6 additional architectural-environmental implications of the normalization principle

The meaning of a building
  The building as a monument
  The building as a public relations medium
  The building as a medium of service

The focus of convenience of a building
  The convenience of the architect
  The convenience of the community
  The convenience of the staff
  The convenience of the client-user

Architectural implications of certain role perceptions of the client-users of buildings
  The deviant individual as subhuman
    The right to privacy
    The right to property
    The right to communicate freely
    The right to individuality
  The deviant individual as a Menace
  The deviant individual as an Object of Pity
  The deviant individual as Sick
  The deviant individual as a Burden of Charity
  The deviant individual as an Object of Ridicule
  The deviant individual as an Eternal Child
  The deviant individual as a Holy Innocent

Concluding comments on role perceptions

The implications of the normalization principle, with special reference to internal design of buildings

The building codes versus the normalization principle

Conclusion
Human services are generally rendered inside of buildings, and these buildings often affect the way these services are or can be rendered, how these services are perceived by the public, how the public perceives the recipients of these services, and how the recipients perceive themselves. Thus, the design, location, and history of a building interact most intimately with the nature, quality, and direction of any service that may be associated with it. In this chapter, then, specific building-related issues not adequately covered in the preceding chapters will be discussed in the light of the normalization principle.

Among the factors that bear upon the resolution of architectural issues, there are at least three:

- certain local phenomena, circumstances, limitations, opportunities, etc. which may include terrain, availability of sites and building materials, local cost factors, manpower phenomena, and many others;
- mandates or limits imposed by codes, standards, and regulations, both local and national: especially prominent here are fire, health, and safety codes; usually, local codes parallel national ones, but may be even stricter: presumably, codes and regulations are based upon the needs of the users of a building, but frequently this is not so;
- problems which arise from the special needs of the special persons who are the recipients of the services rendered in or via a building; and the way these persons may be perceived by the public.

This chapter, of course, is concerned primarily with the problems arising from this third source; in modern human management, it ultimately should control the other two much more than *vice versa*.

**The meaning of a building**

To begin with, we must recognize that buildings have many symbolic meanings, and many purposes other than or in addition to those that are overtly stated or even privately admitted. Often, a building has a much louder and more honest voice than the men who may talk to us about it and its purpose.

Samuel Gridley Howe was probably the most remarkable and foresighted figure in the American history of special education. In 1866, he gave the
dedication address at the cornerstone-laying of a new institution for the blind in Batavia, New York. By that time, he had been instrumental in founding the early US institutions for both the blind and retarded, had been superintendent of the first such public institution for the retarded (in Massachusetts), and had already perceived and accurately defined most of the shortcomings under which residential institutions were to labor for the next 100 years. To capture fully the eloquence of Howe's statement on the language of architecture, several excerpted passages, pp. 13-16, from his 1866 dedication address follow.

'Language is of vast extent, and speech is only one of its powers. By speech and by print, men of our generation hold intercourse with each other. There are, moreover, some sorts of language by which the generations of men hold intercourse with other generations, and by which they converse across centuries and cycles of time. Among the various forms of language between generations, and between the ages, monuments hold a high place.

'As men and women unwittingly, and sometimes unwillingly, reveal their character and even their secret motives of action, by the sort of language which they use, so the generations unwittingly reveal the prevailing ideas of the men who lived in them, by the works which they leave behind them. Consider the Pyramids of Egypt, and read the speech which they utter. . . . What say the ten million cubic feet of solid masonry, enclosing two or three small chambers, whose entrances are so narrow that the enclosed sarcophagus must have been placed therein before the walls were built; and those entrances afterwards closed up by huge blocks of stone, too heavy to be moved by any common force? What does all this tell? What is the language of that generation, spoken by the tongues of the pyramids to this generation?

'It is, that the monarchs were absolute, selfish, cruel and short-sighted. That they built these vast monuments to preserve their fame from oblivion, and their bodies from disturbance. . . . The monuments tell us, moreover, that the people must have been ignorant, oppressed, and like 'dumb, driven cattle'.

'They tell us, that great multitudes of men and women were driven in from towns and villages, to toil and moil, and lift stones and carry sand for weeks and months; and when some had died and all were exhausted, then that fresh gangs were driven in to take their places.

'And so of smaller monuments, whether the triumphal arch, where the chained captive walks sadly behind the sculptured conquerors; or the storied column, with its winding procession of battles, assaults and sieges, leading up to the proud victor standing self-glorified on the top. And so of those which tell a better story – the aqueducts, the fountains, the bridges, the canals, the docks and the like.

'If we study the monuments which a generation built, and the kind of men in whose honor they raised statues, we may learn much of the character of the people themselves.

'You are assembled to lay the foundations of a monument which will speak to future generations; and although what you grave upon the cornerstone, and what you put within it, should never be seen, the monument itself will talk to future generations; and what will it tell them?

'It will disclose that the physical condition of the human race in this
country was imperfect and unfavorable and that there were born to this generation, and expected to be born in the next, ... children, numerous enough to form a persistent class. That children of this class were not only loved and cherished by their parents and kindred, but also cared for by the public. That there was no Mount Taygetus\(^2\) here, on which to expose them, with other infirm folk, to perish or be devoured, but asylums into which they were gathered and nurtured.

'It will prove that the social and political union which here leagued three million people into one powerful State, was formed and maintained not only for defense against enemies, for common commercial interest, for great enterprises, for social prosperity and enjoyment, nor yet for mental culture and high civilization of the many, but also for the protection and care of the weak and infirm. That the State of New York, which could dig out a navigable river clear across her broad land, which had just armed and sent forth three hundred thousand sturdy soldiers to serve the common country and the cause of humanity, that this great State, while holding on in her high career of material prosperity, and providing schools for all the children, took thought also, that not even the ... little ones should be neglected.

'In such language will be the building, those foundation-stones you this day lay, speak to many generations in coming time.

'But, while thus noting with pleasure and even excusable pride, the humane impulses which prompt and which will carry forward the work, pardon me if I utter a word of warning.

