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Summary

'... When we take a man as he is, we make him worse; but when we take a man as if he were already what he should be, we promote him to what he can be ...'

GOETHE
SIMON OLSHANSKY

Introduction
All service agencies and institutions, unless committed to custodialism, and unless content to function as a human warehouse, intend to change behavior as far as possible, so that the person served can function better, *i.e.* fulfill whatever potential he may have. Very often, this intent is not achieved to the extent hoped for. There are many reasons for this failure. One, which we are concerned with here, is that those providing the leadership and service are guided frequently by clinical theories which focus their attention on the abnormal, rather than on the normal. Finding what they are looking for, they find so much abnormality in the client as to limit their effectiveness in improving his behavior, as well as to justify their own ineffectiveness. Since the principle of normalization has already been explained, the author will proceed to review some of his assumptions which guide him in implementing this principle.

Some assumptions about behavior and its modifications
Whitehead has noted that in all arguments, the premises one holds are more fundamental than the conclusions one reaches. Since each of us makes certain assumptions about behavior, some stated and some tacit, it is necessary to examine them. The tacit ones are generally the more vicious, since they remain hidden, beyond criticism, and therefore beyond correction. My assumptions are simple and I shall state them.

First, each person seeking help has some capacity and need for self-direction and self-determination.

Second, the amount of self-direction and self-determination possible for any person depends not only on factors within a person, but on opportunities outside a person. What any person is capable of achieving is not determinable on the basis of ‘inside factors’ alone, for so much depends on the quality and frequency of opportunity. The opportunity, say, of attending school is not enough unless the schooling is of such quality as to give meaning to the opportunity. The tendency and practice have been to provide opportunity with little or no regard to quality. We build institutions for the mentally retarded which house the bodies while destroying the ‘souls’. We provide special classes to meet the legal school requirements of the city, but fail to provide enriching experiences within the special classes. Formal compliance often becomes informal defiance!

Third, raised expectations tend to raise performance. If one expects little, one achieves little. If one is certain a person cannot learn, the outcome that he will not learn is almost inevitable. While undue optimism can become unrealistic and depressing, without an appropriate sense and amount of optim-
ism, failure is inescapable. To tell a child he is doing poorly, while true, is likely to discourage effort. To tell him that he can do better is more likely to stimulate greater exertion.

Fourth, any process of labelling and segregation tends to lower expectations. When one labels and segregates the 'dumb' kids and 'smart' kids, one sets limits to exertion and thereby predetermines outcome. It is not always clear which group of kids suffer the most by labelling and segregation. While some segregation may be inescapable, any segregation which can be avoided should be. The obvious existence of differences in ability and the administrative convenience derived from segregation do not justify the cruelty of the process, even if it could be demonstrated that the smart kids gained in the process. There are human values to be learned while learning to learn, not achievable when children are labelled and segregated. To the degree that a person is defined as normal, and treated as normal, to that degree may he become capable of more normal functioning. While classification of children for any reason may be an administrative convenience, it often becomes a psychological calamity. Vulnerable people, uncertain of themselves, are easily influenced by labels which define them and the (usually low) expectations held for them. They need encouragement and increased confidence in their potential, not the discouragement implicit in most special labels.

Fifth, growth and development occur best and most within natural settings. Few institutions – no matter how good – can equal a home. Few sheltered workshops can provide or equal the reality of a regular place of work. While it is not always possible to avoid use of institutions and workshops, we should be aware of their inevitable limitations as 'unnatural' settings which tend to hinder growth and development. However, we also should be aware that some natural settings are defective and that, in some instances, an unnatural setting may be profitable and necessary. Though the current ideological preference for keeping disabled children at home is a valid one, an examination of some particular homes may lead to its abandonment in some instances.

