

A Tribute to the Work of Dr. Wolf Wolfensberger

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EDITOR'S NOTE: *The following memorial is an invited talk given at the 5th International SRV Conference held in September 2011 in Canberra, Australia.*¹

THE CONFERENCE ORGANIZERS asked me to speak in a tribute to Dr. Wolfensberger's work specifically. The organizers said they wanted this tribute to be given by someone who knows the history of that work. I do not claim to know all that history, but I did work for and with Dr. Wolfensberger for almost 38 years, so I am among those people—including some here at this conference—who have been around his work a long time.

The invitation to speak also conveyed the organizers' wish that whoever spoke on Dr. Wolfensberger's work be "not too dry"—so I will try not to be my usual dry self, but to put some oomph into this presentation.

Dr. Wolfensberger himself has written on the history of his work in normalization and Social Role Valorization (SRV), first in the book of proceedings of the first (1994) normalization and SRV conference that Dr. Bob Flynn and Raymond Lemay edited (Flynn & Lemay, 1999), and most recently in the latest issue of *The SRV Journal* (Wolfensberger, 2011). I will not repeat here what is covered in those two publications, but I do want to note that Dr. Wolfensberger is probably one of the few people who is still writing "from the grave"—he already

has two posthumous publications, and more are to come!

First, a bit of Dr. Wolfensberger's background, to help you understand his work. He was born in Mannheim, Germany, in 1934, and lived in Germany through World War II and until emigrating to the United States in 1950. He said that Kristallnacht and its immediate aftermath left a big impression on him, even though he was only four years old at the time. (Kristallnacht was the night of rioting in Germany on the 9th of November, 1938, during which Jewish homes, businesses and synagogues were destroyed, with all the broken glass—kristall—giving the episode its name.) Like many other children in those war years, he was evacuated into the countryside and away from family, to reside for a time with strangers, until there was no more threat of bombs in the city. His formal schooling was very irregular until he was over 11 years old, and even once it resumed, there was little in the way of books, desks, writing equipment, etc. He left Germany for the United States with his mother in his mid-teen years, and—again, like so many other immigrants—he said he had a difficult time becoming acclimatized to a new culture. So Dr. Wolfensberger was familiar with hardship, troubles and suffering from a young age.

In 1991, when he was almost 57 years old, he published an article entitled "Reflections on a Lifetime in Human Services and Mental Retarda-

tion" (Wolfensberger, 1991), in which he wrote about his, by then, 30 some years of engagement in the field of mental retardation—though as it turned out, at that time he still had 20 more years of such engagement ahead of him. All told, he spent 54 years, one might say, in the company of mentally limited people. He remembered occasional contacts with handicapped people earlier in his youth; he also had some years of service in the field of mental disorder; and starting in the late 1970s he had much contact with the poor and homeless people of the streets. However, it was in the area of mental retardation that he did most of his work and had the most impact. The way he used to tell the story later, he said his advisers told him in essence that he wasn't a promising enough student to enter mental health, so they steered him into mental retardation where they didn't think he could do any harm.

A big impetus to Dr. Wolfensberger's work was the horrible conditions that prevailed in services, if we can call them that, for handicapped people when he entered the field. Practically the only services that then existed were institutions of some sort, and they were atrocious in every way: congregating large numbers of impaired people in great isolation, crowded, dirty, smelly, noisy, woefully understaffed (e.g., as few as one or two staff to oversee and manage several hundred severely impaired people), and their residents neglected, abused, given up on and virtually abandoned. His early experiences working in institutions, and trying to make there what we today would judge as pitifully small improvements, left a strong impression. Later, he felt it was very important that newer generations who had never seen these things, should learn about them—indeed, should learn much from the earlier history of human services.²

As I see it, a big thread that runs through Dr. Wolfensberger's work is his belief in the power of ideas, both good ones and bad ones. People are largely shaped by the ideas that inhabit their minds (and hearts), and people act on what is in their minds and hearts. If these are good ideas,

then people are more likely to do good things; if these are bad ideas, then people are very likely to do bad things. So the battle for how people will treat each other, including how they will treat their fellow humans who are impaired, poor and in other ways lowly—will they treat such people well or not?—is largely a battle for ideas in their minds and hearts.