'Good intentions, and kind impulses, do not necessarily lead to wise and truly humane measure.

'Nowhere is wisdom more necessary than in the guidance of charitable impulses. Meaning well is only half our duty; thinking right is the other and equally important half.'

A later superintendent from Massachusetts offered an equally relevant insight.

'This history of the development of the human race has been most enduringly written in its architecture. A study of the architecture of a people reveals their dominant thoughts and ideals. The caves of the cave-dweller suggest man's early struggle for existence against wild beasts; the tents of the ancient shepherds the nomadic traits of these people in their moving from place to place in search of food for their flocks. The religious fervor of the middle ages is unmistakably recorded in the cathedral monuments of Europe. The creative and commercial ideals of nations are accurately recorded in their factories, warehouses, docks, highways, and office buildings, and their warlike instincts are well gauged by their forts, armories, battleships, tanks and aeroplanes; their educational interests by their schools and higher seats of learning; their interest in the sick and handicapped are clearly recorded in their hospitals and eleemosynary institutions' (Wallace, 1924, p. 256).

Human management buildings, like other buildings, can project many meanings. Certain of these meanings are of particular relevance to our discussion. At least three such relevant meanings can be readily recognized in human management facilities: the building as a monument, as a public relations medium, and as a medium of service. Each will be discussed briefly.

\(^2\) The mountain upon which the Spartans abandoned infirm or unwanted infants.
THE BUILDING AS A MONUMENT

Buildings are often erected, consciously or unconsciously, as monuments. In human management facilities, this is especially likely to be true of administration and medical treatment units. The monument may be to a governor, minister, prime minister, etc.; a famous man; a foundation donor, or donor dynasty; or an administrator or professional who may want to achieve identity or ‘immortality’ through this monument-building. Common examples of the latter are the aged superintendent or administrator who wants to make one last, only, or major contribution before he retires or dies.

While such aspirations often result in genuine benefits to mankind, they can also pervert the consciously verbalized or officially defined purpose of the building. For example, in order to fulfill its function as a monument, the building may be erected in a locality not consistent with normalizing and optimal program development; available funds may have been so plentiful as to result in a building that is either larger than optimal or overequipped; limitations of funds may result in a building so small as to require wasteful duplications and adjustment later; the ambitions of the initiator may require a free-standing building where an additional wing or floor on existing buildings would have been preferable; or the concepts which the initiator imposes upon the building plans may force future human services into undesirable and hard-to-remedy patterns.

Examples of the latter are donations of facilities such as swimming halls, medical buildings, churches or institutions. The existence of such facilities often makes it very difficult later to establish a pattern of increased and integrating use of the community for recreation, medical services, and church attendance. Similarly, an expensive new service building designed to serve large numbers of residents can become a great obstacle to reduction of an institution to a smaller size consistent with normalizing dispersal.

‘Let us remember that our purpose is not to build costly monuments, at the expense of the taxpayer, to architects, legislators and governors or indeed to ourselves, . . .’ (Kirkbride, 1916, p. 256).

THE BUILDING AS A PUBLIC RELATIONS MEDIUM

A building, or an entire facility, can become a medium of public relations. While such a medium may produce desirable and beneficial results in the long run, the public relations function may also be irrelevant and even detrimental to the welfare of client-users. A number of examples follow.

The building may function as an advertisement for the architect. There are many instances of widely acclaimed buildings which had serious functional shortcomings.

Innovations in design may become means of aggrandizement or advancement to staff or administrators. Real benefits of novel designs may be blown up beyond all proportion. Other widely-hailed design innovations may later be recognized as gigantic and foreseeable errors. For example, one institution for the retarded in the late 1950’s erected a new showcase nursery in which the infants’ cribs had solid, visually attractive, and expensive marble sides, and wire mesh fronts. Among other things, this obviously could lead to injuries, especially to children with seizures. Soon after construction, the cribs had to be rebuilt at great expense. This was hailed as another dynamic innovation rather than as rectification of a predictable blunder.
A building may be a public relations tool for a governmental or political body. The building may be designed to win votes or good will, to gain power by providing employment opportunities and/or patronage, etc. Again, such buildings may do more harm than good. Erection of large institutions in isolated areas has often been prompted by such public relations, rather than service, considerations.

THE BUILDING AS A MEDIUM OF SERVICE
A building may truly be intended to be primarily a medium of human service; however, this intent by itself does not ensure that the actual service rendered will be appropriate in type and quality. Many human service buildings fail to offer either.

The focus of convenience of a building
Before we can move on to other matters, it is important to recognize that a building also can tell us much about the question for whose convenience it was designed. Social norms demand that when a human service building of some sort is constructed, we must pretend and proclaim that the building is designed for the convenience of the prospective client-users. In reality, the building may be designed to serve the convenience of the builder or architect. If buildings are erected with public funds, the convenience of the community can easily become a primary consideration. If the prospective client-users belong to a deviant subgroup that requires special management, then the building may be designed for the convenience of the ‘manager’ rather than the ‘managed’ client-user.

THE CONVENIENCE OF THE ARCHITECT
Some buildings are designed for the convenience of the architectural agent. Such buildings may have required the least imagination, planning, and work from the architect or engineer, while perhaps resulting in the largest profit to him. Many ill-designed, ill-constructed buildings and building complexes bespeak an utter disregard for the prospective client-user. This is especially true of residential buildings. However, the building as a monument to the architect, though perhaps well-designed for external beauty and effect, may also fall into the ‘convenience of the architect’ category, if client-user welfare is neglected.

THE CONVENIENCE OF THE COMMUNITY
The location of a large proportion of institutions has been determined by economic considerations. Institutions were often placed in areas where jobs were needed, and site selection became a very political matter. In many instances, institutions were located by the accident of land donations by job-hungry communities. Locations of this nature were not only ill-advised as far as the client-users were concerned, but often also inconvenient to their families. Furthermore, they resulted in professional and scientific isolation of the staff.

