change" (p. 392).

The two groups were assessed using a variety of scales; pretest measures found no differences between the groups on a role functioning scale. However, "participants in the RDP demonstrated greater improvement in social roles than participants in the MAP at 4, 8, and 12 weeks of treatment" (p. 393). "This study demonstrates that individuals living with multiple disabling factors, such as a long psychiatric history, legal charges, and low levels of education, can develop skills and roles when provided with meaningful rehabilitation" (p. 394). Indeed, if we think back to the O'Connor study mentioned above, ex-psychiatric patients living in the community with few valued roles might just be no better off, indeed worse off, than these incarcerated individuals who receive support as they engage in a number of valued roles, such as student, worker and friend, albeit in a segregated setting. Though it is unlikely that social integration is occurring in a forensic psychiatric institution, an interesting question is whether RDP improves the likelihood that the roles attributed in the institution will eventually transfer to the community, thus increasing the likelihood of social integration and access to the good things in life (Wolfensberger, Thomas & Caruso, 1996).

In conclusion, it would seem that specifically and deliberately attending to the development of social roles, even for as little as 15 minutes a day, seems to be more effective than traditional therapeutic approaches, even for people incarcerated in forensic facilities.

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## THE CITATION FOR THIS REVIEW IS

Lemay, R. (2010). Review of the article *Role development: An evidenced-based intervention for individuals diagnosed with schizophrenia in a forensic facility* by V.P. Schindler. *The SRV Journal*, 5(1), 49-51.

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**THEOLOGY AND DOWN SYNDROME: REIMAGINING DISABILITY IN LATE MODERNITY.** By A. YONG. Waco, TX: Baylor University Press, 2007. **REVIEW AVAILABLE ONLINE @ [www.srvip.org](http://www.srvip.org)**

### Reviewed by Wolf Wolfensberger

SURPRISINGLY, THIS BOOK HAS HARDLY any content unique to Down's syndrome or relevant to Social Role Valorization. The author is an ethnic Chinese Protestant theologian from Malaysia who ended up in the US, and who grew up with a brother with Down's syndrome who was nearly blind and deaf, had a heart defect and was almost unintelligible.

The author admits that he has little acquaintance with impaired people other than his brother. He tried to make up for it by reading a vast amount of literature, and citing what impaired people have written, or have been claimed to have written.

Despite being highly hailed, this is a most problematic book. It evidences great learning with great incoherency of spirit, and ultimately a most peculiar teaching contrary to Christian tradition, namely that the soul evolves, which he calls "emergentism" (p. 170). It sounds much like Joseph Fletcher's 1970s and later relativistic idea of personhood, with some people having more than others, and some having none. Relatedly, the author defines personhood not in terms of being, but doing.

Among the incoherencies are these. (a) A ridiculous respect for the current mental and neurosciences. (b) A combining of Christianity with a constructionism that grew out of materialism. (c) An ambivalence toward political correctness (PC), and tortuous (often very funny) efforts to walk between it and common sense. This incoherency is also expressed in the conflict between PC and literalist Bible interpretation. (d) An attraction to crazes, craze authors and crazy authors, though most readers would not know that some of the authors cited in seriousness were/are messed-up people.

While the author has read a lot, and tirelessly cites sources, he often does not cite the important sources but very derived ones. It can be startling to see to whom various ideas are attributed, when the writers that are cited were only rehashing other people's work.

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## THE CITATION FOR THIS REVIEW IS

Wolfensberger, W. (2010). Review of the book *Theology and Down syndrome: Reimagining disability in late modernity* by A. Yong. *The SRV Journal*, 5(1), 51.