Sixth, persons are more likely to change through practice than through 'talking therapies'. Practice may not always or ever, precede and produce insight and understanding, but neither does it foreclose these outcomes. To deny persons opportunities for education, or jobs, or mental hospital release, until they demonstrate insight and understanding is often to foredoom them ever achieving them. Moreover, insight and understanding do not necessarily, or always, or often, produce behavior change. If one wants to become a swimmer, one has to swim (Wheelis, 1969). Without access to a pool, one cannot become a swimmer. Too long we have been telling people how to become swimmers while failing to build many pools and failing to provide competent and concerned instructors. If practice does not always make perfect, improvement can be achieved in no other way.

Seventh, implicit in the preceding assumption is the assumption that nothing motivates a person as much as opportunity. If we want people to like school, schools should become likeable. If we want people to leave institutions, we need to develop numerous exits and places of destination. Putting it another way, we can say that if we want persons to achieve certain goals, then we have to provide the concrete means of achieving those goals. Too long, the practice has been to talk abstractly of goals while revealing
our true feelings and values by neglecting the means of reaching these goals. The charge of hypocrisy may be too strong to describe this neglect of means, but this failure suggests indifference to the plight of those persons for whom we have accepted responsibility. Sacred ends become profaned when we fail to provide the concrete means to their achievement.

Finally, it is assumed that each person from the moment of birth, whatever his limitations, has a natural drive toward independence and normality. He seeks to manage himself and his life as far as possible. This natural drive can be destroyed in varying degrees when opportunities are not available to develop it.

**Professional resistance to the normalization principle**

Professionals, despite their denials and protestations of their concern for the person needing care, generally see their own needs better than they see the needs of the people coming to them for help. While, as has been noted, professionals continue to proclaim lofty goals, they continue to neglect the means of achieving these goals. Step ever so lightly on any professional toe, and obstreperous exclamations of assault are quickly expressed. In contrast, chronically and consciously deny quality services to those for whom professionals are or should feel responsible, and barely audible whispers of protest are heard. There is little evidence of a genuine concern and commitment for those who need help to survive and prosper.

More specifically, what are some factors which account for the resistance of many professionals to the acceptance of the principle of normalization?

First, professionals, by training, are committed to treating pathology and abnormality. One might say they always see pathology and abnormality even where none exists. Mothers showing understandable difficulty in managing and living with a mentally retarded child are quickly seen as psychiatric cases. Children showing understandable problems in ‘growing up’ are quickly defined as emotionally disturbed, as are college students who vigorously protest societal ills. One sees that the professionals’ obsession with pathology and abnormality have destroyed their sense of normality. The throbbing disorder and disequilibrium which characterize most lives are not very well understood by them and are quickly redefined and treated as abnormal.

Second, professionals too often develop a sense of superiority to the people they help. Enjoying feelings of superiority, they somehow lose interest and faith in the capacity of their ‘inferiors’ to change, to grow. Moreover, they expect less from these ‘inferior’ persons.

Third, professionals tend to see, in Rabkin’s (1970) terms, only the ‘inner space’, the intrapsychic. Despite the long labors of John Dewey and his lifelong concern with experience, professionals tend to place a low value on experience. The only experiences they value are the clinical ones, where they are in control and their contacts are brief. The experiences outside the clinic seem to them to be of little value.

Fourth, professionals are imprisoned by their habits. They prefer to do what they have done. It is easier and more comfortable to treat pathology as they have been doing and as they have been trained to do. The principle of normalization is a challenge to change their focus and habits. For anyone, a challenge to change is very hard and very painful. How many professionals can or will change remains to be seen. The process of change can be made
easier if more professionals would make the imaginative leap: to see the persons seeking help as human beings struggling for fulfillment; without such a leap, the tendency is to see these persons as objects, to be searched and researched.

Other factors can be stated to account for professional resistance to the principle of normalization. But these are the most important.