To locate any human service agency with the needs of the server rather than the served in mind is analogous to requiring people to eat in order to provide employment to cooks.

61
THE CONVENIENCE OF THE STAFF

Many buildings, when entered, leave little doubt that staff convenience was paramount in the designer's mind. Characteristic elements may include the following.

'Segregated' staff lounges to which caretakers withdraw for meals, coffee, rest, etc.

Air conditioning for staff, but not for client-users.

Caretaker stations which provide maximal visual control over client-user areas, while minimizing staff involvement; the glass-enclosed nursing station is a classical example.

Services such as classrooms, beauty shops, barber shops, and therapy areas that are located inside of residential buildings, saving staff the effort of dressing residents, escorting them to other buildings, or arranging for them to leave the grounds.

THE CONVENIENCE OF THE CLIENT-USER

It is not always possible to design a human service building only with the convenience of the intended client-users in mind. Staff are also human, and cost is a justifiable element of importance. However, when all is said and done, surely the client-user should be the most important consumer of the building; otherwise it is a matter of eating to support cooks. The building should reflect this client-centeredness.

Architectural implications of certain role perceptions of the client-users of buildings

Having reviewed the symbolic meanings and the focusses of convenience of buildings, we can now analyze a given human management environment in terms of what it says about its client-users.

In the chapter on 'The concept of deviancy in human management', we reviewed eight major social roles into which deviant individuals have frequently been cast. These were the roles of the deviant individual as subhuman, a menace, an object of dread, a diseased organism, an object of ridicule, an object of pity, an eternal child, and a holy innocent. Some of these role perceptions have highly specific and clear-cut implications as to the location, design, and operation of the building in which persons so perceived might be served, i.e. to the human management model that prevails. This is especially true of residential facilities such as hospitals, prisons, institutions, hostels, boarding schools, camps, etc. Elsewhere (Wolfensberger, 1969b), I have attempted to demonstrate how some of the above role perceptions have shaped the entire history of the management of the retarded in United States society since about 1850, including the evolution of the prevailing institution system.

Within a facility, role performance of client-users is influenced not only by the interpersonal stimuli to which these clients might be exposed on the part of the personnel, the public, and each other, but also by the opportunities and demands of the physical environment. For instance, the environment can very clearly express the expectation that a client-user will act out
violently, is not supposed to assume any responsibility for his actions, etc. By the same token, the physical environment may impose a demand for controlled and highly socialized behavior which is clearly communicated to the prospective client-user. Thus, the building can usually tell us whether it is appropriate for the mission as stated by a human interpreter.

In order to illustrate the effect one’s perception of a deviant group has upon one’s approach to the location, design, and operation of facilities – and especially residential facilities – let us examine some typical implications of those deviancy role perceptions which, by their nature or through historical events, have found clear-cut architectural-environmental expression. Specifically, this will involve the following role perceptions: subhuman, menace, sick, pity, burden of charity, object of ridicule, eternal child, and holy innocent. The burden of charity perception, previously discussed in conjunction with the pity perception, will be treated separately because of its distinct implications here.

THE DEVIANT INDIVIDUAL AS SUBHUMAN
The atmosphere and design of a building can very clearly express an expectancy that the client-user will behave in a subhuman fashion, no matter how vociferously the staff may deny adherence to dehumanizing attitudes. Such expectancies are implicit in any of virtually hundreds of dehumanizing practices encountered in institutions and enumerated by Vail (1967). Some of the more common expectancies will be listed and briefly elucidated here.

The perception of the deviant individual as an animal usually implies an expectation that he behave in a primitive, uncontrolled fashion. Thus, the environment may be designed to be ‘abuse-resistant’, which implies measures such as:

- walls, floors, etc. made of material that is indestructible;
- unbreakable, shatterproof, or wire-enmeshed glass in windows and partitions;
- installation of the sturdiest, most heavy-duty furniture and equipment;
- minimization of moving parts;
- high ceilings, and/or recessed or specially shielded or laminated light fixtures, to minimize damage from thrown objects;
- extensive soundproofing to muffle the (animal?) sounds which client-users are expected to emit; such soundproofing may even be installed in areas designed for clients quite capable of considerable adaptive behavior;
- television sets protected with wire screens, recessed into protective housing, and/or placed above reach.

A presumably subhuman individual is usually perceived as being potentially assaultive, destructive, and lacking in self-direction and constructive purpose; this necessitates restricting his movements, both to control him more easily, and to protect either the human from the subhuman or one subhuman from another. This characteristically leads to a number of measures:
locked areas and living units;

locked areas within locked areas; in the case of children or the physically handicapped, door knobs may be set high and above reach, or complicated release mechanisms may be installed: this permits staff to perceive the facility as 'open' even though it is de facto locked;

doors made from heavy material; bedroom doors that can be locked only from the outside, and often open outward, rather than inward as in most homes or offices;

barred windows; more sophisticated but equally effective are reinforced window screens, or so-called security screening, which are incredibly strong but which are not readily identified by an observer as being extraordinary; and windows so small or subdivided that a person cannot slip through them;

outdoor activity areas enclosed by either high walls; or high, strong fences; or by both;

(Often, these areas are quite small (and therefore easier to control), and not sufficiently large (or equipped) for adequate exercise. Such small areas again permit the staff to engage in conscience-salving self-deception. I once inquired of a nurse whether the semi-naked retarded children in her locked living unit were ever dressed and taken outdoors. She assured me that the children were dressed and taken for outdoor walks every day. The woman was not hypocritical; she was only rephrasing reality so that she could live with it. The reality was that these moderately to severely retarded ambulatory children did not leave the building confines for months, perhaps years, at a time. 'Dressing' meant putting on more clothes than merely underpants and diapers; and 'going for a walk outdoors' meant being turned loose in large groups with minimal supervision in a small outdoor enclave enclosed by high brick walls on two sides and high wire fences on the other two sides.)

a fence or wall surrounding entire buildings or even an entire facility complex;

segregation of the sexes: such segregation may assume absurd proportions (and more clearly reveal the underlying ideology) when practised with infants and children, or with the aged.

