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Conclusion
In the preceding chapter, maximal integration of the perceived or potential deviant person into the societal mainstream was established as one of the major corollaries of the principle of normalization. Such integration can be achieved in many areas, and in many ways. One major paradigm is to obtain services from generic agencies which serve the general public, rather than from specialty agencies which serve only or primarily groups of individuals perceived as deviant.

For instance, visually limited children were once educated almost entirely by special schools or at least special classes. Today, they are increasingly educated in the regular classroom by regular teachers who receive special orientation and support from resource rooms and resource teachers. In their general practice, general medical practitioners handle psychiatric problems which were formerly the almost exclusive province of specially-designated mental health personnel. Retarded children who were once placed into special institutions are increasingly placed into ordinary foster homes. The list could go on at some length.

In the past, generic services were often denied to special groups on the basis of two arguments. One was that since the generic agency did not possess the necessary specialized skills and resources, the person with a special condition would be better served by a special service. The second argument was that certain deviant individuals should be segregated from the mainstream of society, and be served apart – even if not always expertly. People who were different should remain ‘with their own kind’ – to use the popular expression. It is important to recognize that the first argument was primarily an empirical-technical one, but that the second one was largely value-based.

Today, we can marshal powerful empirical and programmatic arguments in favor of the tenet that segregated services, almost by their nature, are inferior services. This holds true not merely for racial segregation, where this principle was most forcefully promulgated by the courts; it also holds true for segregation of other minority-deviancy groups.

Programmatically, segregation is particularly self-defeating in any context that is claimed to be habilitational, which includes special education. If we are serious about working for the goal of preparing a person toward independence and normative functioning, then we must prepare him to function in the context of the ordinary societal contacts which he is expected to have and to handle adaptively in the future. One of the basic principles of education, in the broad sense, is to ‘educate’ (lead forth) the learner stepwise into the context in which he is to function; and to bring about this education
as early as possible, because the earlier a behavior is learned, the more likely it is to persist. Also, early learning is usually easier than later learning.

Here is where much of our habilitation human management, and especially traditional special education and rehabilitation, have been weak. Too often, training took place in one context, which was an artificial, segregated, and non-normative one; and at the end of the training period, there came a precipitous transfer into realistic normative societal settings. Perhaps our so-called ‘corrective’ services are the most extreme example of this practice. The fact that our failure rates have not been higher than they have been is more due to the resilience of man than the merit of our practices. To conclude, programs that fail to incorporate a relatively demanding pace of carrying clients stepwise and increasingly into culturally normative (and therefore, by definition, culturally integrated) contexts and activities are, by their very nature, not genuinely habilitational.

This much for the programmatic-empirical argument. However, the arguments involving primarily issues of values have also changed, as our conception of the privileges and obligations of citizenship have changed in recent years. Indeed, we have seen develop almost a preoccupation with issues of right and justice, apparent in a wide range of events and movements among which are the following.

The intense controversy over the justification of various types of wars and weapons, as exemplified by the controversy over the war in Vietnam and the use of weapons such as napalm.

The concern with American intervention into the internal affairs of other countries, as evidenced by the uproar over Project Camelot where a social science experiment carried out by US investigators in a South American nation had to be abandoned.

In the United States, intense public discussion over an equitable draft system.

The continuing battle over the proper definition and enforcement of civil rights, especially in relation to discrimination because of race or sex. We probably have only seen the beginning of a redefinition of the role and rights of women in our society.

Increasing definition of the rights of the accused, and of the proper and improper use of police powers.

Proposals to institute systems of compensating victims of crime.

Demands that large private corporations develop socially-relevant corporate responsibility, adopt more democratic and less secretive governance procedures, and include consumer representatives on their governing boards.

Concern over the unequal distribution of wealth and opportunity in our society, and action on many levels to do something about it.

Redefinition of numerous human services, including medical care and welfare benefits, as a right rather than a privilege.

Demands that the Scandinavian system of the ombudsman be vigorously implemented in Canada and the United States.
Widespread concern over the conduct of scientific research involving human subjects.

Extensive re-examination of the use of psychological tests in education, industry, and elsewhere, culminating in congressional hearings, new administrative rulings, and new laws.

Concern over invasion of privacy on the part of government, industry, or agencies – a concern which has also resulted in various governmental actions.