**Focus on experience**

Before proceeding to describe some strategies or models for implementing the principles of normalization, it is necessary to emphasize that this principle rests on the central importance of experience as a way of learning, day by day, hour by hour. The more the available opportunities for experience approach the normal, the more the capacity for normal behavior can be actualized. While the history of a person can not be overlooked, such history should be seen more as a beginning than as an end. History too often forecloses efforts for change. We surrender so easily and quickly to histories of failure and neglect, despite the fact that our efforts and investment in planning and effecting change have been so limited, so sporadic, and so biased by Freudian ideology and pessimism.¹

Essentially, then, the principle of normalization rests on the notion of experience as the great teacher, on presentness as against pastness, and on optimistic confidence in man’s plasticity as against pessimistic views of man’s rigidity. The best assurance for future fulfillment is an enriching present. Looking too far ahead, besides being distracting, tends to diminish concern for day by day experiences, which inescapably shape the future.²

We are not suggesting by any means that the task and challenge are easy; far from it. We are suggesting that they are not impossible. To help each person develop whatever potential he may have deserves our total commitment and best efforts. We cannot be satisfied with less if we are to live for—not off—the people for whom we have accepted responsibility as caretakers.

**A workshop model**

Although moving from principle to practice is always difficult, we shall attempt to suggest how it might be done in reference to the organization of a workshop. Through the process of implementation, we can see better the

¹ W. M. Cruickshank (1970), in his presidential address presented at the Division 22 meeting of the American Psychological Association, said: ‘... mental retardation, the result of deprivation can be created, and its reversibility under later conditions of social stimulation is negligible.’ How can he claim negligible reversibility, since so little effort has been invested in attempting reversibility?

² John Dewey’s observation ‘What, then, is the true meaning of preparation in the educational scheme? In the first place, it means that a person, young or old, gets out of his present experience all that there is in it for him at the time in which he has it. When preparation is made the controlling end, then the potentialities of the present are sacrificed to a suppositious future. When this happens, the actual preparation for the future is missed or distorted. The ideal of using the present simply to get ready for the future contradicts itself. It omits, and even shuts out, the very conditions by which a person can be prepared for his future. We always live at the time we live and not at some other time, and only by extracting at each present time the full meaning of each present experience are we prepared for doing the same thing in the future. This is the only preparation which in the long run amounts to anything.’ John Dewey. *Experience and Education*. London: Collier-Macmillan, 1969, p. 49.
meaning and significance of the principle of normalization. We should remember that the intent of a workshop is to enable the person coming to it to experience himself as a normal person. Thus, we first have to be concerned with how a person comes to the shop. He can be instructed by a 'powerful' professional to enter a workshop as a client; or he can be consulted about attending a workshop and be invited to visit all available workshops in the area to make his own choice. Thus, he is asked to make two decisions: one, if he wants to go to a workshop; two, which one he wants to select based on this experience. Once having started at a workshop, he should have the opportunity to make two further decisions: one, if he wants to continue; two, if he wants to switch to another on the belief that perhaps he has made a poor choice.

Many professionals will object strenuously to surrendering decision making of this kind to a person perceived to be less knowledgeable and less wise. Even if we grant (without necessarily accepting) that the professional may be more knowledgeable and more wise, the issue is still unchanged. Each person, as far as possible, should have the opportunity, as part of his process of growth, to make certain decisions regarding his career. Should he make a poor decision, it still is much to be preferred to a wise decision imposed by another person. Moreover, a poor decision may become a source of growth and maturity. Only as a decision maker can a person develop the kind of self-respect necessary to gain the image of a normal person. In any case, the process of admission to a shop becomes a matter of importance to a workshop modelled on the principle of normalization.

A second issue is what name or label one attaches to the person entering the workshop, since names can be as hurtful (perhaps more hurtful) as sticks and stones. The trauma from sticks and stones may pass into recesses of faded memories, but names somehow endure and shape expectations. If we are to help the person at the shop develop a more normal image of himself, we should call him a worker, and hopefully, treat him as a worker and expect that he behave as a worker. In contrast if we call him a client, the appeal is to his weaknesses and to his inadequacies, to his sense of helplessness and dependence. As a worker, the appeal is to his strength, his self-respect, and to his hoped-for independence. If he is to practise the role of worker, then he should be given the name of worker, and the clues and expectancies implicit in that name.

