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Special Article

The Ideal Human Service for a Societally Devalued Group

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IT IS SAID that, by observing an interrelated set of phenomena, one can infer its dynamics and assumptions. Having observed thousands of service settings in extremely diverse areas (mental retardation, mental health, aging, physical and sensory impairment, corrections, and educational, habilitational, residential, counseling, assessment, etc., services), I am now prepared to describe what obviously must be the ideal service setting as conceptualized by human service planners and practitioners. This ideal is inferred from almost universally recurring attempts to achieve certain conditions, especially as ascertained during the application of the Program Analysis of Service Systems (PASS)[1, 2] to approximately 400 diverse human services.

Dr. Wolfensberger is a professor at Syracuse University's Division of Special Education and Rehabilitation and has had diverse involvements with handicapped and devalued groups. He has worked as a clinician in public institutions for the disordered; held administrative, research, and training positions in institutions for the mentally retarded; worked as a researcher and planner in mental retardation; and served as a consultant to services for the blind. He recently has extended his interests and involvements to the transient men of the streets and the problems of the elderly and has participated in the founding of a community advocacy group on behalf of elderly citizens. He has developed a special interest in communal living arrangements in which retarded and nonretarded people share their lives on as much a level of equality as possible. He is the originator of the citizen advocacy schema now operational in approximately 100 locales across North America.

First, you must collect as many devalued people as possible in one place, people whom you have first "evaluated." They should then be segregated in as many ways as possible: the service should be in an isolated spot, with poor transportation, and, especially if the people have difficulty in walking, there should be no sidewalks. (For one outstanding example, we cite Het Dorp, a community in The Netherlands that was located and constructed, purpose-built specifically for handicapped persons. It was on the only hilly terrain in the entire country, so that, at any one time, over half the electric wheelchairs of the residents are under repair.)

People in wheelchairs, we bring to our service in an ambulance taxi called the Tender Loving Care (TLC) Service (minimum charge is $25 per round trip). The other cab company we use has vehicles that have foot-high letters on the rear doors saying, "CAUTION—WHEELCHAIR PATIENTS," but, when you stop the van to open the doors as passengers board or deboard, the sign is no longer visible. The third component of our ideal transportation service subsystem consists of yellow school buses (for children) by means of which we transport *adults* to sheltered workshops and recreation.

If an inaccessible location is impossible to find—or, better yet, in addition to it, you must find a location that is as close as possible to or on top of a cemetery or garbage dump, and that was formerly a brothel, TB sanitarium, or gay bar. Preferably, too, the location should have been used previously by some other human service to a devalued group, or it should presently be condemned as unfit for human use.

If there is a neighborhood surrounding the program, the program must clash with it. So we should put child development centers in factory districts, workshops into residential areas, and so on. Also, it is essential that the appearance of our facility clash with all the other buildings in the neighborhood. Thus, it must be either the biggest, the oldest, the newest, or the oddest building on the block (e.g., a Saarinen hyperbole on a Victorian street). If you are not the only ultramodern building on a Victorian street, or the only high-rise in a low-rise neighborhood, then at least you must add a bizarre annex to the building, or put up a 10-foot chain link fence, or attach an orange fire escape down the front facade.

Of utmost importance is that your building be cleverly disguised so that it does not in any way look like what actually goes on inside it. So for a sheltered workshop, a church building is a most clever cover; a residence should be in a building looking like a jail or a warehouse; a school program should operate in a building that most people would have mistaken for an ordinary residence. You get the idea, don't you?

Once you have your location and your building worked out, then you should mix devalued client groups, so that the less devalued group gets to look like the more devalued one. For example, you should put together people who are mildly retarded and profoundly retarded, retarded people with people who are emotionally disordered, poor people with drug offenders and with people who have drinking problems, etc.

Relatedly, you should also mix up the age groups, for instance, so that the older group gets to look childish. Putting elderly people and handicapped infants in the same nursing home might do, or special education classes for handicapped teenagers should be placed in an elementary school; severely retarded teenagers, of course, should be placed in a preschool day care center.

Next, you should make the client group so large that it becomes impossible for the surrounding social systems and resources to relate to them in any way, and so large that even you cannot identify or relate to clients as individuals. And when your clients do occasionally go outside the facility, make sure they go in groups that are large enough so that everyone will notice how different they look.