Soul-searching regarding the rights of man has even generalized to animals, as can be noted in the public controversy over legislation regulating the handling and use of animals for research purposes.

To the above list, other items could readily be added. One of these is of prime relevance here, and that is the new belief that unless a person is a proven menace, he cannot be separated from society by fiat, perhaps merely because his presence is inconvenient or unpleasant. Our society is becoming more pluralistic, and even the armed forces have had to accept a soldier’s right to wear sideburns and peace medals. Also, that a deviancy is harmful and warrants denial of societal participation must now be painstakingly proven – individual by individual; such a judgment can no longer be imposed upon a class of persons. Admission, and even commitment, to an institution can no longer be equated with loss of citizenship rights, as was almost universally the case in the past, especially in the field of mental retardation. Even the fact that parents can no longer be held responsible for the support of handicapped children who have attained the legally-defined age of adulthood bespeaks subtly of a new legal interpretation of the handicapped adult as an adult rather than an eternally-dependent child – even if he should require legal guardianship throughout his adult life.

It is apparent that today, neither programmatic nor value-based rationales are sufficient to justify a segregationist service structure. However, it has not always been the majority that has excluded the minority; on many occasions, a minority has deliberately cut itself off from the mainstream. Such self-elected segregation may have been motivated by the fear of mainstream demands; by the desire to continue an established power and bureaucracy structure that might become redundant through integration; and by the fear of change and of rejection. For instance, many leaders in mental retardation have been afraid to give up their special programs and merge their clients into generic and/or public programs for fear that once their special program was discontinued, the other program might begin to exclude the retarded clients who would then be without service altogether. In some version or other, fears like this are encountered again and again – and they are often justified. This is why one of the later chapters will address itself to administrative safeguards for integrative services.

The two integrations: physical and social
If integration is one of the major means for achieving and acknowledging societal acceptance, as well as for accomplishing adaptive behavior change, then we must distinguish between and elaborate upon its dimensions and components. First of all, let us define integration as being the opposite of
segregation; and the process of integration as consisting of those practices and measures which maximize a person's (potential) participation in the mainstream of his culture.

For a (deviant) person, integration is achieved when he lives in a culturally normative community setting in ordinary community housing, can move and communicate in ways typical for his age, and is able to utilize, in typical ways, typical community resources: developmental, social, recreational, and religious facilities; hospitals and clinics; the post office; stores and restaurants; job placements; and so on.

Ultimately, integration is only meaningful if it is social integration; i.e. if it involves social interaction and acceptance, and not merely physical presence. However, social integration can only be attained if certain preconditions exist, among these being physical integration, although physical integration by itself will not guarantee social integration.

**PHYSICAL INTEGRATION**

Social integration takes place on the 'person level' and involves the close interaction of (potentially) deviant individuals with those who are not so perceived. However, physical integration generally involves buildings or at least 'settings', i.e. a physical setting which permits or facilitates social interaction. In the context of this discussion, the building will probably be one in or through which human services are mediated.

Physical integration (or segregation) of a service facility is determined primarily by four factors to be discussed below: its location (in the sense of distance from resources and social groupings); its physical context to other facilities and settings; access to it; and its size (in the sense of number of (deviant) persons grouped together in or by the building). This fourth point is sometimes also referred to as dispersal.

**Location**  The center and emphasis of services generally should be at the community level where the persons are to be served, and the structure such that the (deviant) persons may remain in or be absorbed into the prevailing social, economic, educational, etc. systems. Unless it is distinctly desired as part of an appropriate human management model or rationale, as perhaps in the case of a retreat camp, physical isolation of settings is one of the conditions to be avoided.

**Physical context**  The type of area in which the program is to be located should be consistent with the type of service to be provided, e.g. vocational services in industrial park areas, hostels in residential areas, etc. Services in upper lower-class neighborhoods of medium density population with a large array of resources (post office, stores, restaurants, libraries, churches, playgrounds, movies, etc.) will, in all likelihood be capable of absorbing deviant persons at a relatively high rate, while thinly-populated upper-class suburban areas beyond walking distance from community resources would probably be less suited.

**Access**  It should be kept in mind that elements in addition to distance can determine access. Among these are availability and convenience of transportation means and routes, and other circumstances which can be highly specific.