Relatedly, if the person is to be called a worker and treated as a worker, and persuaded that he is a worker, the workshops should resemble a work place rather than a clinic. A clinic tends to focus on the abnormal. Though clinics may protest their interest in normalizing behavior, they paradoxically give a client an investment in maintaining, defending and justifying his abnormality.

Organized as a place of work, the workshop establishes the policies, practices, and expectancies of a place of work. The concern is with work and work role. The relationships are those that characterize any place of work. The worker is expected to dress as a worker and carry himself as a worker. As a worker he is paid for what he produces, and increased rewards are based on increased production. The work is made as interesting and challenging as possible in order to stimulate maximum exertion. In many shops with a clinical orientation, little concern is given as to the type of work tasks
available, since the feeling is that the work experience is of little account compared to the clinical experience — whether in the form of counselling or casework. Professional insensitivity to the work experience, which in terms of time alone is the major activity of an adult, suggests an incapacity to understand behavior and modes of behavior change. Wheelis has pointed out that if one wants to become a thief, one has to practise stealing. If one wants to become a worker one has to practise working. A man is, as he suggests, what he does (Wheelis, 1969). Moreover, if we expect the workshop experience to prepare the worker for regular work, the best way is to give him practice in the role of worker.

Industry has little interest in hiring clients; it wants workers who can function as workers. It has little patience for and tolerance of workers sliding into the role of clients. And even though some large employers are beginning to offer some clinical services, many workers interpret them as a public relations deception.

If the workers are to have enriching experiences as workers, the workshop should be located within an adequate business building shared by other companies with normal workers. Workshop workers will have frequent opportunities of interacting with normal workers, discovering that normal workers are not as normal as they have have thought, and that workers at the workshop are not so abnormal as they have always feared. It is encouraging to see that differences are not so marked as one has believed when one is isolated and segregated from normal populations. A person employed at a workshop returned to it after working for two weeks at an insurance company, saying that she had learned two things; first, she is not as crazy as everyone has said she was; secondly, normal girls are not as sane as she expected them to be.

Again, professionals within many workshops fail to see the impact of isolation and segregation because they fail to value the experience of working. Some workshops visited by the author remind him of workhouses described by Dickens. Professionals somehow feel that the impact of shabby work situations is softened in the vapors of ‘talking therapies’. That workers within workshops do not protest their foul working conditions demonstrates the extent to which we haveemasculated them. But we deceive ourselves if we think that workers do not resent the degradation to which they are subjected in a workplace which combines so many of the horrors of the 19th century workhouses. And then to have them spend much of their work time sorting rags (coyly called ‘textile selection’) adds insult upon insult. And so many professionals, so tolerant of other people’s miseries, are willing to call this kind of experience a work experience. And rehabilitation agencies, often co-sponsored by federal, state and provincial governments, are willing to continue to refer their clients to these isolated and degrading work places and are satisfied because the reports coming back are written in acceptable professional jargon. Ironically, many professionals employed by governmental rehabilitation offices insist that workshops be run as clinics, and that persons seeking help be treated not as workers but as clients. To a considerable extent, professionals with these governmental rehabilitation offices are

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3 A Chinese proverb states it well: 'I hear and I forget; I see and I remember; I do and I understand.'
responsible for blocking workshop changes so that these function less as places to work and more as clinics.

That some workers in clinically oriented workshops do succeed and go to work demonstrates the capacity and stamina of some persons to cope with insufferable obstacles and to overcome the barriers established by their professional caretakers. Nothing impresses the author so much as the capacity of disabled persons to function as normal workers, if given a chance.

Of course, the danger exists of romanticizing disabled persons and making them appear better and stronger than they are. It is recognized that some will not succeed, despite our most creative efforts. However, the danger is greater that we continue to undersell disabled persons, persuading them of their inadequacies by continually treating them as inadequate. As suggested at an earlier point, we still know very little about the process of changing behavior, and we still have very little firm knowledge which would justify an attitude of pessimism. The bulk of professional efforts has been spent and is being spent in defining, diagnosing, and exploiting pathology: only minor efforts, and not always creative or consistent ones, have been spent in encouraging and developing growth and improvement.