A typical programmatic, rather than architectural, expression of the subhuman view surrounds the 'feeding' of clients. To this day, food and drink may be served in unbreakable tins reminiscent of prison riot films of the 1930's. Knives or forks may be prohibited; in turn, this necessitates the serving of special foods, such as finger foods or soft homogenized pap that can be spooned. The latter situation is particularly apt to be encountered in institutions for the retarded.

Since the perceived subhuman is not believed to be capable of making meaningful choices, he is permitted minimal control over his environment. This typically implies the following:
switches controlling the lights in client areas such as 'dayrooms', sleeping quarters, toilets, etc. are made inaccessible to clients by placement in staff control areas such as nursing stations, by placement in locked cabinets, or by keying (i.e. a key is required to turn a light on or off);
water temperature in lavatories, showers, etc. is controlled by thermostats: the water flow may be controlled by caretakers by means of removable and portable handles;
temperature, humidity, and air movement controls are locked or keyed; radiators are locked, recessed, or screened;
residents may be forbidden to carry matches or lighters.

In residences, perception of the deviant individual as an animal implies an emphasis on efficient 'keeping' of clients, rather than on interaction with caretaker personnel. Consequently, the environment is designed for efficient supervision.

Caretakers work behind isolating (protective?) partitions which keep out residents and perhaps even their sounds, but permit extensive or complete visual monitoring; today, this might even include closed circuit television. A stated rationale here may be that isolation makes for greater efficiency in certain caretaker tasks such as visual supervision, record keeping, and administration of medications.

Residents sleep in large dormitories, with no or only low partitions between beds. Lights may burn even at night to facilitate supervision. If bedrooms exist, they may lack doors.

Caretakers engage excessively in tasks minimizing chances for interaction. For example, supervisory staff may be isolated in a separate building. Living units on a campus may be widely dispersed and removed so that ready interaction between staff and residents is difficult to achieve; in one such widely dispersed residential complex I have known, low staff interaction with residents was partially due to the fact that walking was both time-consuming and often not feasible due to bad weather, and driving was inconvenient because of lack of parking space near the residential units. Even staff meetings and in-service training activities can become an unconscious legitimization of noninteraction with residents.

There is much emphasis on use of drugs (chemical straight jackets?), rather than human interaction, to control and shape behavior.

The placement of residential centers far from population centers and towns can, in some cases, be a correlate of a 'keeping' or 'controlling' desire.

Subhumans are perceived to 'live like animals', i.e. to soil themselves and their habitat. This results in design of an environment that can be cleaned easily, frequently, efficiently, and on a massive scale:

walls and floors may be made of a material that is virtually impossible to 'deface', i.e. scratch, soil, stain, etc. and that can be hosed down (as in a zoo); there may be drains in the floors of living areas;
beds or bed stalls may be designed to be picked up and immersed in cleaning solutions in their entirety by means of cranes;
bathing facilities may be designed for efficient cleaning of large numbers of clients by small numbers of caretakers; there may be slabs,
hoses, and mass showers, rather than installations conducive to self-conducted cleansing or the learning thereof.

Typically, subhumans are either not expected to learn or develop appreciably, or their growth potential is seen as so small as to be irrelevant, since it will never lead to complete ‘humanization’. In other words, the state of subhumanity is perceived as being essentially permanent, or at least to last as long as the person resides in the building. In consequence, the environment may be designed to maintain a client’s level of functioning at best, but not necessarily to provide opportunities for further growth and development.

Animals have no rights; it follows that deviant individuals perceived to lack humanity are also perceived to lack certain rights. Among these are the rights to privacy, property, communication, and individuality.

**The right to privacy**  Bedrooms often lack doors, not to mention that the bedrooms themselves may be lacking. Where doors exist, they almost always have window panes or so-called ‘Judas-windows’ (complete with wire-enmeshed glass or peepholes). Private visiting space may be nonexistent. Toilets and showers may lack partitions, curtains, or doors. There may be physical continuity between space for living, elimination, and bathing. I have seen modern intensive treatment buildings for the disordered in which the showers were openly (and visibly) accessible from the ‘day room’; and I have visited new institutional buildings for the retarded that had huge ‘picture windows' between the ‘day room’ and the toilet.

**The right to property**  Residents may have few or no possessions. Often they have little or no space to store possessions, or lack ready access to such space and control over it. Residents may be denied the privilege of locking up their possessions, carrying the key, and using it without restrictions. They may be denied personalized clothing, and residents of the same size (sometimes of various sizes) may share the same supply of clothes. All of these points have implications to architectural design, especially regarding space allocations and selection of built-in furniture. Residents may be seen as not entitled to payment for their work, or to carry actual currency even if they do own money. ‘Poverty in a mental hospital is no less dehumanizing than in a slum ...’ (Bartlett, 1967, p. 92).

**The right to communicate freely**  There may be censorship of incoming and outgoing mail, although some forms of censorship may not be perceived as constituting censorship. Telephone usage may be severely restricted. Visiting is often restricted for several weeks after admission.

**The right to individuality**  As described so well by Vail (1967), clients are regimented and managed in groups, even where individual management might be feasible. For example, residents are mass-showered even where individual showering is feasible; residents may even be mass-toileted, which accounts for the fact that some living units for the retarded have many more toilet seats than would be needed for, say, an equivalent-sized college dormitory.

The assumption that deviant individuals lack esthetic sensibilities is a subtle but important corollary of the subhuman view. This corollary results in the creation of unattractive environments, since funds spent on beauty are seen as wasted. The drab, monotonous design and furnishing of many human management residences (sometimes in contrast to staff living quarters) is
usually a testimony to this view. Rarely does one see furniture that is both comfortable and attractive in lines and color in institutions for the disordered and retarded, and even yet more rarely is there culturally-typical (at least middle-class) zoning of living space so that the furniture reflects the mood and function of different living areas in an attractive fashion. The degree to which a deviant client can appreciate beauty is really only one of two important issues involved here. The second important issue is that observers’ (e.g. the public’s or employees’) attitudes are shaped by the context in which deviant individuals are presented to them. For example, to deprive a deviant person’s environment of beauty is likely to predispose an observer to view him as subhuman.

