What Does Social Role Valorization Have to Teach Us About How Best to Support People with Disability?

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Sometimes the focus upon people's physical and intellectual impairments obscures the realisation that people are also very devalued by their society and community, and often even by human service agencies themselves. Devaluation brings social repercussions to people's situations that can be more impactful and pervasive than the intrinsic impairments that occupy much of our attention.

This article introduces the reader to the major implications of social devaluation and proposes a set of strategic responses utilising substantial empirical evidence taken from the fields of education, psychology and social science especially role theory.

Devaluation is the name given to the negative judgement *made by others* about the relative worth of another person or class of people. The capacity for devaluation has been present across all time and historic periods. The nature and direction of devaluation in a culture is significantly influenced by the prevailing social values that indicate or even dictate what qualities people in that culture must have to become valuable or desirable (beauty, wealth, competence, youthfulness, independence etc). The opposites of such qualities are regarded negatively (ugliness, age, illness, incompetence, dependence etc) and thus anyone *seen* to embody those negative qualities becomes devalued, at least to some extent. People seen to contravene *important* social values or *many* social values will likely be more significantly devalued, and especially so if there are no apparent positive qualities observed in the person, like some valued history, skill or association to others.

Thus when serving a particular class of people, it will be important to know in what ways that class is likely to be judged negatively or be otherwise vulnerable. In addition, it is important to realise what *pre-existing* ideas may exist in a culture about a particular group of people, ideas which can create an additional risk for them. People with an intellectual disability have long had a mixture of positive, but particularly negative images and ideas held about them. Some negative expectations are that people will be slow, will display inappropriate emotions, have clumsy movements and childish interests, be easily distracted, tend to be gullible, as well as stare and gape, dress oddly and with poor grooming and communicate with little or indistinct speech.

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Some of the assumed or social roles for people with an intellectual disability include: eternal child, village idiot, sex offender (especially against children), arsonist, clumsy clod.

When considering these two lists (one being the *ideas* about people and the other the actual *roles* ascribed to people) one begins to realise just how much risk people with a disability face, particularly when they are presented to society in even the slightest way that conforms to any of this and to ensure that a service does not unwittingly reinforce an already existing negative stereotype or vulnerability surrounding that group or class.

Socially valued people very typically respond in negative ways to devalued people. Low status invites and 'legitimises'[2] bad treatment. The bad treatment has many universal features and is so detrimental that Wolfensberger[1] uses the metaphor of "wounds" to describe them. For instance, it is very common for devalued people to become rejected because of their low status. This rejection produces behavioural responses that include casting devalued people into negative roles (like 'vegetable', menace, eternal child, sick or diseased organism etc) and locating them into environments that convey negative images (dirty, decay, contagious, dangerous etc). The rejection is compounded by locating people away from others where freely given relationships are replaced by paid ones. Authorities take control of every aspect of their life including being moved around arbitrarily so that people more and more lose contact and continuity with family, friends and even possessions. The experience of having so little expected of you leads to trifling investments to the point of "life wasting." Yet so many wounded people still persistently wait for something beneficial to happen to them. Historically the bad treatment has too often resulted in people being neglected and maltreated to the point that their very life is in peril.

If one has received *many* of these wounds and from an *early age*, the impact can be devastating and even life defining. That is, one may become primarily known through one's poverty or by one's negative role(s) and the accompanying abandonment from familiar community. Deeply wounded people are likely to respond with sadness or rage and can see life only through their own experiences. The tremendous sense of insecurity and distrust is compounded by problematic testing of relationships and pre-occupation with past relationships or fantasising about relationships that may have never existed. Wounding can drive people to become irrational and impulsive and some of these problems (like talking about oneself all the time or insatiably seeking contact), can lead to even further devaluation and rejection from others.

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[2] Nothing truly legitimises bad treatment. But because humans judge situations largely through what they perceive, low status when applied to people acts as a legitimising force, excusing and virtually inviting actors to behave poorly and to do so without censure from their own conscience or by the conscience of others.

A sensitive analysis of the wounds of people will bring to light a more adaptive response to people's circumstances than most of the typical assessments and checklists that are commonly given in services. Worst of all is to fail to appreciate or to under-estimate the social dilemma that people face while we remain in the relative safety and security of our paid and professional identity, thus possibly becoming yet another source of these wounding events.

Clearly, our first response is to become keenly aware of the potential for devaluation, even caused by our actions, and the precarious social position of service recipients who face a relentless exposure to wounding events. Such awareness calls for a pro-social orientation that motivates our best judgement and expertise towards actions that <u>prevent</u>, <u>reverse</u> and <u>compensate</u> for the disadvantaged position people are in.

What has been found that is an antidote to devaluation? What could be so powerful as to both alter the perception of the observer and ensure people get access to a good life?

The strongest indication of a person's status relative to observers (and the person themselves) is via their social role. Thus if one wants to increase the value of a person in the eyes of others – and improve their resultant treatment – one would have to change the value of the role or change their role to one of greater value. This concept has been called Social Role Valorisation, or SRV. Indeed, the aim of this strategy is to enable a person to experience the 'Good Things in Life'[3] that others enjoy; a home, security, to be appreciated, to be able to work or contribute to others, to have a positive reputation, a chance to grow and develop, to have a range of roles and relationships, to belong, and many others aspects that most people agree are the things we most appreciate in a good life.