WORK AND ITS MEANING WITHIN A WORKSHOP

The professionalization of workshops' staffs has had at least two negative effects as seen from the point of view of those practising normalization. First, it has tended to distort the workshop's functions, giving it a clinical quality, and defeating or diminishing the value of work as a normalizing experience. Second, it has deflected attention from the importance of work and the need for providing work which is diversified by complexity and kind. More often than not, workshops provide work which is dull, deadening and demoralizing.

In a sense, the workshop, without so intending, may be giving the client an improper message, that is, the work he does is secondary to how he feels and thinks. The person is being prepared to function more as a client than as a worker. How else can he interpret the fact that so much of the work made available to him is so inconsequential?

If a workshop is to function as a workshop, with the work experience serving as an opportunity for normalization, then considerable thought has to be given to the kind of work made available. A workshop should consider the following factors.

First, the work should be real, intended for the market. 'Make' work, 'sample' work, 'handicraft' work - all have a quality of unreality about them, inviting more a response of playfulness than of real exertion. The best way to test work capacity is over time in real work situations involving real work in relationship to other workers.

Second, the work should vary in kind and complexity so as to meet the varying interests, skills, and needs of the heterogeneous population of workers. Some workers, for example, may need masculine tasks to enable them to develop a sense of manliness. Others may need opportunities to use power-

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4 Clinicians often mistake and/or equate the diagnosis of a problem with its solution. Their ability to solve problems lags far behind their ability to explain them. This disparity in skills seems to be much less of a source of stress and much less of a stimulus to reconsideration of their underlying assumptions than one would expect.
driven machinery to develop the discipline necessary to respond to externally imposed rhythms. Still others may require complex tasks, challenging them to a higher level of performance. Too often, workshops test a person’s capacity to be bored, giving each person the same dull work day after day.

Third, to provide normal incentives, workers should be paid wage rates prevailing in regular industry, with increments based on increased production. Money may not be everything, but in the labor market it is a measure of one’s worth.

Fourth, work involving rags or objects sold as charity should be avoided since it tends to diminish a person’s self-respect and pride. How can a person feel good about himself when he is engaged in rag picking or the manufacture of articles sold in appeals to the buyer’s feelings of pity. Labelling items as ‘manufactured by the handicapped’ can only serve to abnormalize the disabled, making them feel special and sorry for themselves. They may begin to see themselves as ‘objects of charity’, much like the products they make, and thus exempt themselves from the rigors of regular work.

Every theory opens some possibilities and forecloses others. The clinical theory assumes that the work experience is of limited consequence until intrapsychic clarity is achieved, and therefore, a ‘good’ workshop is clinically oriented and provides more time and effort in helping clients achieve such necessary clarity than in developing work skills. The theory of normalization, by way of contrast, assumes that a person is capable of functioning at a level higher than his present one and that a person’s capacity can best be tested and developed in real work situations.

PERSONNEL SELECTION
If a workshop is to function as described, it is necessary to give substantial consideration to the hiring of staff to carry out the workshop’s ideology.

The staff to be hired have to accept the principle of normalization. They have to believe with faith, confidence and reason that persons with limitations can grow and develop, if given a chance. They have to believe that the informal processes are generally more effective in producing normal responses than the formal processes. They have to feel confidence in themselves, so they can have confidence in others. They have to respect themselves, so that they can respect others.

Staff workers have to be capable of growth, so that they can enjoy growth in others.\(^5\) They have to be flexible, experimental, and open-minded as they recognize as the air they breathe that error is ever possible and correction is ever necessary. They have to appreciate that yesterday’s truth may become tomorrow’s falsehood, and that every idea, practice and policy should be subject to continuing criticism and review.

