

SOCIAL ROLE VALORIZATION THEORY AND THE PRINCIPLE OF NORMALIZATION

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In 1991 a panel of 178 experts in the field of mental retardation, using a Delphi technique, identified Wolf Wolfensberger's 1972 book *The Principle of Normalization in Human Services* as the most important "classic" work in mental retardation, of a possible 11,300 articles and books published in the field over roughly 50 years (Heller et al., 1991). Most professionals in the field of human services have heard of the principle of normalization or have, at least, some idea of what it suggests. However, their views concerning normalization are often based on misunderstandings rather than on an actual reading of basic normalization literature (Wolfensberger, 1980).

The Scandinavian Formulations

One could possibly trace the roots of normalization back to the concept of moral treatment of the eighteenth century, especially as it was practised and explained by William Tuke. But it was after World War II, in Scandinavian countries, particularly Denmark and Sweden, that service attitudes and principles were developed that were eventually called normalization. Niels Eric Bank-Mikkelsen, as head of the Danish Mental Retardation Service, was instrumental in having this principle written into the 1959 Danish law governing services to persons with mental retardation. Neils Eric Bank-Mikkelsen (1969) spoke in terms of letting "the mentally retarded obtain an existence as close to the normal as possible," and this idea also had an impact on the writing of a law governing services to mental retardation in 1967 in Sweden. It was, however, Bengt Nirje, then executive director of the Swedish association for retarded children, who first systematically stated and elaborated the principle of normalization in human service literature, and popularized its name. Bengt

Nirje (1969) stated the principle as follows: "making available to the mentally retarded patterns and conditions of everyday life that are as close as possible to the norms and patterns of the mainstream of society."

The Scandinavian origins of normalization can be understood as a natural extension of the Nordic social-welfare experiment to its mental retardation citizens with as it was stated by Bank-Mikkelsen and then by Nirje, normalization was and still is in Scandinavia an expression of a sociopolitical program of immense importance.

The Scandinavian formulation continued to evolve, with Nirje (1992) providing the following updated version: "The normalization principle means that you act right when making available to all persons with intellectual or other impairments or disabilities patterns of life and conditions of everyday living that are as close as possible to or indeed the same as the regular circumstances and ways of life of their communities."

Normalization in North America

Wolf Wolfensberger was instrumental in transferring the principle of normalization to North America. He reformulated the principle "for purposes of a North American audience and for broadest adaptability to human management in general" (Wolfensberger, 1972). His refinements to the principle were aimed at marrying the formulations by Bank-Mikkelsen and Nirje to social science, and generalizing their applicability to all socially devalued classes. Though the Scandinavians had framed normalization primarily for persons with mental retardation, from the beginning Wolfensberger has

argued that the principle of normalization should be applied to all human service sectors and for all socially devalued groups (Wolfensberger, 1970). He thus framed the definition into a scientific statement that called into play a synthesis of psychological and sociological work. Early North American dissemination and training events highlighted deviancy, the developmental model, imagery, social integration and valued social participation as fundamental concepts. The emphasis on social integration was an important difference between the Scandinavian and North American formulations, with the Scandinavians, for instance, being comfortable with people living in institutions as long as these were "normalized." For Wolfensberger, valued social participation was both a means and an end of normalization. In *The Principle of Normalization in Human Services* (Wolfensberger 1992) proposed as the first North American formulation "the utilization of means that are as culturally normative as possible in order to establish and/or maintain personal behaviors and characteristics that are as culturally normative as possible." Wolfensberger and Tullman (1982) further refined the definition: "Normalization implies, as much as possible, the use of culturally valued means in order to enable, establish, and/or maintain valued social roles for people." This set the stage for the formulation of social role valorization, as we shall soon see.

As Wolfensberger indicated, the normalization principle is deceptively simple. By and large, most people will agree to it wholeheartedly while often lacking awareness of even the most immediate of its major corollaries and implications, and while engaging in practices quite opposed to it. Wolfensberger's insight was that the elegant and parsimonious normalization principle has a myriad of implications and it has evolved over the years as these implications have become more evident and explicated. At the outset, Wolfensberger's aim was quite ambitious: the formulation of a complete human

management model, including tools of analysis, implementation, training and evaluation. Moreover, he suggested that the framework of service no longer be the medical model but rather something he then called the developmental model, suggesting that developmental potential rather than sickness was the proper perspective for human service management.

