

An Analysis of the Client Role from a Social Role Valorization Perspective

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Résumé français

Les auteurs proposent une analyse du rôle de "client" en se référant à la VRS. Le concept du rôle social est à la base de la VRS et le rôle de client est de grande importance dans la vie des personnes dévalorisées.

Le rôle de client est générique et occupe les personnes valorisées comme dévalorisées. Ce rôle est tout à fait moderne, résultant de changements économiques et systémiques qui se sont manifestés particulièrement en Occident. Le rôle de client s'exprime de façon différente pour les personnes dévalorisées comparativement aux personnes valorisées. Entre autres, les diverses actualisations de ce rôle peuvent s'étaler sur un continuum de valorisation.

Il est possible d'identifier six critères pour déterminer la valeur relative d'une actualisation quelconque du rôle de client:

1- La valeur projetée par l'entité offrant le service

2- L'aspect générique ou normatif du rôle de client en question

3- Le degré d'intérêt manifesté par les gens valorisés à accéder à un rôle de client quelconque

4- La valeur projetée par les autres clients de l'entité de service

5- Les attentes qu'un rôle de client quelconque peut évoquer chez des observateurs

6- La valeur culturelle du milieu où le service aux clients est offert.

Les auteurs proposent que ces six critères interagissent les uns avec les autres pour placer le "client" sur le continuum de valorisation.

En conclusion Wolfensberger et Thomas notent que les gens valorisés se voient d'habitude octroyer des rôles de clients valorisés et qu'ils occupent une multitude de rôles valorisés additionnels. Les rôles de clients disponibles aux personnes dévalorisées sont particulièrement passifs et engendrent la dépendance à long terme.

Introduction

The construct of social roles is central to the entire theory and practice of Social Role Valorization (SRV). If people are enabled to hold valued social roles, then it is more likely that the valued conditions of life will be extended to them by others and by society, and that they will be enabled and supported to live a valued life (Wolfensberger, 1983, 1992a; Wolfensberger & Thomas, 1983).

Unfortunately, people who are societally devalued, or who are at value-risk, typically get cast and kept in social roles that are not valued. They may get cast in such roles as a consequence of being devalued, or they may become devalued as a result of being perceived to hold such devalued roles. In any case, the literature related to normalization and SRV has pointed out that devalued people have stereotypically been cast into a number of negative social roles that have a great deal of historical robustness, or that even have considerable universality across cultures. These include: (a) the role of non-human; (b) the role of menace or object of dread; (c) the role of object of

ridicule, or trivium; (d) the role of waste object, garbage, or discard; (e) the object of pity; (f) the burden of charity; (g) the eternal child, or the child once again; (h) the holy innocent; (i) the sick or diseased organism; and (j) one who is already dead, or at least "dying." More extensive elaboration of the dead or dying role specifically can be found in Wolfensberger (1992b), and of the other roles in Wolfensberger (1992a; and 1972, pp. 12-25 and 56-77). How most of these role perceptions can get expressed in architectural and environmental measures, especially in human service or management contexts, is elaborated in Wolfensberger (1977, pp. 135-148; and 1978, pp. 1-16).

However, the above list does not exhaust the negative--or at least problematic--roles that a devalued person may (be forced to) fill. Also, in the case of several of the above roles, there has not yet been an elaboration of the many diverse forms that any such role can take. Only minimally elaborated--at least in print--is the correlation between membership in a specific devalued class, and the devalued roles into

which members of that class specifically are likely to be cast.

For instance, in many societies, newly-arrived immigrants and the poor carry out the most lowly and menial labor--the type of work that can be collectively called the "cleaning of the latrines of society." People doing this kind of work could thus be said to fill the "latrine-cleaner" role. In some societies and at some times, this has been quite literally the case for certain castes of people whose major function is/was the handling of excrement, such as removing it from the streets or latrines. Some other devalued roles may be held by very few people. For instance, a particular person may be seen and treated as the equivalent of the devil in his/her family or community. This would be a specific subrole in the broader category of the menace role.