One of the most universal imperatives is to choose a ridiculous and/or stigmatizing program or facility name, perhaps one which has great sentimental meaning to the board of directors: Hope Haven for a custodial service; Madden Zone Center, for a regional center for mentally disordered people; Battey State Hospital, for an institution for the disordered and retarded; Toomey-Abbot Towers for a high-rise for the elderly; Freezer's Personal Care Home, for a nursing home for the aged; Golden Opportunity Convalescent Home for the dying; St. Jude's Hospital (patron saint of hopeless causes) for a hospital for handicapped children; Bahr Treatment Center for an alcoholism clinic; etc.

Then you must go out of your way to find and employ stigmatized and devalued staff. Prime candidates are retired school teachers no longer able to cope with the able-bodied hellions in the regular grades, physicians who don't have licenses, preferably unable to communicate in English, and who, if they are not alcoholic, have wives who are. A great and creative modern favorite is to have prisoners teach scouting to handicapped children, by busing the children to the prisons—preferably with a nonambulatory group of foster grandparents assisting. Isn't it remarkable what prisoners can do with handicapped people, as long as you keep them away from nonhandicapped ones! And as everyone knows, mentally retarded people make excellent workers in nursing homes for other people's decrepit mothers and grandmothers—as long as they don't lay their hands on my old mother or, God forbid, on myself in case I have to go to a general hospital.

If you are a rehabilitation agency, then it is *de rigueur* to hire your own clients as staff, because if you didn't, no one else might. At the very least, you simply must have a few dedicated counter-culture adults who never cut a hair or beard, never comb, never bathe, or clean their fingernails, who dress awful, and smell worse—but boy, are they good with the kids!

Now, as to the program itself, it must operate the fewest possible hours of the day (at most from 9:30 to 2:30, with two breaks and a long lunch); it should operate the fewest possible days of the week (perhaps Monday, Wednesday, and Friday), and for only eight months of the year. To make sure that everyone understands the nature of your program, you should prominently decorate the environment with Mickey Mouse figures and motifs, pictures of clowns, hobos, and circuses, and, especially if dealing with children, you must give animal and vegetable names to the groups and rooms, or the names of fruits. Thus you might have the turtles, the chickens, the ladybugs, the jaybirds, the daisies, the lemons, the bananas, and so on. You might even refer to the group as your little fairies.

Now what else can we call the people whom we serve? That's easy. If they are *not* sick, we call them patients. If they are no longer children, we call them kids. Old ladies we call girls. People who have seizures we call epileptics. Retarded people we call retardates, although we still shy away from calling mentally disordered people disturbates. People who have to use a wheelchair we call wheelchair-persons. There is much status to being a chairperson, even if in a wheelchair.

Should someone prevent us from using such labels, we still have our voice. So when confronted by blind, old, or foreign-born people, we shout. When confronted by distressed people, we whisper. When we talk with old or handicapped people, we raise our voice an octave and chant melodically, e.g.: Good morning, Mrs. Jones, how are you today?

Your program must also be aimed at people much younger than those you actually serve, or at least look that way. To the old folks in nursing homes you give dolls; to retarded teenagers, you give Dick and Jane books to read; to physically handicapped teenagers you give Montessori equipment designed for two-year-olds, so that they can practice their dexterity. If you run a sheltered workshop, and all else fails, you can manufacture toys, children's calendars, and make sure all the workers carry Snoopy lunch boxes.

When you have accomplished all of this, then you are ready for your advertising and self-glorification campaign. Look how beautiful we are! Look how dedicated our staff! Look how happy our clients are! How high-quality our program! How cost-beneficial our management! Dr. Wolfensberger, how *dare* you question our motives and nobility!

But, ho! What's this? What gives with that rotten, no-good public? Why won't *they* accept the handicapped? Why are *they* prejudiced and rejecting? Why don't *they* hire the handicapped? Why do *they* put up architectural barriers? Why won't *they* fund *us*?*

*We hope the reader realizes that we did not have to invent a single one of the examples given, and that each of these has been glorified and defended by workers in the field.

List of References

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