In fact, the more roles a person has, and the more valued are those roles, the more chance a person (or class) has of experiencing the 'Good Things in Life'.[2]

There are two major ways of accomplishing this:

1)   to enhance the competencies of people, and

2)   to enhance the social image of people.

Competencies are required to perform many roles. The more competent one is the more roles become available. Competency itself is highly valued and therefore is a powerful way of counteracting devaluation. A role provides a powerful context for competency attainment that when used properly brings relevance to instructional and therapeutic efforts. These ideas are incorporated

in service approach known as the Developmental Model, that utilises the most relevant and potent ways of building people's capacities. For example, the developmental model incorporates a relentless pursuit of competency enhancement by providing opportunities for frequent experiences that are challenging at a level believed to be within the person's ability (often referred to as "the dignity of risk").

> …the developmental model incorporates a relentless pursuit of competency enhancement

Images that surround a person or group create strong expectations and messages about that group. They might be positive and constructive or negative, incorporating such messages as filth, poverty, disease, danger, incompetence, dependence, laziness and distrust and the like, or some of the specific image and role risks covered earlier.

Negative ideas are not the only stereotypes held about people with a disability – there are positive ones as well. For example, society also holds impressions of people as being trusting, innocent, open and spontaneous, telling things as they see it, joy in simple things, bringing gentleness from others, and roles like compassionate consoler, honest and forthright speaker, the moral conscience of others, ice-breaker at gatherings. It is possible to think about ways that these positive impressions could be enhanced and built upon. How might that be done?

Messages and roles to and about people are communicated via the same "channels"[1]. That is, they are communicated via

- the physical setting people are in,

- the social contexts (the people one is placed with),

- the activities and other uses of time,

- the appearance of people,

- the language used to and about people and

- a range of other image sources (staff appearance, names of a service, logos, and funding sources).

Each of these occurs in daily life – but they also function within human service contexts to signal to people about how they (and others) should behave. In fact you could use these 6 channels to assess what kind of message and role expectations a service is presently giving people. As a rule of thumb, it will usually be beneficial if these channels combine in ways that matches how the valued part of the culture operates. The more a service practice diverges from valued cultural practices, the more likely that negative expectations and

impressions will be conveyed about people, especially if they are already suspected of being devalued.

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Thus a powerful and related component of delivering an effective service is to do so in ways that approximate, as much as possible how similar needs of people would be met in the valued parts of the culture. In other words to educate as the culture does, to receive health care, work, friends, a home as other valued people do. We often talk about using 'generic services' where ever we can, because they are also used by ordinary people and are therefore usually typical of valued cultural practices. Generic arrangements also tend to be safer than segregated environments. As such, they significantly enhance the status and role of devalued people who use them and dramatically increase the chances that they will be seen more favourably even to the extent of having contact, interactions and relationships with valued people. The more distant a service response is from how the rest of the culture operates the less likely recipients' will be seen as like other people which potentially freezes them out of ordinary contact with their community.

These perspectives allow us to examine our own conduct. We each desire to be of real service to people, don't we? We talk about being "person centered" "flexible" and "individualised", amongst many other buzz words that abound in our field. But are we really? Or are we just going along with the way things have always been done failing to really see what we have done?

Where to start? "Before one starts, one should have the end in mind[3]". What kind of life might an individual have if they received the right supports? The answer is almost always – an ordinary life. Seeking an *optimistically realistic* outlook about a person's future allows us to consider what supports are needed; *where* might they come from, can they be offered in unpaid/*informal* ways, can we utilise services that *valued people use*, can they be used *when* they are typically used by others, what *skills* and *images* are needed by someone in these settings, what *roles* are we trying to develop with a person?

Not everything will be possible immediately, but having a vision of what life could be like provides a powerful – even essential requirement – for creating a better life. For one thing, a vision allows us to examine our immediate goals and priorities and assess to what extent they contribute to the future life we imagined possible. If our present priorities contribute to a better future – then our initiative may be said to be "relevant" to that person's future. If it doesn't contribute it will not be just irrelevant but may even be life wasting perhaps because it is meeting the needs of other parties, like staff or family members[3].

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[3] Its not wrong that staff and family needs get met by service arrangements. It becomes a moral problem though when the needs of the service recipient are sacrificed so that only the needs of others are met.

It will be important to also know the current roles of the people you support. A role inventory can be done in discussion with the person and others in their life; what daily roles do they have, those that are less frequent, any special interest roles, do we know about all of the relationship roles they have, roles within their house/neighbourhood. Typically, the role inventories of devalued people are smaller and contain more negative roles compared with valued counterparts. Yet once known, this inventory becomes the building blocks for 'valorising' the person's roles, meaning that we pursue new possibilities: to build new positive roles, or upgrade existing roles, or make a negative role less negative, or a combination of these approaches. The roles that are built create the life we imagined possible, and will transform the persons standing, opportunities and reputation in the eyes of others.

It won't happen overnight, but neither will it happen if we individually and collectively fail to act.

SRV has some helpful strategies that guide real change in our practice and expectations of what is possible for people with disabilities and their families. When this is combined with professional knowledge and ethic driven motivation the contributions of individuals and combined team effort can become an awesome force for really changing lives.

References;

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[2] Wolfensberger, W., Thomas, S. & Caruso, G. (1996). *Some of the Universal "Good Things of life" Which the Implementation of Social Role Valorization Can be Expected to Make More Accessible to Devalued People*. The International Social Role Valorization Journal 2 (2) 12-14.