

THE NORMALISATION PRINCIPLE: BACK TO BASICS?

Introduction

There can be little doubt that over the past two decades the philosophy and performance of many professional workers in the field of mental handicap has been profoundly influenced by the principle of normalisation which, in its various formulations, has been powerfully and persuasively promoted by Wolf Wolfensberger.

Yet in recent years Wolfensberger's advocacy has been characterised by a number of negative features: (a) a closed, seemingly beleaguered and increasingly nihilistic outlook; (b) a scarcely concealed antipathy to fellow professionals; (c) scant evidence of genuine empathy with people with a mental handicap; (d) a dismissive attitude to the role and value of research; and (e) a failure to recognise the need for resources to enable desired changes to be implemented.

The aim of this article is to suggest a possible reason for this increasing negativity and to identify some of the problems which have arisen from an uncritical acceptance of the normalisation principle for those working in, and served by, services for children and adults with a mental handicap.

Wolfensberger's career

The negativity of Wolfensberger's later writing can perhaps be explained if one looks at the development of his career,

which can be divided into three phases: *Birth of the Ideologue*; *The Pedagogue*; and *The Demagogue*.

(1) *The Birth of the Ideologue*. Born and brought up in Nazi Germany Wolfensberger cannot have been unaffected by the knowledge of the horrendous and dehumanising treatment accorded by the Nazis to members of all minority groups or any group regarded as deviant. In the circumstances it is hardly surprising that Wolfensberger should feel deeply hostile to any kind of authoritarian social system - large or small - and suspicious of the motives of anyone who worked in such a system. Wolfensberger's knowledge of what had happened in Nazi Germany and his intense shock at discovering the extent and degree of maltreatment and dehumanisation of residents in the mental handicap hospitals of his adopted country must have contributed significantly to the subsequent shaping of his attitudes, values and beliefs, (Wolfensberger, 1969).

(2) *The Pedagogue*. From the 1970's Wolfensberger sought through his writing and teaching to draw to the attention of professionals and public the urgent need for fundamental change in the management of human services for children and adults with a mental handicap (Wolfensberger, 1972; Wolfensberger, 1983; Wolfensberger and Glenn, 1978; Wolfensberger and Thomas, 1983). In advocating the adoption of the normalisation principle, Wolfensberger was clearly influenced by developments in Scandinavia and Britain

(Bank-Mikkelsen, 1969; Nirje, 1969; Tizard, 1964). But as other commentators have observed Wolfensberger appeared less interested in normalisation as a process and more concerned with normalisation as a means to the realisation of a product (i.e., a person who could 'pass' as normal in terms of behaviour and appearance).

This interpretation of the normalisation principle ignored an important feature in the Scandinavian definition which sought the creation of services that provided an existence for people with a mental handicap that was as close to normal as possible (Nirje, 1969). Possibly frustrated with the slow pace of change in the development of human services based on the principle and embittered by the critiques of academic colleagues, Wolfensberger's attitude changed: less stress was placed on academic and reasoned argument and more emphasis on moral exhortation.

(3) **The Demagogue.** Wolfensberger has never made any secret of his contempt for critics of the normalisation principle, who he has accused of either clumsily misinterpreting or wilfully misrepresenting his arguments (Wolfensberger, 1980). A disturbing feature of this third phase has been Wolfensberger's departure from discussing the state of service provision in general qualitative terms (i.e. good and proper) to terms implying a moral judgment (i.e. good and evil).

The moral crusade

The propagation of the normalisation principle within a quasi-religious crusade

is both dangerous and counter-productive, for it can:

- * foster professional intolerance, division and disaffection (Hansen, 1976);
- * lead to the application of powerful and insidious pressures on professional staff to conform (Boucherat, 1987);
- * devalue the worth and work of those who, for valid professional reasons, find ground for criticism (Mesibov, 1990);
- * promote the growth of a propaganda industry which places a low value on objectivity and truth (Jackson, 1989);
- * prompt the use of strategies and techniques which indoctrinate rather than teach (Renshaw, 1986);
- * encourage a poorly trained professional population to believe that the application of a simple formula will resolve the complex problem of delivering an effective and humane service (Tadd, 1992); and
- * result in the creation of an inflexible service that is unresponsive and insensitive to clients' needs (Rhoades and Browning, 1977).

Wolfensberger's promotion of the normalisation principle as a moral crusade is dangerous, for it encourages his disciples to seek for ways, overt and covert, to discredit anyone criticising his views. The intent here is to intimidate and to ostracize the 'offender'. Not only does this constitute a threat to academic freedom but to a person's democratic right to say what he believes. There is no shortage of 'critics' who can testify to the application of this 'sanction'.

Practical consequences

The prescriptive nature of the instruments based on the normalisation principle (e.g. PASS) had an undoubted appeal to two contrasting but important professional groups: firstly, to a significant number of administrators who have had little first-hand experience of providing a service to clients with a mental handicap but who are seeking some kind of conceptual template against which to judge the quality, efficacy and effectiveness of their services; secondly, to the many inexperienced, untrained and unsupported front-line staff who are desperately searching for a coherent and comprehensive set of practice guide-lines which can be quickly and easily applied (Beke, 1986).

The problem with the normalisation principle (or SRV) is not just its uncritical application by administrators and front-line staff but, more fundamentally, its flawed nature. Mesibov (1990) has drawn attention to a number of specific weaknesses in the principle that need to be addressed:

- * it removes the focus from individual clients and places it on administrative systems;
- * it stifles rather than enhances creative and innovative programme development;
- * it has a negative effect on the general public in terms of the value system it conveys which portrays people with a handicap as an undesirable group;
- * it causes professionals to overlook the deficits of people with a handicap when planning educational and therapeutic programmes; and

- * it represents a goal that is largely unattainable given the vague and elusive nature of the defining criteria.