**Size or dispersal**  The normalization principle dictates here one of its major corollaries: every effort should be made not to congregate deviant
persons in numbers larger than the surrounding (community) social systems can absorb and integrate. This principle implies that instead of single large facilities, a larger number of modestly-sized facilities usually permit greater normalizing dispersal within as well as between population centers, especially so in the larger communities. Dispersal is particularly important for the numerically most-needed programs, and especially for residential services.

Services should be dispersed across a region consistent with population patterns, and so located as to enable all clients to take full advantage of other existing community resources. Programs should be so developed as to break up, or prevent the establishment of, excessively large service facilities.

While the four elements of location, relationship, access, and size (dispersal) tend to be related to each other, there can also be some independence among them. For instance, a facility could be very close to other resources, and yet access to it may be very difficult to attain. Conversely, a physically distant facility might be close to several major means of access such as expressways, rail transportation, etc.

**SOCIAL INTEGRATION**

Integration can be facilitated (or inhibited) not only by physical but also by social circumstances. A service could conceivably be optimally integrated physically, and yet suffer from extensive social segregation. For instance, despite optimal location, such factors as agency policy, service structures, and/or social circumstances might still keep a deviant person out of the cultural mainstream, and segregated from normative and normalizing social intercourse. Thus, a person needs not only to be in but also of the community.

It would appear that once physical integration exists, social integration (or segregation) will be determined by at least four factors: program features affecting social interactions; the labels that are given to services and facilities; the labels and terms applied to the clients; and the way in which the service building is perceived.

*Program features* A few examples may suffice. Handicapped children should be integrated into generic developmental day care and, as much as possible, into regular classes. Vocational training need not always be conducted in special workshops but can often be carried into generic programs, as well as into the mainstream of business and industry itself. With special efforts, deviant individuals who are frequently provided with recreation in segregated fashion can often be enabled to participate in regular recreational activities in which they interact with other typical recreating citizens. And special support and training will enable many handicapped persons to utilize ordinary community transportation, rather than requiring special car pools, segregated buses, and other extraordinary means. The list of integrating opportunities is virtually endless – limited more by the ideology and the imagination of programmers than the extent or type of an individual’s deviancy.

*Labelling* Social integration will also be affected by the way in which clients and their families, as well as the service locations and facilities involved, are named or labelled. Thus, the labelling of persons as ‘retarded’, ‘patients’, ‘inmates’, etc.; the name of a possible site; and the name of a possible facility should all be carefully considered so as to promote a role
perception of the client that is nondeviant, or that at least minimizes the perceived deviancy.

Building perception  In regard to the facility specifically, some thought should be given to the ‘building perception’, *i.e.* the way the physical facility is likely to be perceived by the public. The external appearance or context of a building, even if it is perfectly suitable in terms of internal arrangements, can exert a detrimental effect upon citizens’ response to the persons associated with this building. For instance, a building that looks like a prison or that was recently used by disturbed individuals is apt to elicit associations not conducive to integration.

It should be kept in mind that the four factors specified above affect not only outside observers, but also those who work with the client who is being perceived.

Current integrative opportunities
Below, I will briefly discuss some program areas (especially education, work, and housing) in which the time appears to be propitious in North America for major normalizing restructuring of prevailing service patterns, via the process of integration. There probably are other areas, but the ones discussed here can serve as examples.

INTEGRATION IN EDUCATIONAL PROGRAMS
For a long time, the idea has prevailed that special education is and must be synonymous with segregated education. The realization is now growing that this need not be so. Indeed, we are finding, on the one hand, that segregation often brings with it a lowering rather than an improvement of standards; and on the other hand, that by the very nature of things, integrated education has certain normalizing features which can make it better than segregated education.

Educational integration, at this time, would affect primarily early childhood (so-called preschool) education, but also education in the traditional sphere, and in the rapidly expanding area of vocational education, all discussed below.

Integration in early childhood education  In this area, particularly, we are used to thinking mostly in terms of day care centers, nurseries, kindergartens, *etc.* which either serve only the handicapped, or at best have special and segregated sections for them. And yet, it is probably on this very level that integration should be achieved most urgently, and can be most easily.

Early integration is relatively easy because: very young children are less perturbed by individual differences; early education programs tend to be more apt to have groups of mixed ages and sizes anyway; and such programs are oriented to more individualized handling than the regular schools are for older children. Among major benefits of early integration are the breaking down of social barriers and stereotypes, not only in our young future citizens, but even in our current fellow-citizens – their parents.