In North America, the first widespread practical applications of the normalization principle occurred in Nebraska and especially in the ENCOR regional service system around Omaha where Wolfensberger then worked. The National Institute on Mental Retardation of the Canadian Association for the Mentally Retarded (now called the Canadian Association for Community Living) took up the gauntlet when it brought Wolfensberger to Canada (1971-73) and published his book *The Principle of Normalization in Human Services* (Wolfensberger, 1972). G. Allan Roehrer, then director of the National Institute on Mental Retardation, developed with Wolfensberger an impressive method of dissemination that was tied to staff training, program evaluation, and pilot projects throughout Canada. Over the years a great number of groups have taken up systematic normalization training, and this training discipline has now spread across the world, to England, Australia, New Zealand, France, and Switzerland. In North America alone since 1971, tens of thousands of human service workers have attended courses or workshops of one to seven days' duration on normalization, or later on social role valorisation.

Over the years, the training materials that were developed by Wolfensberger and his associates continued to evolve, as did the concept and definition itself. The refinements were aimed at capturing the richness of the principle as well as attempting to lay to rest some misunderstandings or objections.

There has been an ongoing dialogue among the theorists of the normalization principle with Gunnar Dybwad (1982), Bengt Nirje (1992), and Burt Perrin & Bengt Nirje (1985) have expressed disagreement

with Wolfensberger's formulation, exchanging clarifications, and proposing different emphases. In fact, in Scandinavia, Wolfensberger's formulation has never been widely accepted, as it was felt that it tried to make normalization too much of a social science and unnecessarily complicated.

The principle of normalization has become an easily recognized and almost pervasive notion of immense importance in the evolution of human services, especially for persons with mental retardation. It has been invoked in the framing of public policy and laws and as a basis for litigation. However, one of the reasons why other fields have been reluctant to embrace either the normalization principle (or later SRV), or to acknowledge their debt to these, is almost certainly that the field of mental retardation did so first. Also important misunderstandings continue to exist (Nirje, 1985; Wolfensberger, 1980, 1983) which has led Wolfensberger to propose a new term, and a new and still evolving formulation.

Social Role Valorization

Definition

In 1983, Wolfensberger reconceptualized the normalization formulation, and in part to lay to rest much terminological confusion, renamed it social role valorization (SRV). One of the earliest articles in which he explained this (Wolfensberger, 1983) was identified as the seventeenth most important publication in the field of mental retardation by the same panel of 178 experts referred to earlier (Heller et al., 1991). In 1991 Wolfensberger published a monograph, now in its second edition (Wolfensberger, 1992), in which he gives a brief overview of this important concept, which has had a tremendous impact on the conceptualization of human services and legislation in North America.

The genesis of the new concept of SRV can be briefly sketched as follows. As early as 1979,

Wolfensberger and his associates changed the focus of the principle of normalization, leaving behind its early reliance on the sociological concept of deviancy, and turning to the concept of social devaluation, which they married to a compelling phenomenological view of the life experiences of societally devalued people and service recipients. In the late 1960s Wolfensberger had written extensively on the historical deviancy roles of socially rejected persons (Wolfensberger, 1969). With Steve Tullman (Wolfensberger & Tullman, 1982), he returned to the concept of roles and proposed that positive social roles were fundamental to counter social devaluation; and this led to his most recent revision of the normalization principle.

In 1981 and 1982, while translating some of his writings into French, Wolfensberger found that his French associates used the term *dévalorisation* to translate the word devaluation. In French, the positive of *dévalorisation*, *valorisation*, is readily used to express positive valuation. In 1983, in Paris, he suggested that the French not translate literally the word "normalization" as it had been adopted from the Scandinavians. Rather, he proposed that the French term should suggest a system for the improvement of the social roles of persons who are at risk of devaluation. Later in 1983 he proposed the term *social role valorization* (SRV) for what had become a new concept that subsumed normalization.

SRV's starting point is the socially devalued person, and it provides a compelling phenomenological view of this person, whether a service recipient or not. In Wolfensberger's three-day introductory workshops on SRV, trainers spend close to five hours, out of a total of twenty-four, reviewing the typical experiences of socially devalued people, which includes almost all clients in several major service sectors. For Wolfensberger, devaluation is the hallmark of society's response to people with certain characteristics and identities (including impairments), and as a result, being "wounded" in various ways is

their common, pervasive, and often lifelong experience. A person perceived by society to be of low value is apt to be treated in ways that reflect this perception: low-quality housing, poor schooling or no education at all, low-paying and low-prestige employment (if any employment at all), poverty, and poor-quality health care. The devalued person will be rejected, separated, and excluded, and the good things in life, which are taken for granted by valued persons, will be denied or taken from a devalued person, including supportive relationships, respect, autonomy, and participation in the activities of valued persons.

Thus a service system that merely occupies itself with "rehabilitation" rather than addressing devaluation and its impacts is, at least to a significant degree, doomed to failure, and can possibly even be a tool of oppression (Wolfensberger, 1987). For Wolfensberger, social devaluation and the needs of devalued people are not simple problems, and SRV is therefore a complex and broad response strategy.