The crucial point that advocates of the normalisation principle miss but which earlier writers took pains to stress is that normalisation is a philosophy and not a technology (Bank-Mikkelsen, 1969; Nirje, 1969; Tizard, 1964). It is a system of values and beliefs which should help guide not dictate thought and action. This necessitates a sensitive and pragmatic approach not an inflexible and dogmatic one.

But in a political and economic climate which demands **value for money** a technological approach has an appeal to managers who are required to identify ways of measuring the quality of their services. The accelerating pace of closures of special schools and mental handicap hospitals in Britain results from an unwitting alliance of professionals and politicians. Professionals who, in the mechanistic application of the normalisation principle focus on the undesirability of segregated forms of provision. Politicians who, in seeking short-term economic benefits, justify closure plans on the grounds that they accord with conventional professional wisdom (i.e. general acceptance of the normalisation principle).

It has been argued in Wolfensberger's defence that he makes no pretence to court professional and public popularity and that his confrontational approach is deliberately calculated to elicit strong reactions, as only in this way can people be forced to question seriously their own value-set and the value systems of the society in which they live. If this is indeed the case then it is misguided, for it unnecessarily polarises discussion and encourages professional entrenchment

and not enlightenment. Also the devaluation of the work of professionals alienates and demoralises precisely that population with the power to effect real and lasting change (Jackson, 1988).

The ideological fundamentalism advocated by Wolfensberger when allied to the kind of political fundamentalism espoused by Margaret Thatcher in the 1980's created a potent force for radical attitudinal and organisational change within services for children and adults with a mental handicap in Britain. Historians may well judge this decade as the one in which a significant number within the professional community capitulated to the pressures generated by increasingly authoritarian regimes. The consequence has been a significant narrowing in the range of services available for children and adults with a mental handicap with the result that the empty rhetoric of consumer choice and the rights of clients has been clearly exposed.

Conclusion

By a perverse paradox, Wolfensberger, a refugee from fascist tyranny, has through his later writings encouraged the growth and acceptance of sentiments and opinions which are alien to our democratic system. His views have helped to create a professional climate in which the qualities of tolerance, compassion, charity and humility have been devalued. At the same time those elements in the normalisation principle which placed a premium on client dignity, self-esteem and personal autonomy have

been subverted. Professional workers in the field of mental handicap would do well to eschew the ideological fundamentalism of Wolfensberger and his disciples and return to the pragmatic yet humane, interpretation of the normalisation principle advocated by earlier writers (Bank-Mikkelsen, 1969; Nirje, 1969; Tizard, 1964).

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References

- Bank-Mikkelsen, N. (1969). A metropolitan area in Denmark: Copenhagen. In R. Kugel and W. Wolfensberger (Eds.) *Changing Patterns in Residential Services for the Mentally Retarded*. (pp. 227-254). Washington, D.C.: President's Committee on Mental Retardation.
- Beke, A. J. (1986). Normalization and hysterectomies. *Autism Society Canada*, 5, 1-3.
- Boucherat, A. (1987). Normalisation in mental handicap - acceptance without questions? *Bulletin of the Royal College of Psychiatrists*, 11, 423-425.
- Hansen, D. G. (1976). Slogans vs realities - more data needed. *Journal of Autism and Childhood Schizophrenia*, 6, 366-367.
- Jackson, R. (1988). Perils of 'pseudo-normalisation'. *Mental Handicap*, 16, 148-151.
- Jackson, R. (1989). The road to enlightenment. *Social Work Today*, 21, 24.
- Mesibov, G. (1990). Normalisation and its relevance today. *Journal of Autism and Developmental Disorders*, 20, 379-390.

- Nirje, B.** (1969). The normalisation principle and its human management implications. In R. Kugel & W. Wolfensberger (eds.). *Changing Patterns in Residential Services for the Mentally Retarded*. (pp. 181-194). Washington, D.C.: President's Committee on Mental Retardation.
- Renshaw, J.** (1986). Passing understanding. *Community Care*, 17, 19-21.
- Rhoades, C. and Browning, P.** (1977). Normalization at what price? *Mental Retardation*, 15, 24.
- Tadd, V.** (1992). Dogma or needs? *Special Children*, 59, 20-21.
- Tizard, J.** (1964). *Community Services for the Mentally Handicapped*. London: Oxford University Press.
- Wolfensberger, W.** (1969). The origin and nature of our institutional models. In R. Kugel and W. Wolfensberger (Eds.). *Changing Patterns in Residential Services for the Mentally Retarded*. (pp. 59-177). Washington, D.C.: President's Committee on Mental Retardation.
- Wolfensberger, W.** (1972). *The Principle of Normalization in Human Services*. Toronto: National Institute on Mental Retardation.
- Wolfensberger, W.** (1980). The definition of normalization: update, problems, disagreements and misunderstandings. In R. Flynn & K. Nitsch (Eds.). *Normalization, Social Integration and Community Services*. Baltimore: University Park Press.
- Wolfensberger, W.** (1983). Social role valorisation: a proposed new term for the principle of normalization. *Mental Retardation*, 21, 234-239.
- Wolfensberger, W. and Glenn, L.** (1978). *Program Analysis of Service Systems*. Toronto, Canada: National Institute on Mental Retardation.
- Wolfensberger, W. and Thomas, S.** (1983). *PASS Implementation of Normalization Goals*. Toronto, Canada: National Institute on Mental Retardation.