Already, one can see many early education programs which have included small numbers of handicapped children – although sometimes more by oversight than by design. In almost every instance of early integration that I have encountered, I have been impressed with the smoothness of the integration process, and the amount of progress made by the handicapped children.
involved. Particularly at this age level, normal peers seem to constitute non-threatening models from which the handicapped (especially the retarded) children learn much more than they typically do from their impaired peers.

**Maximal integration in traditional education** On this topic, so much has been said that only brief recapitulation is necessary. Most of the mildly impaired and retarded can function in regular grades if special additional services (*e.g.* resource rooms, resource teachers) are provided. This is also true of many severely handicapped children, such as the deaf or blind, and others who may have some very severe and rare handicaps (*e.g.* Mullins, 1971). Other severely impaired children, such as the severely retarded, can function in special classes that are integrated into regular schools, rather than in special classes grouped together and/or placed in separate wings or even separate schools. Secondary work-study programs, which often use only in-school or sheltered workshop assignments for their work training, need to emphasize assignment in business and industry instead.

**Integration in vocational education** Legislation as well as attitudinal changes are presently opening up new integrative vistas in vocational education. These opportunities need to be pursued vigorously. There exists now the option to do – within the mainstream of the rapidly expanding vocational education field – much of what was previously done in the specially-designated and stigma-attached field of rehabilitation, or on the side-tracks of secondary special education.

**Concluding comments on integrated education** It is both salutary and gratifying to note that in the future, integrated special education will become better, and easier to accomplish, as all education becomes special education, *i.e.* as we move more and more from lockstep teaching to individualization of the learning-teaching process. Vast improvements in the educational manpower structure have already taken place, and such improvements make for better and more individualized education. Other developments – almost certain to be even more significant – will be the increased availability of new and better educational aides, the routine use of computer-assisted and computer-managed instruction, and new administrative methods of structuring the educational process. As all education becomes special, grade levelling and grade grouping of children – as we now know it – will disappear, and integration will no longer present the problems it does today.

**INDUSTRY-INTEGRATED WORK STATIONS**

For many years, we have aspired to the establishment of more vocational service centers (‘workshops’) which would offer vocational evaluation, training, long-term employment, and possibly other vocation-related services, either to the handicapped in general, or to special handicapped groups. For instance, it was widely felt that the problems of the retarded were such as to require separate (segregated) work centers, and the need for workshop places for the retarded was sometimes estimated to be as high as 1.4 for every 1000 population (*e.g.* Goodwill Industries of America, 1961). The concept of ‘integration’ was used mostly to refer to integration of one handicapped group with other groups perceived as deviant, as in a generic (Goodwill-type) workshop.

Actually, from a normalization (though not always economic) viewpoint, there is little to be gained by favoring a generic (*i.e.* all-handicapped) over
a specialty (e.g. all-retardation) workshop. In the generic center, a deviant person would still be grouped with others similarly perceived (e.g. the retarded, blind, deaf, physically impaired, emotionally disturbed, alcoholic). On the other hand, integration of a deviant worker or work trainee with typical workers in business and industry would constitute a major normalizing advance.

The time has come to establish the functions of the ‘sheltered workshop’ right in the work community, right within the confines of specific firms, right on the work floor. Service systems can rent floor space from factories, often for nominal sums. ‘Segregated’ work space can serve for initial placement of trainees or workers, with integration being restricted to space and functions associated with the time clock, the toilets, and the cafeteria and/or canteen area. After a period of transition, some handicapped workers can be integrated into the midst of the work floor. Many such workers eventually will achieve a normative level of production, and will become eligible to be hired by that firm or elsewhere in the job market.

Establishment of work stations in industry can reduce the need for special and segregated services considerably. For instance, as late as 1968, the plan for comprehensive mental retardation services in Douglas County (where Omaha, Nebraska, is located) called for five vocational service centers with a total of about 340 places (Menolascino, Clark & Wolfensberger, 1968). Today, the staff of this service system believes that with the establishment of a number of industrial work stations, one or two vocational service centers for the retarded within the county may suffice.

Industry-integrated work training and/or sheltered work is not new. It has been practised successfully – though only sporadically – in the past, both in North America and elsewhere. But now, the time has come to implement this option systematically and massively.