Caretakers sometimes claim that drabness is due to lack of funds, but this is often untrue because much beauty can be provided at little or no cost. In my own institutional work, I recall trying to mount attractive pictures on walls of several retarded children’s living units that had a severely deprived atmosphere. There was no support for this project from the institutional power echelons; nursing and housekeeping services objected to the ‘defacing’ of the walls; and the pictures which actually got put up were pulled down (by personnel) within days. It is quite possible that a human manager’s compulsion to preserve a drab environment is motivated by his malignant need to maintain a difference between him and those he perceives as so different as to be no longer human.

A 1964 prospectus, written by the staff of an institution, contained the following instructions to an architect regarding the design of a new residence building for ‘trainable’ retarded adults and young adults: ‘All interior wall surfaces shall be of a smooth material, and without wall projections other than those specifically stated. All thermostats should be protected with a guard to avoid tampering. Window areas shall be kept consistent with patient needs. Excessive window areas are not desirable. Consideration should be given to using shatterproof glass in patient areas. Door louvers in patient areas should be made of a steel material to withstand patient abuse. Mechanical and electrical equipment and controls throughout the building shall either be tamperproof or located outside the patient areas. Maximum water temperatures for bath and lavatories must be automatically controlled to eliminate the possibility of scalding. Switches in large patient areas shall be located on the outside of the rooms. A cubicle measuring 24” x 12” x 12” should be provided for each patient.’

While such instructions are not conclusive evidence that the instructors held a ‘subhuman’ view of the retarded, such instructions certainly appear to be consistent with such a view. Today, individuals of the type for whom this environment was designed live in small homelike community hostels, generally in a lower middle-class atmosphere, but not one too much different from the homes of most readers of these lines.

THE DEVIANT INDIVIDUAL AS A MENACE

A building environment based upon the menace perception has much in common with the subhuman model. Certain features, such as segregation from the community, as well as segregation of the sexes, are likely to be accentuated. Since the menace model may ascribe a certain willfulness and evil intent to the deviant individual (in marked contrast to the medical
(disease) model), an element of vindictiveness and persecution may enter into his management, and some of the protective features even inherent in the subhuman model may be omitted. Otherwise, building features of both models have much in common.

THE DEVIANT INDIVIDUAL AS AN OBJECT OF PITY

One human management model is based upon the image of the deviant individual as an object of pity. This 'pity image' will tend to be expressed in a paternalistic environment which shelters the client against injury and risk, and which will make few demands for growth, development, and personal responsibility. Both these features may imply infantilization, and lack of risks and environmental demands such as stairs, sharp edges, hot water, hot heaters, and electric outlets, as discussed previously.

While the pity model has some features in common with the disease and subhuman models, there are important differentiating features. The benevolent version of the pity model strives to bestow 'happiness' upon the person, often by emphasizing recreational programs, religious nurture, and activity for its own sake. This, in turn, is likely to result in allocation of generous space and facilities for music, arts, crafts, parties, picnics, and worship (e.g. a chapel on the grounds or in the building).

It is no coincidence that the pity model shares features with the subhuman model: it has many similarities to Vail's (1967) definition of the 'man-as-trivium' (i.e. a human being who is not taken seriously or given importance) mode of dehumanization.

THE DEVIANT INDIVIDUAL AS SICK

One of the role perceptions of great impact upon environmental design and operation is that of the deviant individual as sick. When the client is viewed as a diseased organism, his service facilities are structured on the (medical) hospital or clinic model. This model tends to have the following characteristics.

The facility is administered by a medical hierarchy: the chief administrative officer (e.g. the superintendent) is a physician, with a hierarchy of other physicians under him, and a hierarchy of nurses under them. Concern about authority lines tends to result in a tightly controlled perpendicular administrative structure rather than a flexible sub-unitized one.

The facility is identified or even labelled, at least in part, as a clinic or hospital, e.g. a public institution for the disordered may be called a hospital (e.g. 'state hospital'); a common name for public institutions for the retarded is 'hospital and school'.

Living units are referred to as nursing units or wards.

Residents are referred to as patients, and their condition is identified as being a 'disease' that requires a 'diagnosis' and 'prognosis'.

Resident care is referred to as nursing care.

Case records are referred to as charts.
Hospital routines prevail. For example, residential admission procedures may require days or weeks of ‘observation’ and residence in an ‘infirmary’ or similar unit prior to ‘diagnosis’ and to assignment to regular living quarters. Daily routines may resemble hospital routines in regard to rising, body inspections, sick call, charting, etc.; indeed, the daily schedule may revolve around the hinge of medication schedules. Dispensing of medication, in turn, may become the model for intake of all nourishment, and for other ‘treatments’ as well. Such other treatments, even if ‘administered’ in the form of education, may be referred to as ‘dosages’. Usually, there is at least moderate emphasis upon convenience of ‘nursing care’.

Concern with professional symbols and status differentiation often encountered in a hospital atmosphere may be expressed by features such as presence of hierarchical staff lounges, showers, and private toilets. There may be separate vending machines (and areas) for staff and ‘patients’. Staff and client-users may eat in separate areas, requiring separate dining and sometimes even cooking facilities. Caretaker personnel may wear uniforms. Even professional and semiprofessional personnel may wear uniforms, coats of different colors, badges, name plates with academic degrees listed, and similar insignia of their role and rank.

Architecturally, a prominent place is given to the space (locus) from which human management is ‘dispensed’. Often, this means a ‘nurses station’ is given a central and perhaps large space. This space is often so designed as to afford maximal surveillance of the client area with minimal engagement therewith, reflecting both the assumption that ‘nursing manpower’ is very limited, and that ‘nursing personnel’ must perform many functions (e.g. charting) which require seclusion from the ‘patient’. This seclusion may be perceived necessary either because of the confidentiality of the activity to be performed, or because of the tranquil setting it requires. Status concerns may also have a bearing on the design (spaciousness, sumptuousness, or exclusivity) of the human management locus.