They have to like people and derive pleasure in seeing them grow to their maximum independence. Staff members have to be tough enough to endure unavoidable defeats and failures, without the need to disguise them as victories and successes.

They have to be committed to the philosophy that means and ends are part of the continuum of experience: the end is self-fulfillment as far as possible, and the means are those steps which lead to self-fulfillment. Decision

\(^5\) For evidence of the importance of this point, see Goldenberg (1971).
making, as an example, belongs to the person who comes for help. Imposing decisions on someone violates the continuum of means and ends, increasing a person’s feeling of helplessness.

Finally, the staff should have sufficient discipline to avoid sentimentalsities and indulgences of self and others. They have to behave as models for others, since their behavior in relation to themselves and others is the major message communicated to the observing workers.

The kind and amount of professional training for a workshop staff can be debated without end. Whatever kind and amount of training are agreed upon, such training is of little account unless the staff have some of the qualities described, or the capacity to achieve these qualities. No amount of training can ever be a substitute for menschlichkeit, though, too often, training is offered and accepted in place of it.

WORK AS A ROAD TO NORMALIZATION

While intellectuals may debate the passing of the protestant ethic, and while for them, work may not be as meaningful as in past decades, the fact is that for many disabled persons suffering intellectual, physical or emotional limitations, work continues as one of the central facts of their lives. Without work they feel as if they are nothing. They feel useless, abnormal, childish, and wasted. They agree with Flaubert that ‘one must establish oneself... one must be useful... one must work.’

The routine and rhythm of work, the work tasks, the socializing associated with work, all these become part of the pattern of normalization. Leaving the house each morning, boarding the bus, punching in, coffee break, arguing with friends or foes, lunch, back to work, and then returning home, another day passed and another dollar earned are parts of the work process needed to give and sustain a person’s image of himself as normal.

Paradoxically, while our society fears and condemns dependency, while it continues to condemn public welfare as an alternative to work, it offers only limited opportunities for work. Its chronic toleration of large amounts of unemployment of able-bodied and disabled-bodied workers suggests an unwillingness to face reality and to deal with its fears. It wants to solve the problem of unemployment and dependency by surrendering to the natural force of the marketplace, or by indulging in rhetorical rages. If people are to become independent, jobs must be made available at wage rates which do not diminish a person’s sense of dignity. If industry cannot provide enough jobs, and it is clear (in 1971) that it cannot, then government must provide jobs for those able and willing to work. For unless work becomes available after the rehabilitation and educational processes are completed, it would appear to both professionals and persons seeking work that the rehabilitation and educational processes were dead end roads, consuming time, money, and energy toward an outcome which can only be called a hoax. The rehabilitation and educational process might produce more successes if all participants knew that some kind of employment was likely after its completion.

PASSING AS A TECHNIQUE OF JOB FINDING

Every minority group uses various devices to cope with prejudice and discrimination (Goffman, 1963). Within the labor market, one of the accepted
devices is that of passing. A black person may pass as white if nature gave him the necessary complexion. An ex-mental hospital patient or mentally retarded person may pass if he is sophisticated enough to see its need and value and capable of carrying it out. Experience in looking for work soon teaches many of them both the need and the value. For there is little question that employers – like many professionals – have low confidence in the capacity of the mentally handicapped to achieve normal work performance. As a result, they prefer not to hire these persons or, if they do, not to promote them, since they judge their work performance in terms different from those they use to judge other workers. From the point of view of the worker, the value of passing is that it enables him to be judged as other workers and, therefore, to be able to achieve more normal performance and acceptance, with the result that he will not be continually watched or treated with kid gloves. By passing, he will be treated like anyone else, no better or no worse.

Many agency personnel tend to view passing as a form of deception, an immoral practice, and one to be avoided. First, it is not up to agency workers to decide whether a worker entering the labor market should pass or disclose his history. This is a decision to be made by the worker. While a discussion with the worker of the relevant issues is in order, the decision should remain his.