People can do a lot themselves to affect what sorts of ideas they take into their minds, and what they allow others to put into their own minds; and of course, people can do a lot to try to put ideas into the minds of others. One of the early big ideas that Dr. Wolfensberger took in, and that he then tried to put into the minds of others, was normalization, an idea which he learned from its early Scandinavian promoters Bengt Nirje, Karl Grunewald and Niels-Erik Bank-Mikkelsen. Later, he took in the idea that people's social roles are a most powerful influence on much that happens to them in life, and he drew the logical conclusions from this idea: so then, if we want good things in life (or good things out of life [Wolfensberger, Thomas & Caruso, 1996]) for people, those people have to be seen in valued roles. And then, he tried to convey that idea to people as well.

His belief in the power of ideas was vindicated by his own work: it is true that literally thousands of people, all over the world, have benefited from the thoughts, the ideas, that he had and that he put into words, and that others read or heard and acted upon. And probably the vast majority of these people who have benefited are unaware that they owe him this debt. On one occasion, when both he and Bengt Nirje were present with a mentally retarded man who was living in the community, Dr. Wolfensberger pointed out Nirje to the handicapped man and told him, "It is because of this man [meaning Nirje] that you are able to live where you do." In the same way, we can say today, about so many people with handicapping and other devalued conditions, in so many places, and who speak so many tongues, "It is because of this man—Wolf Wolfensberger—that you live in an or-

dinary house or apartment, go to a regular school, have a job, and otherwise enjoy some of the good things of life, as your fellow citizens do.”

One big thrust of Dr. Wolfensberger’s work was the identification of promising people (especially young ones), recruiting them, and developing them—in other words, trying to put good ideas into their minds before bad ideas had taken deep root there. Another way of putting it is that Dr. Wolfensberger truly believed the fundamental premises of the developmental model, as taught in SRV, about people’s capacity to grow, to meet high expectations, to do more than they were thought capable of, and he tried to put these ideas into practice. A number of people here at this conference, and many others who did not make it here, and yet many more people who eventually held leadership positions in human services of all sorts in many locales, were shaped in their early human service involvements by Dr. Wolfensberger’s teaching on normalization, and later SRV. There are many people who have made what one could call a vocation out of their response to hearing and/or reading Dr. Wolfensberger: they have undertaken life-sharing, they have committed themselves to protecting and keeping families together, to seeing to it that marginalized people have real homes, real friends, real protectors. But this was no accident: for many decades Dr. Wolfensberger traveled virtually non-stop, giving presentations and workshops, leading visits to model and demonstration services, and he involved others—including young people—in these events as much and as frequently as possible, often giving them opportunities to speak in public, to evaluate services, and even to teach others, including their elders. The latter was not always well-received: some people took offense at being lectured to by ‘youngsters,’ especially youngsters with bold ideas. But many, many once-young people were given these opportunities.

As an illustration, I can tell you the ‘short version’ of my own entry into this work. In 1973, Dr. Wolfensberger hired me right out of college to

work as his secretary. There were many graduate students about my age who came in and out of his office, and as I talked with and listened to them, I became intrigued by these ideas they spoke of, and especially the workshops where they learned these ideas. After I had worked for Dr. Wolfensberger for a year and a half, I asked him if I might attend one of those PASS workshops. He agreed—though in my case somewhat reluctantly, I think, because I was later told that during the meeting in which the workshop leaders assign participants to assessment teams, he voiced concern about “who would *have* to take Thomas on their team.” At the end of the workshop, each person on each team who was supposed to produce a written report of the team’s assessment stood up in front of the workshop group (and it was a large group, many people), introduced him or herself, and gave an oral report that they had prepared on the findings of their assessment. I was one of those reporters, and as I listened, I noticed that each one would say something like, “I am so-and-so, and I am the director of X agency which serves the five counties around Y city,” or “I am so-and-so, and I have worked for 12 years in recreation services for blind people.” So, when it was my turn to report, I said, “I am Susan Thomas, and I don’t do anything.” I was nonetheless given continued opportunities to attend workshops, to learn to present and to evaluate services, and eventually to teach others. He and his teachings introduced me to a world I had not known, the underworld of the lowly.