INTEGRATING RESIDENCES FOR SPECIAL-NEED GROUPS

Where possible, the utilization of the much-neglected options of adoptive, foster, and boarding placement for handicapped children (even the profoundly retarded) is most desirable. These various approaches have been extensively discussed in the recent literature. However, in addition to these opportunities, much community integration of the retarded, the emotionally disordered, etc. can be achieved by developing small group residences, such as home-like hostels and highly dispersed special apartments.

Even where community-integrated group residences are considered and established, the possibility is seldom considered that in addition to integrating the group residence into the community, integration can also be achieved within the residence itself (e.g. Colbert, 1969). Such internal integration can be brought about in a number of ways. For instance, two or three mature college students might share an apartment with two or three retarded persons who are working in competitive industry or in sheltered situations. A college might lease some rooms or a wing of a dormitory, to be used by retarded young adults on a temporary basis while they are under training in a vocational center. Hostels might serve both handicapped and homeless non-handicapped children, instead of only the handicapped. Public housing might be designed from the very beginning to accommodate both the impaired and the unimpaired (e.g. Klein & Abrams, 1971). Finally, there is little reason
why many of the institutionalized aged cannot be placed into ordinary (but
good) nursing homes.

The objection is sometimes heard that the handicapped do not want to live
integratedly. Often, this is a defensive claim, advanced to avoid having to
pursue such integration. A recent survey of 658 handicapped persons
(Columbus & Fogel, 1971) certainly suggests that lack of opportunity is a
larger factor than lack of desire.

MISCELLANEOUS AREAS READY FOR INTEGRATION

It is absurd to build expensive dental suites and surgical operating theaters
specifically for the retarded or emotionally disturbed, as is done in so many
institutions. Teeth and appendices can be excised just as readily in ordinary
community hospitals and dental offices if a little care is taken in the planning
and social interpretation of such procedures.

Today, we conduct special camps for the handicapped, reserve bowling
alleys for occasions when the handicapped bowl by themselves, and reserve
swimming pools on a similar basis. Other examples of segregation in recrea-
tion can readily be cited. Often, such segregation is practised not intention-
ally or from lack of alternatives, but from a neglect to pursue a strategy of
integration consciously and systematically.

Instead of reserving an entire bowling alley or a block of adjacent lanes,
why not reserve a few lanes dispersed among other lanes? Similarly, by going
swimming in small groups, one need not reserve an entire pool. With a few
extra counsellors, a modest number of handicapped persons can be inte-
grated into regular camping activities. In Stockholm, there are about 25
social clubs for young people in which the membership is balanced evenly
between the retarded and the non-retarded, and in which the retarded learn
to acquire a vast range of normative skills and behaviors by imitating their
non-retarded age peers.

Nowhere is integration more appropriate than in those atmospheres where
the essence rather than the accidents of man’s nature is emphasized, and
where man is even interpreted as possessing similarities to God, i.e. in reli-
gious worship and instruction. Here, much integration can be accomplished
by thoughtful planning. Of course, no community has enough churches to
integrate the thousands of retarded or disordered who may be congregated in
a nearby institution. In religion, as elsewhere, integration is only feasible if
the persons who are perceived as deviant are dispersed.

CAUTIONS

Sometimes, integration is easier than we think, and sometimes harder. For
instance, we thought we had achieved a great deal of integration in our first
hostels for retarded adults in Omaha. Each hostel was ideally located in
lower middle-class neighborhoods, near community resources and transpor-
tation routes. The residents took the public bus to the workshop, and went to
ordinary neighborhood and community recreation sites and events. How-
ever, in the hostel, all residents were retarded; on the way to the workshop,
they went together in groups, which had an isolating effect; at the workshop,
the fellow-workers were retarded; going in small groups to recreation was,
again, isolating; and the same was true for church. Thus, the residents still
ate, worked, played, worshipped, and slept primarily in contact with other
retarded persons. They were integrated physically, but not socially. Reflection on this phenomenon underlines the need to train the handicapped not to commute and recreate in groups; to set up one-to-one as well as group peer relationships with non-handicapped age peers; and to develop work settings where work can be sheltered, but where the workers immediately surrounding the handicapped person are not handicapped, etc.

Conclusion
Integration is one of the most significant corollaries of normalization, having vast programmatic and architectural implications. It is for this reason that it is given extensive and repeated treatment in several chapters of this book.