Second, is it immoral? To act in one's own interest in dealing with the widespread practice of employer discrimination is not, in my view, immoral. What is clearly immoral is the practice of discrimination! Moreover, it is the tradition of the labor market to stress one's assets and to play down one's liabilities. If there were less discrimination, and if fellow workers were more enlightened and more tolerant, then the practice of passing would be less frequent, because less necessary.

One other question often arises regarding passing: is it anxiety-producing? The whole process of seeking employment is anxiety-producing, with the degree of anxiety varying worker by worker, situation by situation, at different points of time. But for many workers, it is probably less anxiety-producing than the identification of oneself as an ex-mental hospital patient or as a mentally retarded person. Finally, it should be repeated that to pass successfully requires a certain level of sophistication and discipline, a certain skill to play the game of a normal worker. While many may attempt to pass, some do not succeed because they lack the skill to play the game. Others may not want to play, preferring the role of patient to that of worker.

OTHER IMPLICATIONS OF THE NORMALIZATION PRINCIPLE FOR WORKSHOP PRACTICE

We have suggested that what a person is capable of doing or becoming depends less on what he was, or what his history may disclose, or what level IQ he may have, or how he has been labelled. His potential for normal behavior will depend more on the kind and quality of opportunity he may be offered. To repeat: how little we really know about the capacity of many persons to improve, for the obvious reason that we have never invested enough of our resources and talents in creating appropriate and timely opportunities. We are more concerned with the defence of our theories and dogmas than the consequences of our acts upon the people coming to us for help. We are more interested in labelling than in helping.

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THE INTAKE PROCESS AND HISTORY TAKING

Given these assumptions, applicants would be admitted into workshops with relatively little background information. Enough to avoid injury to the person, but beyond such information, little else is necessary that would not be prejudicial to the applicant and limit his opportunity to develop. For example, the workshop should know of a worker's history of epilepsy in order that he avoid certain tasks and in order that better care be given in the event of a seizure. But should the workshop know an applicant's IQ? Knowledge of it may lower expectations and therefore lower his chances for improvement. Should the workshop know how many years an applicant spent in an institution? Again, a long history of institutionalization may reduce confidence and reduce the likelihood of his improving.

Some workshops spend considerable time determining who should be admitted for service, basing their judgment to admit or reject on the applicant's history. The workshop should admit anyone who applies, and the applicant should be given an adequate opportunity to see if the workshop can help him to develop. *A priori* decisions based on histories are generally prejudiced against acceptance of the seemingly more difficult case. And how good are professionals as prophets? Who can predict the outcome if creative and appropriate efforts are exerted in behalf of the applicant? If an applicant is rejected without a trial, we can be quite sure what the outcome will be! The professional too often acts out the role of undertaker, burying someone else's hopes and possibilities. Such a role is hardly a creditable one!

INTERPRETATION OF FAILURE

Let us assume that a person is admitted to a workshop and fails. How should one interpret such failure? Traditionally, failure is attributed to the inadequacies of the worker. While in some instances, such attribution is probably correct, it would appear to be more useful for the professional to attribute failure to the workshop. By so doing, he can become more sensitive to the shop's management of the work and more alert to different or better approaches to achieve a more positive outcome. Or he might suggest that the worker be given a chance at another workshop, or if none is available, to be permitted to return to the same one at a later time. By accepting some or all of the responsibility for the failure, the professional often can keep alive the hope and possibility of improvement for the worker who failed. By accepting little or no responsibility for failure, he in a sense writes the worker off and forecloses future opportunities.

MANAGING A WORKER WITHIN A WORKSHOP

The principle of normalization carries with it some implications for the management of a worker within a workshop. If the intent is to help him become a normal worker, then he has to learn to act as a normal worker. The process of managing him within the workshop will either help or hinder his achieving this goal. Two aspects of the kind of process designated as helpful will be stated.

First, the worker will be called a worker and not a client. The name declares the role and communicates the message: you are a worker and are expected to dress and behave as a worker. While the workshop may not
always be successful, the expectation will provide the lift the worker may require.