Dr. Wolfensberger was not one to rest on his laurels. He was aware of other men who had gained some prominence for a particular idea, and who then spent their entire careers giving essentially the same speech over and over. And he did not want to be like them. This meant at least two things. First, it meant that Dr. Wolfensberger was constantly pursuing multiple topics and interests. Dr. David Race from England, who is here at this conference, collected and edited many of Dr. Wolfensberger’s writings into a book called “Leadership and Change in Human Services:

Selected Readings From Wolf Wolfensberger” (Race, 2003). In it, Dr. Race elaborated seven themes (that word often arises in connection with Dr. Wolfensberger’s work!) in Dr. Wolfensberger’s writing and teaching. The first three are social devaluation and wounding, normalization, and Social Role Valorization; these are the parts of Dr. Wolfensberger’s work that draw us together here at this conference.

Another theme Dr. Race identified is advocacy. In the late 1960s, Dr. Wolfensberger ‘invented’ Citizen Advocacy, in which an independent office recruits ordinary citizens as voluntary one-to-one advocates for individuals in need. (By the way, Dr. Wolfensberger himself was young and relatively inexperienced when he thought up Citizen Advocacy.) This idea was originally motivated by his close involvements with families of impaired people, and the gnawing concern of so many parents of such people of “what will happen to this child of mine when I am gone?” Indeed, advocacy by unimpaired and relatively privileged people on behalf of impaired and lowly people was one of the topics closest to Dr. Wolfensberger’s heart, and on which he taught and wrote extensively. He thought people should act with and for each other, rather than being concerned selfishly with themselves. Citizen Advocacy specifically is one of those ideas out of which some people have made a vocation and to which they have committed their lives.

The next two themes identified by Dr. Race are related. One is possibilities in, limitations of, and ethical issues raised by, human services (a very Wolfensbergerian phrase that!). The other is threats to vulnerable people. Dr. Wolfensberger realized that dealing with human weakness, impairment, and need brings people into contact—even confrontation—with serious moral issues, including about the value of human life, the meaning of suffering, and the responsibilities and obligations of humans for each other. He tried to sharpen these issues for people, to call them to embrace high, good and noble values, and he helped many

people identify ways to carry out those values in their service upon others.

As to the theme of the limitations of services, starting in about 1980 Dr. Wolfensberger taught about not just the technical failings but also the moral failings of human services, about built-in oppression, and about the victimization not only of service recipients and their families, but also of service workers; and he called upon all parties to claim moral responsibility for themselves, and to become people of integrity—and to be prepared to pay the cost for doing so.

As to the theme of threats to vulnerable people, starting in the mid-1970s Dr. Wolfensberger began to both teach and write about the contemporary assaults on the very lives of devalued people, and the urgent need to take a strong stand of defense and protection of the weakest, the least, among us (e.g., Wolfensberger, 2005a, 2005b). In fact, one theme that, so to speak, unifies all the themes in Dr. Wolfensberger’s work, is a deep concern with protecting those who are very vulnerable.

These teachings on the limits of services, and the threats to the very lives of lowly people, were even more controversial, and less welcome, than the spread of normalization, SRV and advocacy ideas, and he himself bore a heavy cost of rejection and marginalization for these teachings. However, on these topics and on others, Dr. Wolfensberger was not actually seeking controversy—but he did not shrink from it either. His first commitment was to speak the truth, and if that was controversial, or meant controversy, so be it.