Wolfensberger has defined social role valorization as **"the enablement, establishment, enhancement, maintenance and/or defense of valued social roles for people, particularly for those at value risk, by using as much as possible culturally valued means"** (Wolfensberger, 1991, 1992). This definition is written with Occam's razor in mind: a brief statement to convey a clear, operationalizable message. The emphasis on roles is probably new to many, and in it are contained the seeds of a radically different phenomenological understanding of many people of devalued identity and clienthood, and a new perspective on the means and ends of human service. Social role valorization is useful because its theory is well supported and validated by research. One major difference between SRV and normalization, in addition to SRV's emphasis on social roles, is that SRV is much more of a social science than normalization. Normalization was a combination of social science elements with ideology, but SRV is more pure social science, even though it is concordant

with many positive ideologies and beliefs (e.g., about the value of all people). An example of social science grounding is that it presents what has to be done or avoided to achieve a goal (such as improvement of attitudes, or enhancement of a particular competency) for a devalued person or group, laying out action decisions on the basis of what is known to be likely to work or not to work, not on the basis of what one wants or feels or would like to be true.

Also, there is a package of evaluation and teaching tools: *PASS* (Wolfensberger & Glenn, 1975) and *PASSING* (Wolfensberger & Thomas, 1983) are both well-documented, validated, and reliable tools for program evaluation (e.g., Flynn et al., 1991) that are also intended and widely used for teaching people about normalization and SRV. Therefore it is a relatively comprehensive program that can cover the total spectrum of human service. Its emphasis on using "culturally valued" means implies capitalizing on positive familiarity with, and expectations upon, the means, and avoiding measures that strike most members of a culture -- including clients -- as alien and dubious. This should more readily elicit both public support and a client's engagement. In its emphasis on choosing "valued" activities, roles, and so on for persons at value risk, we find another important difference from at least the Scandinavian formulations of the normalization principle, where what is "normative" is seen to be sufficient. SRV proposes that in order to defend and even enhance the status of devalued persons and groups, one must often employ those alternatives that are on the more valued end of a continuum.

In the creation of SRV, Wolfensberger has drawn widely on the corpus of social science. Upon reading the 1991-92 monograph, for instance, one will be reassured by many well-known concepts. New theoretical implications and new practical utilizations have been found for many concepts that have otherwise been well researched but little utilized or pulled together into a single framework for practical

application. Thus work on expectations and self-fulfilling prophecy finds new life in SRV, as well as research in areas such as social perception, semiotics, and labeling theory. The developmental model and the issue of personal competency enhancement are given fresh new meaning within this metatheory.

Social Roles

A good example of Wolfensberger's integration of diverse elements of social science comes in his treatment of the concept of roles and his utilization of role theory. "A social role may be defined as a socially expected pattern of behaviors, responsibilities, expectations, and privileges" (Wolfensberger, 1992). Social role theory, sometimes referred to as the nexus between sociology and psychology, is of great importance to both fields, but few have garnered much practical utilization from it. Yet roles are pervasive, with people going from one role to the next, and generally filling many roles at the same time. "For instance, in any single day, a person may be in roles such as 'customer,' 'shopper,' 'teacher,' 'voter,' 'driver,' 'wife' or 'husband,' 'mother' or 'father,' 'daughter' and 'son,' 'sister' or 'brother,' 'friend,' 'neighbor,' etc." (Wolfensberger, 1992). SRV provides an understanding of how roles are shaped; how they are attributed; and, most importantly, how they can be used to counteract devaluation.

SRV is a tool of both social analysis and intervention. Wolfensberger's insight is that the devalued person would not be in difficulty (or at least would be in less difficulty) if he or she had access to valued roles, for then that person would be afforded many of the positive expectations and circumstances that, on the one hand, would improve his or her competencies, and on the other would either support or compensate for his or her deficiencies. The good things in life, which most people take for granted but are so widely missing from the life experience of a devalued person, become available in connection with

incumbency in positive social roles.

For SRV, roles and competencies are not the same thing but also are not altogether independent. Roles are signaled or evoked by many indicators: behavior, dress, the immediate physical and social context, and so on. Thus a person can claim many roles, or have them attributed to him or her, irrespective of that person's competencies, as long as the trappings of the roles are associated with him or her. The opposite is also true: People will not be willing to attribute a particular role to a person, even though he or she has the competencies necessary to fulfill it, if the indicators are not there to confirm that the person in fact "has" the role. For instance, the fact that we are willing to trust a medical practitioner who is otherwise unknown to us is based on where we meet him or her; the person's demeanor, and, of course, what he or she wears. SRV proposes that having positive social roles can minimize or even overcome the negative social and practical effects of an impairment, even though the impairment is real, perhaps even severe, and continues to exist. Thus SRV is not simply "taking away" or relabeling a devalued condition.