Nonmedical personnel may emulate the medical role, e.g. social workers and psychologists may wear white coats or jackets, and prestigious professionals may be referred to as ‘doctor’ even if they do not possess a doctorate degree.

Human management programs are referred to as ‘treatments’ or ‘therapy’, e.g. recreation and work assignments may become recreational and industrial therapy. Even ordinary schooling may become educational therapy.

Physicians, whether qualified or not, make decisions about nonmedical matters, e.g. clients’ rights and privileges; visits; work assignments; discipline; inclusion in school, training, and other programs. Even if these decisions are made by nonmedical personnel because of temporary or permanent lack of physician manpower, this may be perceived as delegation of medical authority, and as such is interpreted as undesirable and transient.
Departments with the greatest affinity to medicine are given priority in program development, e.g., dentistry, orthopedics, and physical therapy may receive stronger support than behavior shaping, education, etc.

Physical and medical techniques are more likely to be used in managing the behavior of clients than other techniques. Thus, disturbed clients are more likely to be physically restricted or settled with drugs than to be counselled or trained; persons with seizures may be placed on anticonvulsant medication with little thought given to environmental manipulation of seizure-precipitating events, or to educating the person to develop preventive behavior habits.

There exists an excessive abhorrence of any chance or likelihood of injury to the client. On the one hand, this is exemplified by lack of stairs and steps, sharp objects and corners, conventional electrical outlets, and access to conventional hot water faucets. On the other hand, it is exemplified by the presence of special features such as ramps, screening of radiators, and screened stairways (if any).

A disease conceptualization of deviancy tends to result in a management dilemma. On the one hand, such a conceptualization often results in pursuit of treatment that is hoped to result in cure; on the other hand, unless a ‘cure’ is seen as likely, the management atmosphere is often permeated with hopelessness and treatment nihilism. In other words, the disease conceptualization tends to be correlated with inappropriate extremes of management attitudes. This appears to be one reason why the quality of service for individuals with conditions that have been defined as ‘chronic’ is often very poor in those residential facilities which operate on a medical model.

THE DEViant INDIVIDUAL AS A BURDEN OF CHARITY

Charity clients are seen as entitled to food and shelter, but not to anything interpretable as luxuries, frills, and extras. A residence based on this model will be austere and lacking in privacy, individuality, and opportunities to have personal possessions. The resident is expected to be grateful, and to work as much as possible for his ‘keep’. An example of a Victorian ‘burden of charity’ view is found in the following quotation taken from the Massachusetts report at the 1890 National Conference on Charities and Correction: ‘As to the State schools, it recognizes the value only of such teaching, mental or manual, as shall develop the boy or girl and tend toward an honest and respectable life outside the institution.’ ‘It disapproves of extravagant or luxurious appointments in institutions, as foreign to the spirit of true charity. The inevitable weakening of character by life in institutions, the arrest of development, must be prevented, if possible, by some hardships and privations, such as these boys and girls would be sure to encounter in their own homes or those to which they would be sent’ (Reports from States, 1890, p. 329).

Again, much of the physical environment implied by this model will be similar to that of the subhuman model; however, there are certain differentiating architectural and program implications. In a residence built on the charity model, there will be less emphasis upon segregation from the rest of
society. There will be a grim and unimaginative emphasis upon eventual self-sufficiency, and while there will be little stress upon environmental enrichment as a means of fostering development, education and training in traditional occupational skills may be strongly valued.

THE DEViant INDIVIDUAL AS AN OBJECT OF RIDICULe

The role of the object of ridicule generally does not have architectural implications. But there have been exceptions.

Montezuma, the last of the Aztec kings, kept an extensive zoo in Mexico City which made considerable impression upon the Spanish chroniclers who accompanied the conquistador Cortes. It is noteworthy that in the same building in which the beasts were kept and displayed, he also ‘kept’ men and women who were crippled, deformed, dwarfed, hunch-backed, and albinos. At times (apparently especially at meal time), some of these persons played the role of jesters, amusing Montezuma and his court, who might feed them left-overs from his table (de Fuentes, 1963, p. 40; Diaz Del Castillo, 1956, p. 210).

Similarly, at the Royal Bethlehem Hospital in London, popularly known as ‘Bedlam’, the curious public in the 1700’s would pay their coins to go and stare and laugh at the writhing and screaming of the chained inmates. ‘Up to so late a date as 1770, this famous hospital was still regarded as the rarest show of the city, superior even, in the attractions it offered the pleasure-seeker, to a bull baiting or a dog fight. No more diverting entertainment could be devised by the average citizen for guests visiting him from the country than to take them, for a hearty laugh, to Bedlam, to see the madmen cursing, raving, and fighting. There was to be had on show St. Paul or Julius Caesar chained to the wall, or Semiramis or Joan of Arc ironed to the floor, while the general throng, left more at liberty, were guarded by brutal keepers, ready on the slightest provocation to knock them senseless with heavy clubs. The annual fees derived from this public entertainment amounted to several hundred pounds. No one seems to have felt any pity for the poor wretches. The abyss which opened up between them and ordinary humanity was too deep and wide for any sympathetic imagination to span. A mad-house was a menagerie, nothing more; and it was as legitimate to look through the bars at one class of wild beasts as at another’ (Tiffany, 1891, p. 61).

THE DEViant INDIVIDUAL AS AN ETERNAL CHILD

The role of the ‘eternal child’ ‘who never grows’ plays only a minor part in shaping environmental models, but occasionally it can be discerned quite clearly, especially in the field of mental retardation. Here, adults are frequently placed into environments more suitable for children. In fact, adults may be housed with children, and subjected to the same forms of address, rules, and general management. A very common phenomenon is the decoration of the environment with children’s pictures and themes.