Here, we want to draw attention to one other role that a great many societally devalued people in contemporary society fill. It is the very problematic role of "client." It is remarkable how insufficient is the attention given to this role, especially considering that regardless of whatever other social roles they might fill, by definition, all the people who are served by formal or paid human services fill it.

The Historical Expansion of Clienthood

One reason a more searching analysis of the client role is warranted at this time is that in more recent years, it has assumed a prominence for both valued and devalued people that it never used to have historically. For instance, even valued people in the past might not have been a client of an attorney, or had a hairdresser. But now, even ordinary people are apt to be clients of attorneys at various times in their lives, even if they are not involved in litigation. Similarly, there once were no such things as stockbrokers, so valued people would not have been clients of such creatures; today, not only are a lot of valued people clients of stockbrokers, but again, they may be clients of stockbrokers for much of their adult life.

Even greater is the discrepancy between the client role in human services today and what it was in the past. Until recent times, there were few organized formal human services. Instead, most people in need were served informally, e.g., in their families, church congregations, or local communities. And such informal service did not usually identify recipients as clients, but only as family members, or fellow church members, fellow community members, fellow citizens (though even that latter term is fairly recent), or, most likely, as poor or crippled. True, such people may have been dependent, even life-long, but this is still not the same as being a "client." Further, except for persons being taken care of in

their family homes or residential hospices, most people in need were helped by the individual voluntary donation, directly to them, of either money ("alms"), food, clothes, a free place to live, etc. Thus, one would not be a client of a residential, or work, or educational, or social service agency from which one received abode, employment, schooling, etc., as is the case today.

The Continuum of Social Valuation of Client Roles

One of the main points we make in this delineation of the client role is that the meaning and valuation of this role varies widely, depending on the kind of clientage at issue. For instance, being the client of an expensive hairdresser or a high-powered financial lawyer or stockbroker can be a valued client role--but being the client of the human service system usually is not. Even being a client of the generic hospital system is not exactly a valued role, and most people are anxious to escape it as soon as they can. Particularly devalued is what one might call a "career client role," i.e., being in chronic human service clientage in a major way, and possibly for the rest of one's life.

Six Criteria that Bear on the Social Valuation of a Client Role

In light of the fact that the client role can be either a valued or a devalued one, it is extremely useful--especially within the context of a Social Role ValORIZATION analysis-- to ask what the criteria are that project positive or negative value onto a particular client role. We believe that at least the following six criteria play some role.

The Perceived Value of the Service-Providing Entity

One determinant of the value of a client role is the perceived value of the service-providing entity of which one is a client. By "entity," we mean either (a) the organization or agency under whose aegis the service is provided, or (b) the individual, group or class who provide the service to a client, especially in those cases where the service is not provided by a formal organization.

A client of an entity is often perceived in much the same way--positively or negatively--as the entity itself is perceived. For instance, lawyers and stock-

brokers are generally viewed positively in society--at least they were until about the mid-1980s. Thus, becoming the client of a lawyer or stockbroker is (was) apt to be a value-enhancing role, especially if the lawyer is well-known and prestigious. Barbers and hairstylists tend to be viewed relatively neutrally, and becoming a client of these probably neither enhances nor diminishes one's perceived social value unless additional factors render a particular hairdresser either value-suspect or value-enhanced. An example of the latter are those instances of hairdressers who are famous (e.g., "hairstylist to the stars"), and therefore also quite expensive. In contrast, becoming a client of a welfare office is almost certainly image-degrading, because welfare offices are not positively perceived in society. Similarly, becoming a client of a special education program is not apt to be enhancing, since such programs are viewed as serving only devalued (handicapped) people. Being a client of a drug dealer (we understand this is how they refer to their customers) is also not a valued role, because the "service"-providing entity is not valued. Similarly, becoming a client of a prostitute is not a valued role, because prostitutes are very devalued in society.