The last theme in Dr. Wolfensberger’s work that Dr. Race identified was relationships with, and lessons from, vulnerable people. Dr. Wolfensberger saw great danger in being removed from the lives and the experience of people who are lowly in the world. He himself was deeply influenced by his own early and ongoing contacts with families of the handicapped and their experiences. And he recognized that even people in paid employment in human services—agency directors, ministers of state service systems, case workers, university in-

structors, and so on—could be far removed from the experiences of the very people whose lives they affect and even control. And so he taught, and practiced, that everyone should have at least one ongoing, unpaid, normative contact with the lives of lowly people, and especially with some of those who are among “the least” of society, or else their very souls were in jeopardy.

In addition to these themes identified by Dr. Race, starting in the mid-1970s Dr. Wolfensberger also delved deeply into the history of human services, and what it has to teach us. One of his first presentations on the topic was only about 90 minutes long—which then grew over time into an almost 2-day workshop! Eventually this study of history turned into one of his biggest specialty areas.

From the early 1970s on, Dr. Wolfensberger also taught extensively about the planning of comprehensive community-based service systems, in all their complexity. In fact, on Dr. Wolfensberger’s first two trips to Australia (in 1978 and 1980), he gave several presentations and workshops on this topic, including to people at the planning level of government. (Perhaps some of you here were also there.) I understand that in Australia, his teaching was the basis of the 1996 Disability Services Act, and the standards that services to ‘disabled’ people would have to meet under the Act, such as ease of access, addressing individual needs, pursuing valued status, participation in integration, and so on.

Even though we can identify these different themes in or of Dr. Wolfensberger’s work, we can also say that all his teaching and writing was very interconnected: one topic, one occasion, one learning led to the next. And one thing that all of Dr. Wolfensberger’s teachings and writings emphasized was universals: things that occur at all times and everywhere, or nearly so, timeless truths, and he taught others to see and think in that way, something which is very unusual in human services and in our times. Trust the universals, he would say, and you can’t go wrong.

All that was on the first expression of not resting on his laurels. The second expression was that

almost as soon as the service reforms that he and others had pushed for were begun, Dr. Wolfensberger began to critique the reforms themselves. And he continued this critical stance to the end, well aware that every good thing is subject to perversion, that perversions are multifarious, seductive, may be advanced by well-intentioned people, and so often come with some real benefits, which is in fact what seduces people to accept them.

As I have alluded to already, all of this work was accomplished only at great cost to Dr. Wolfensberger himself. (Other parties may also have paid some price, but here I am speaking only about the cost to Dr. Wolfensberger.) First, there were the physical costs of much travel, long hours, few holidays, and all the stress that accompanies these things. Then there were the social costs, of relocating so as to find opportunities to work, of reduced time with family, of being discouraged, scorned and rejected, ridiculed, and de-friended—he felt that keenly—and all the stress that accompanies these things.

There were what we might call the mental and moral costs of loneliness, of determining to say what had to be said and to do what had to be done even if it seemed he was the only one willing to do so. In fact, Dr. Wolfensberger once said that not only seeing something, but also saying what he saw—having the courage to say what one believed—was his understanding of what it meant to be a professor. So while his work did have a great impact on services as we know them today, there was comparatively little reward and recognition for it.

But Dr. Wolfensberger was committed to it regardless of its cost, tenacious, faithful. Whether he ever thought of quitting it or giving up, in fact he never did, even though the quest for service quality, for even “mere” service functionality, for service rationality and sanity, continued to be a battle for him until the end of his life.

We have all benefited from it, and we are grateful for having been given him to teach us. He is irreplaceable—but then, he would be the first to

say, and he taught us, so is everyone: everyone is irreplaceable. And if we come to believe that, it ought to show in how we serve upon each other.

Well, the organizers told me I would have 25 minutes to speak, so I have tried to cram into a relatively short period of time an awful lot: as I said, a working life of approximately 54 years. And just in case I have thus far been too dry, and so disappointed the organizers, the morning tea is soon at hand with beverages to wet our whistles, so let us all now drink a combination toast-and-prayer: to Dr. Wolfensberger, and may the good Lord continue to send us such mentors and guides to truth. ☺

ENDNOTES

1. I am indebted to Joe Osburn for suggestions as to what to include.

2. See review in this issue by T. Malcomson; also, www.wolfwolfensberger.com.

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