THE DEViant INDIVIDUAL AS A HOLY INNOCENT

The holy innocent perception is frequently fused with the eternal child model, but has probably had a stronger influence on residential service
ideology than is realized — albeit in a subtle way. The holy innocent was generally considered to be harmless, or was indulged much like a child. His presence may even have been valued, as it made the beholder feel a bit closer to heaven and to God. Thus, this role perception tended to inhibit the development of specially-designated residential facilities, as the innocent were gladly accepted and integrated into the family, and into the heart of the community. A contemporary example is the Hutterite communities in the United States and Canada, studied by Eaton and Weil (1955). In these communities, not one retarded person had been institutionalized on a long-term basis; instead, they were accepted and integrated into the community life.

While the holy innocent perception has generally inhibited the development of residential placement, it did not prevent it altogether. If residential placement was achieved, however, it tended to be of a very special kind. It might involve placement of persons in a childlike role in godly homes; as menial workers in religious communities such as monasteries; or as workers in nursing homes or hospitals run by religious orders. One variant of this practice exists in the Belgian town of Geel where, since the Middle Ages, thousands of the mentally handicapped have been boarded in an atmosphere of sheltered benevolence in ordinary homes, and have the liberty of the city. The presence of a religious shrine to St. Dymphna — long believed to be the patron saint of the mentally afflicted — gave rise to this practice.

CONCLUDING COMMENTS ON ROLE PERCEPTIONS

Other roles are conceivable, but historically have not had much of a bearing upon residential models. The models are presented above in order to sharpen the ability of an observer to assess, perceive, and interpret human management buildings and programs. Obviously, some environmental features can be associated with more than one model (e.g. the subhuman and menace, or subhuman and ridicule). On the other hand, the persistent emphasis on, or systematic combination of, numerous features can very readily reveal the model that is dominant. An interesting and worthwhile project would be to develop a quantitative instrument which assigns weights to different features, and which permits one to draw a profile of a building's implied role perceptions. The highest peak or peaks on this profile would then define both the nature and extent of the models and role perceptions implied.

Generally, the models sketched above constitute models that are to be avoided, but this does not necessarily tell us what models to construct. The remainder of this chapter will address itself to some alternative architectural implications of the normalization principle. Some repetition of points brought out in other chapters will be unavoidable, but the repeated elements will be presented in contexts that bring out new implications.

The implications of the normalization principle, with special reference to internal design of buildings

The foregoing discussion should have made abundantly clear that in order to define an architectural environmental challenge in human management, it is necessary to stipulate clearly the human management model to which one wishes to adhere. By a human management model I mean a consistent set of
assumptions and/or facts about the persons to be served, the persons serving
them, and the means and measures by which the servers serve the served.

The model considered axiomatic to the discussion here assumes that even
though recipients of human services may be viewed as deviant by large seg-
ments of the public, they are not animals, vegetables, or objects; and they are
neither angels nor devils, but human beings. As human beings, they are also
viewed as citizens in the socio-political-constitutional sense, and therefore
endowed with certain socio-political-constitutional rights; as individuals; and
as capable of growth and adaptation, even if profoundly handicapped. As
adaptive human beings, they are viewed as deserving of challenges for
growth, even if these challenges imply a measure of risk and discomfort.

Actually, any of the three role perceptions of the deviant individual as
either a fully-human being, an adaptive person, or a citizen would be quite
sufficient as a base for successful and enlightened management. If the in-
dividual were perceived as a fully-human being, we would want to share with
him all those privileges and attributes we ordinarily perceive as common to
humanity. If we perceived him as an ever-adapting organism, we would
provide him with those societal services which would come close to develop-
ing and maintaining his full potential. And if we perceived him as a citizen in
the legal sense, we would accord him those rights which, in the spirit as well
as the letter of our constitutions and laws, are his, but which have been
denied him to a significant degree.

O. R. Lindsley once said (1964) that our society is willing to spend money
on the design of environments that maintain life, but not on those that main-
tain dignified behavior. Of all management models, the normalizing-devel-
mental one is probably most likely to provide the framework for a cathedral
of human dignity.

Normalization principles require that individuation, growth challenges,
respect for rights, etc. must be recognized in and supported by a delicate
interplay between programs and physical environments. Buildings are part
of the physical environment, and they appear to have at least six characteris-
tics of particular importance to the implementation of the principle of
normalization: location, physical context, size, access, appearance, and
internal design.

Immediately, the reader will recognize that several of these characteristics,
e.g. location, context, access, and size, are the same elements that have al-
ready been discussed in the chapter on ‘Societal integration as a corollary
of normalization’ as determining the degree of physical integration. There is no
point in repeating this material here, except to underline that physical inte-
gration must be one of the major goals in the design of the vast majority of
human service buildings.

The appearance of the building also has been discussed in the above
chapter, under the topic of social integration, and in connection with the
concept of ‘building perception’. It should be noted, however, that while
appearance has objective dimensions, perception is more subjective; it is
nonetheless real and must be considered. Internal design, then, remains to
be discussed in some detail.

Staffing, program structure, social atmosphere, and other variables can all
affect the quality of a human management service. One additional variable
of relevance here is the internal physical environmental design of the setting.
As mentioned earlier, this design can elicit and support many maladaptive behaviors, or it can enhance and support physical as well as personal growth, competence, privacy, comfort, esthetic experience, and individuality.

Perhaps most immediately, desirable features would include adequate warmth and ventilation; a cheerful, colorful decor; and absence of noxious odors and excessive or constant noise. Where counselling is rendered, there should be privacy. Privacy can also be expressed in toilet design, and in living arrangements of residential buildings. Furniture and waiting areas should be comfortable, and there should be decorations such as curtains, pictures, sculptures, plants, etc.

A very important part of the normalization principle is to enable persons to experience the rhythm of the day and the year, the change in weather and in seasons. This is particularly critical for children, and particularly for children who have difficulty in experiencing and/or learning, such as children with sensory, emotional, and intellectual impairments. In consequence, modern buildings which reduce contact with the outdoors (as by small or unopenable windows), or even eliminate it (by having no windows) may, despite their increasingly normative presence, violate certain normalization principles. This, by the way, provides another example of an instance where one of two normative means may be much better than the other.