Second, behavior will become of more concern than attitudes and feelings. If a worker steps on my foot, I will respond by asking him to get off. I will not ask him why he is angry with me. The point is that he has to learn to control his feelings so that he can behave in an acceptable way. While discussions of his feelings may be helpful from time to time, in the work setting such a discussion tends to divert his attention from the immediate issue of acceptable behavior. Employers want and expect acceptable behavior, not discussions of feelings and attitudes. The chance exists that learning to live by the rules of acceptable behavior may reduce the worker’s feelings of anger and reduce the need to act out this anger. But the danger also exists that a discussion of anger within a place of work may exacerbate the anger since the angry person knows that such feelings and discussion of them are inappropriate within a work place. In the event that the person persists on stepping on my foot, then it is clear that he is more interested in expressing his anger than in becoming a worker. His referral to a clinic, along with his temporary exclusion from the workshop, might be considered. The worker would be confronted with the options: to work and to control his feelings, or to be excluded.

Other aspects of the managing process need not be elaborated, since it should be clear that the intent is to normalize behavior by dealing with the worker in as normal (non-clinical) a way as possible, always making clear the rules of expected behavior. Such management helps the worker feel better about himself and gives him more encouragement to accept responsibility for improved behavior.

**JOB PLACEMENT: WHOSE RESPONSIBILITY?**

When a worker in a workshop is considered ready for work, the tradition is that he is generally placed into a job. This is abnormal and is not always, or often, helpful to the worker, though it may be more efficient, at least in the short run.

It should be recalled that work is an adult activity and work capacity implies that one can function as an adult. In addition, if the worker is to develop an image of himself as a normal worker with appropriate and necessary feelings of self-respect and self-esteem, then he should be allowed and encouraged to negotiate his own entry into the labor market. While the job applicant should be given whatever orientation and assurance he may require from time to time, he should make contact with the employer without professional intervention. In practical terms, the worker values what he does for himself. And he should experience the difficulties of looking for and securing work, so that he can more realistically measure and value any job secured. Too often, a person who is ‘given’ a job places small value on it, since it came to him with little or no effort. By securing his own job and negotiating directly with the employer, he will – in the process – diminish the employer’s suspicion and skepticism of his readiness for work. Most employers feel that if a person is ready for work, he should be capable of representing himself as a job applicant. By normalizing the placement process, we in effect enhance the applicant’s chances of employment and help
him develop the confidence and stamina necessary to survive in the world of work.

Obviously, there is a small number of applicants who may be ready for work, but who, for any number of reasons, cannot find their own jobs. This group should be given whatever help is necessary to effect their placement. While such efforts are abnormal, they constitute an unavoidable cost the applicant must pay if he is to work.

Summary

The central fact is that by and large, the helping professions have imprisoned themselves within an ideology of pathology which limits their effectiveness. Their concern has been with the abnormal aspects of experience, and with ways of reducing the abnormal. While their efforts have only been moderately successful, they have not been very willing to change and to consider the principle of normalization. While they see failures all around them, they attribute these failures to lack of time to practise their skills, lack of manpower, or to the persistent pathology of the persons helped. They are still convinced that to build a better future for a client they have to reconstruct his past. Given their biases, they have tended to disregard the experience of the people they serve. They have functioned as archeologists.

If helping professionals were to accept the principle of normalization, their focus would shift from the past to the present. Attention would be on the experiencing and its many interconnections. They would become more concerned with ‘outer’ aspects of experience, and less with the ‘inner’ aspects. Essentially, the principle of normalization is based on man’s tendency to be normal, i.e. as self-sufficient as possible. Man wants to manage his own affairs as far as is possible, and the principle of normalization utilizes this natural and normal tendency.

Because experience is central, those applying the principle of normalization attend to all aspects of experience, such as the setting in which it occurs, the labels attached to persons, the quality of opportunities for doing, and the quality of relationships among the population served.

The application of the principle of normalization makes the person served the major actor in the helping transaction. The professional helper, as a consequence, takes on a minor and supporting role.