The Genericness or Normativeness of the Client Role at Issue

The more a client role is one that anyone might fill, and that indeed many typical and valued people in society do fill, the less problematic it is apt to be to one's social status. For instance, being a client of a medical service is a very typically-experienced normative role that is generally valued around the neutral point, unless additional factors come into play. Being a client of a lawyer is not that atypical, particularly if it is for such things as a title search in the purchase of a home, or tax purposes, or setting up a will. In fact, having a private attorney even carries positive value overtones. However, being a client of a rehabilitation hospital is not a typical experience for most people in society, nor is being a client of a sheltered workshop. Thus, these latter two client roles would be likely to diminish rather than enhance their incumbents' social status.

The Degree to Which Valued People in Society Aspire to a Particular Client Role

The more that valued people in society aspire to fill a particular client role, the more likely is that role to be a valued one. For instance, few people in valued society aspire to become clients of a welfare program, indicating that this client role is not valued. But many valued people in society would like to become

clients of a travel agency, or of a famous dress designer. And if they do need a lawyer, they would aspire to be represented by a "high-powered" attorney, rather than by a public defender. Especially with the advent of mass media, the aspirations of the privileged classes tend to be adopted by the less privileged one, including the aspirations to fill roles that the privileged class values positively.

The Perceived Value of the Service-Providing Entity's Other Clients

It is virtually a corollary of the above point that the more the other clients of an entity are themselves valued people, then the more valued is apt to be the role of client of that entity. For instance, all the clients of segregated services for the handicapped are, by definition, themselves devalued people. Thus, being a client of that segregated service is not apt to be very highly valued, at least in part because of the company such a client will be perceived to keep. But the clients of certain other service-providing entities are mostly highly valued people indeed, such as the clients of a lobbying firm in the nation's capital. Among other things, being a client of that firm will mean being associated with other highly valued parties, which generally transfers positive imagery and social value.

The Expectations That a Particular Client Role Typically Elicits from Observers

If the expectations typically associated with a client role are generally positive ones in the eyes of the public, then the role will probably be valued, or at least not devalued; if the expectations are generally negative, then that client role is apt to be devalued. For instance, the expectations associated with the general hospital patient or client role are that one will recover. However, the expectations associated with the nursing home client role are that one will probably not recover, but will in fact deteriorate and die. The expectations of the role of client of a personal athletic trainer are that one will acquire athletic skills, and become or remain in good physical condition. In contrast, the expectations of the role of client of a day drop-in program for the homeless include that one's plight will probably not improve.

The Cultural Value of the Setting in Which the Service is Provided to Clients

The more attractive, comfortable, well-situated, and societally valued a service setting is, the more valued-or --at least, the less devalued-- is apt to be the role of client of that service. In contrast, the less valued a service setting is, and the more revulsion it evokes in observers, the less valued is apt to be clienthood of that service.

The Relationship Among the Six Criteria

The above six criteria have strong intercorrelations. For example, any service-providing entity that serves mostly devalued people is apt to have additional features that make for negative value projection. Also, the genericness or normativeness of a client role can be expected to have a significant positive correlation with the perceived value of the service-providing entity. However, the six criteria do have at least some independence from each other. For instance, the second and third criteria are distinct because the two can diverge from each other on at least some occasions. After all, client roles that few people are apt to fill (and that thus may not be very normative in a statistical sense) can still be highly valued, while clientage of relatively negatively valued service-providing entities (e.g., unemployment or welfare-type agencies) may be relatively common, and may even be normative in some locales. Another example is being a patient (client) of a physician or hospital; it is a normative role that usually carries few status-degrading elements un-less additional factors come into play, but it is still not a role that most valued people aspire to, and particularly not if it is the client role of a hospital in-patient.