Moreover, SRV recognizes that the major tool of the multibillion-dollar advertising industry in normative culture also has applicability to the creation of positive images of people at risk of social devaluation, by constructing positive juxtapositions to build up their image in the eyes of others. This strategy will go a long way in facilitating the attribution of valued social roles to persons who are at value risk, or their actual insertion into such roles (Thomas & Wolfensberger, 1982). It is therefore not surprising that SRV proposes that to achieve valued social roles for people, image enhancement is at least as important as competency enhancement. After all, the mental representations we have of people are constructed by how they look and act, their appearance, and behavior, what the observer is told about a person or the class to which the person is seen to belong, the language used to describe and refer to that party, and miscellaneous

other symbols that are associated to it. Because these mental images also structure our expectations, and our expectations direct our behavior, they can have a direct impact on the competencies that persons develop. If, for instance, the images we hold of a person or group have convinced us of their worthlessness or their incapacity to achieve certain competencies, we will not provide that party with the opportunities to learn and master them.

SRV proposes that the way services are organized and set up can have a major impact on the images associated with the persons who are served. Thus the service setting (location, external and internal facility features, etc.); the social contacts provided to a client; the activities, routines, and rhythms of a service; the language and labels used to and about people served and their service; and the funding sources and the fund-raising appeals that support a service--all these generate images that can be positive or destructive for the people served.

If *image enhancement* would be for most people a novel insight into the structure of human service, *competency enhancement* should be more readily understandable. But here again, SRV charts new ground. First and foremost, competency is highly valued in our society. Our Western cultural value tradition prizes individual self-sufficiency and productivity, and many positive images attach themselves to people who are highly competent. Some roles can be held only if one possesses certain competencies. To address the issue of personal competencies, a human service must select strategies that have both "relevance" and "potency." To be relevant to the needs of the people it serves, a service must identify and prioritize their needs very precisely. For many services this seems to be very difficult because so many human services do not give people what they really need, but rather what the servers like to do, what the founders demand be done, or what the government will fund. All of this is often not at all what the people being served need, or need most of

all. In terms of potency, SRV introduces the concept with a sobering proposal ". . . that there be an appreciation of the sacredness of each person's lifetime, and that therefore, the person's time not be wasted in irrelevance or even inactivity, but instead, that effective and intense use be made of the time the person spends in a service" (Wolfensberger, 1992).

Nothing Less Will Do

Social role valorization may also be understood as an ecological theory that proposes the addressing of image and competency enhancement vis-à-vis the individual person; the person's primary and intermediate social systems (the latter including agencies that provide service to the person); and finally, on community and societal levels. It is important to attend not only to the individual at risk, but also to all surrounding social systems. SRV emphasizes that action must include doing things to and with devalued parties, to help them more easily fill valued roles and to help members of society to value them more positively; however, surrounding social systems (including services and even society as a whole) must also be accommodating and more tolerant of difference and weakness.

If implemented, SRV would have a dramatic impact on service provision. For instance, its emphasis on what is culturally valued means that at least generally, informal structures that are valued in a culture, and applied to valued people, are to be preferred as the first avenue of recourse. Among other things, this means that when a person needs help or a service, SRV would give primacy to traditional informal helping and serving roles and relationships, rather than professionalized or formalized ones.

It is sometimes suggested that valuing the person "as he or she is" is a morally superior strategy to social role and competency enhancement. This approach is something of a defiant challenge to the world to value the person irrespective of his or her condition or

identity. But an unbiased reading of history shows the inadequacy of this approach unaided by other means: Historically, those who strive to value persons "as they are" commonly still engage (often quite unconsciously) in role degrading behavior that is eventually injurious to the persons at issue because yet other people encounter these role degradations, are negatively affected by them in their attitudes, and hence act in ways that confirm the person's role-degraded identity. Social devaluation and divisiveness are part and parcel of the human condition, and people need all the help they can get to overcome their baser inclinations along these lines. SRV theory, being strongly grounded in empiricism, provides effective ways and means for pursuing more valued social roles for people at value risk. Attributing valued roles to otherwise devalued persons, valorizing the roles they already hold, or crafting new valued roles for them, can go a long way toward facilitating the valuing of such persons.

When using the right means is already a good part of the end (as it is in SRV), then many of the ethical problems associated with the means in other systems (e.g., aversive procedures in behavior modification) are resolved. Further, the means sought by SRV are not only culturally valued but also well researched and well validated. In contrast to many present technologies and approaches that are embedded in the medical-curative paradigm, and where anything but client change in the direction of rehabilitation is deemed a failure, SRV can enhance the social roles and life conditions even of people who do not change, or cannot be rehabilitated, or where the rehabilitation efforts are still taking place and their outcomes are unknown.

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