The reason the sixth criterion (the setting of the service) deserves a distinct formulation is that there are occasions when valued services are provided in devalued settings. For example, a prestigious antique dealer or foreign car repair center may be located in a run-down section of town. A dentist with high reputation may nevertheless have offices in a building that clearly needs repair. Further, there are occasions where valued settings are employed in conjunction with other circumstances that, however, project negative value onto the clients of that service and setting. For instance, a valued location may be the site of a devalued service to devalued people, such as a methadone program for people addicted to drugs, in which case the positive value of the setting is not apt to overcome the negative perception of the client role of that service.

Thus, it should also be noted that different criteria make different contributions to the perceived value of the client role. For instance, by itself, the perceived value of the setting is not apt to define whether the client role of a particular entity is valued or not, though it will have some influence on this perception. In contrast, the degree to which valued people aspire to a particular type of clienthood, and the degree to which a particular client role is normative, are apt to be almost determinative of whether a client role is valued or not.

Features of the Client Role That Are Experienced by Most People as Onerous

In most client roles, one has reduced control, reduced personal autonomy, and reduced decision-making powers. There are many things that one is not allowed to do, and for which one may have to ask permission before doing them, even though these might be the same things that one could and would do on one's own initiative in other domains of one's life. For instance, one may not be permitted to follow the schedule and routines one might like, e.g., in a hospital, one is woken up and fed at the convenience of staff rather than at one's own convenience. One may not be able to talk to whom one wishes, nor to say what one wishes, e.g., one's lawyer may forbid it. And the more of one's life is lived in the client role, the greater are apt to be the restrictions on one's autonomy and control. For instance, one will usually be subject to more restrictions as an in-patient of a hospital than as an out-patient of an ambulatory medical clinic.

Even valued people who are cast only temporarily into the client role, such as that of a temporary "hospital patient," can lose a vast amount of autonomy and control, even though this version of the sick role is--on the whole--not a terribly devalued one unless other elements also come into play.

In many kinds of services, the client role is an all-or-nothing one, with little scope for movement from being more of a client to being less of one, and particularly not if one is also a "full-time" client, as one might be in a residential service, and especially an institution. Even people who move from greater dependence on a service to lesser such dependence are not necessarily viewed as being "less" of a client than they once were. This stands in contrast to the ladder of movement for paid workers in the same service, who are seen as having opportunities for upward mobility in several domains, such as seniority, hierarchy in the service, and pay. But for a client, "seniority" is actually a negative rather than a positive role element.

Conclusion

One very big problem is that in the vast majority of cases, it is more harmful for societally devalued people to have to fill the client role than for valued people. The reason for this is three-fold.

- 1. Valued people are often clients in a valued sense (e.g., of an expensive hair-dresser), while devalued people are usually clients in a devalued sense, e.g., of welfare departments, unemployment services, social service or rehabilitation agencies, etc.
- 2. Most valued people occupy a multitude of valued roles, with their various client roles being usually minor and narrow-banded ones. In contrast, devalued people (a) are apt to hold fewer valued roles; (b) if they do hold valued roles, these may be less valued than many roles held by valued people; and in addition, (c) their client roles are often very broad-banded--even life-defining ones. Much of what devalued people do may be done in the context of the client role. For instance, a poor unwed parent may reside in a public housing project as a client of that project and of "welfare" agencies; he/she may have to spend much time dealing with agencies that serve the poor and dependent; he/she may have to shop with food stamps only in stores that accept them; the children may be clients many times over of various services and centers for the poor and impaired, which draw the parent in as well; etc. In fact, some people do virtually everything as part of a client role, as exemplified by residents in "total institutions."
- 3. Some roles are much more likely to require passivity and dependency than others. This tends to be the case with the client role, and especially so (a) the patient role, and (b) devalued client roles. One is apt to become such a client to begin with because one is dependent; and yet further, the literature has amply revealed that agencies that deal mostly with impaired or dependent clients tend to engage in practices that--whatever their intent may be--have the effect of reinforcing, and even habituating, dependency, and yet additional--or at least continued--clientage.

One could thus say that in the case of already devalued people, client roles have a way of using up "available role space," leaving fewer opportunities for such persons to occupy, or enlarge, valued roles.

The differential impact of clienthood on devalued versus valued people has the following corollary. A societally devalued person who avoids all client roles

is apt to come out ahead, at least in terms of social image, while a societally valued person who avoids all client roles is actually apt to come out shorter in social image, because some of these avoided roles will be positively valued, or at least normative ones, and avoiding them interprets the otherwise valued person as different in a negative sense from other valued people.

We realize that this analysis of some of the problems attending the client role is brief and insufficient. In other contexts (e.g., Wolfensberger, 1989, 1994), we elaborate that in the contemporary "post-primary production" (PPP) economy, the service sector plays a very large function of employing people (service workers). This means that human services almost have to be counterproductive (in the sense of not habilitating their clients, or making them worse), because if they were successful, then the paid staff of the service sector would no longer be needed, would be out of work, and this would undercut the economic function that such services play. We also elaborate that this means that becoming a client of a formal, organized human service may not be good for the service recipient--not only in terms of image impact, but also in terms of prospects for health, competency-acquisition, greater independence, rehabilitation, etc. However, while the drawbacks to the client role that derive from a PPP economy are indeed severe, they are not universal, e.g., they do not prevail at all times, but only in the context of a PPP economy that uses human service as a major means of providing employment to people as servers. In contrast, such things as the perceived value of the service-provider, the perceived value of the other clients of the service, the degree to which valued people aspire to the role, etc.--these are universal determinants of whether a client role is valued or not.

Some of the above considerations may be useful when one has to give feedback to a service that has been assessed with the PASSING instrument (Wolfensberger & Thomas, 1983, 1988). For instance, workers in many services are oblivious to the devaluing elements of the client role, to the discrepancies of advantage and disadvantage that adhere to service worker versus client roles, to how a service or service system puts and keeps people in client roles, to what this does to clients, etc.

We would appreciate receiving additional contributions to this analysis and explication.

References

- Wolfensberger, W. (1972). The principle of normalization in human services. Toronto: National Institute of Mental Retardation.

Wolfensberger, W. (1977). The normalization principle, and some major implications to architectural-environmental design. In M.J. Bednar (Ed.), Barrier-free environments (pp. 135-169). Stroudsburg, PA: Dowden, Hutchinson & Ross.

Wolfensberger, W. (1978). The normalization principle, and some major implications to architectural-environmental design. Atlanta: Georgia Association for Retarded Citizens.

Wolfensberger, W. (1983). Social Role Valorization: A proposed new term for the principle of normalization. Mental Retardation, 21(6), 234-239.

Wolfensberger, W. (1989). Human service policies: The rhetoric versus the reality. In L. Barton (Ed.), Disability and dependency (pp. 23-41). London: Falmer Press. (Disability, Handicap and Life Chances Series).

Wolfensberger, W. (1992a). A brief introduction to Social Role Valorization as a high-order concept for structuring human services. (2nd (revised) ed.) Syracuse, NY: Training Institute for Human Service Planning, Leadership and Change Agency (Syracuse University).

Wolfensberger, W. (1992b). The new genocide of handicapped and afflicted people (rev. ed.). Syracuse, NY: Author.

Wolfensberger, W. (1994 in press). A personal interpretation of the mental retardation scene in light of the "signs of the times." Mental Retardation.

Wolfensberger, W., & Thomas, S. (1983). PASSING (Program Analysis of Service Systems' Implementation of Normalization Goals): Normalization criteria and ratings manual. (2nd ed.). Toronto: National Institute on Mental Retardation.

Wolfensberger, W., & Thomas, S. (1988). PASSING (Programme d'analyse des systèmes de services application des buts de la valorisation des rôles sociaux). Manuel des critères et des mesures de la valorisation des rôles sociaux. (2ième éd.). (M. Roberge, Transl.; J. Pelletier, Adpap.). Toronto: l'Institut G. Allan Roeher & Les Communications Opell. (Original work published 1983.)

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