Where a building is intended for client-users who need to learn or experience nature’s rhythms, there should thus be provisions such as large (perhaps low) windows, windows which are openable, and outdoor spaces which are readily accessible and which permit the ‘capture’ of seasonal changes, i.e. via plants and grasses, rain spouts, etc.

Absence of desirable features may sometimes be dictated by circumstances, but they should not merely be the result of lack of ideological commitment. Rarely is their absence due to lack of funds, because ingenuity and commitment can offset lack of funds in most instances. Also, it is often much more expensive to design non-normalizing buildings than normalizing ones.

Normalization, and especially beautification, of the interior of human management buildings is one of the areas in which managers have much to learn from the Scandinavians. In fact, many of us must first experience Scandinavian settings before we fully understand this issue.

**The building codes versus the normalization principle**

This chapter is addressed primarily to those architectural challenges of the normalization principle that arise from the needs of clients, or the way clients are likely to be perceived by others. I will only comment briefly here on other architectural challenges which are artifacts of such circumstances as building codes.

There is an urgent need to revise building and related codes so as to make them consistent with the principle of normalization while, at the same time, maintaining appropriate standards. At present, these codes do not distinguish adequately between different groups of residents, and they impose extreme hospital- and institution-like standards on too many small community group residences for the handicapped, and even on nonhandicapped persons living in groups in agency contexts. It is remarkable that such an agency-operated group home can be subjected to institutional codes, even though the home may contain no more residents than are found in many large families with
small children who may be less capable than handicapped adults. However, revision of codes may take years, and may be only partially successful. Therefore, it is of greatest importance that where new construction is essential, we design buildings which meet the various codes while still maintaining both normative appearance and atmosphere.

I am pleased to be able to report that an Omaha architect is currently evolving designs for hostels for the severely and profoundly retarded that contain some ingenious features.

Even the strictest codes will be met, and will be met in such a fashion that an unskilled observer would not be apt to distinguish the hostel from ordinary community housing.

The hostels will be designed on a modular plan so that elements such as live-in staff suites, single and double bedrooms, bathroom units, and kitchen, dining, and social area units can be adjoined to each other in a number of ways. The building can be on two levels (basement and main floor), or on three. By incorporating only a few bedroom modules, the hostel can be very small, and by adding such modules, it can be increased in size. To accommodate building lots of different sizes, modules can be added on in different configurations. Also, there will be a number of options for window placement and roof lines, depending upon the neighborhood and the other options that have been incorporated.

Hostels incorporating various options and modules can be built in large numbers across a town, and even the country, without being monotonous in design.

The hostels are so designed that with minor modifications, they can be used for either children or adults, and possibly even for more specialized purposes such as habit shaping and perhaps even crisis assistance units.

Since the basic plans for each module and for a number of module combinations will be available, local builders will only need to incur minor expenses in modifying the plans for any one particular hostel.

Since new service needs and concepts may render the hostel obsolete in a relatively short time, the design will be such as to permit easy conversion of the building into several self-contained apartments for ordinary community use.

The cost of such a hostel will be much higher than that of ordinary community housing, but will still be below that of institutional space.

Here, truly, we have an instance where a major architectural challenge of the normalization principle is being met creatively and effectively.

Conclusion

Cruickshank and Quay (1970) observe that when one considers how many billions of dollars go into the construction of human management buildings, it is remarkable how little research has been done to support the many premises and assertions that determine environmental design. Some such avenues of research are then suggested by these authors.

However, as long as it is still a matter of ideologies being pitted against ideologies – some perhaps with trans-empirical implications – I submit that the humanness of a previously devalued person will not be full acknowledged, or his normalization attained, until significant numbers of valued members of society are willing to share their lives with him. This sharing
must take place in both residential as well as nonresidential contexts. Thus, a crucial test of the adequacy of the design of a building is whether most valued members of society would gladly use it in the fashion and for the length of time the designers or human managers had planned to have it used by devalued (deviant) persons.

This principle holds particularly true for residential settings. Such settings must be designed to promote, elicit, and support integrated living by handicapped and nonhandicapped, deviant and nondeviant persons. This can be achieved by thoughtful location, access, physical context, size, appearance, and internal design of a building. More and more, we must design such residences in a fashion which does not make it a burden for ordinary citizens to live there. To the contrary; if anything, such buildings should be attractive enough to make life-sharing a pleasure. Nowhere in environmental design is the principle of ‘doing unto others as we would have them do unto us’ more poignant than in housing for long-term residential service, as for the aged, retarded, chronically ill, etc. Every designer and human manager should be prepared to live himself in the housing he would impose upon others.

As in the past, we undoubtedly will continue to schedule conferences about architectural problems in this field and that, such as mental health, rehabilitation, mental retardation, etc. Frankly, I am getting a bit tired of one recurring feature of these conferences: the endless presentation of ground plans, drawings, and pictures of planned or completed facilities which are primarily monuments to the architect. In the residential area, I am especially tired of attempts at improving institution buildings without, however, getting away from the institution model.

I am also somewhat tired of the explicit or at least frequently implicit argument that the architect is merely someone else’s tool, and if this someone else specifies the construction of an institution or an institutional building, the architect cannot do much about it except to make the building as little institutional as possible. While I concede some validity to the argument, I reject the buildings thus designed; and no matter how cleverly they may be designed, I am compelled to call them what they are: institutions!

Too many architects today are still prepared to accept missions which the young generation will probably judge to be immoral. Is it still moral to design new skyscrapers for downtown Manhattan? Was it moral for the architects who recently went on trial in Austria to design ‘better’ concentration camps during the Hitler regime? With all that we know today, is it still moral to design ‘better institutions’? Architecture cannot escape its social responsibilities, and there comes a point where an architect must refuse a lucrative commission to build what should remain unbuilt – just as there comes the moment of morality to the soldier at My Lai, to the industrialist who pollutes his community, or the teacher or psychologist who labels a child into exile from the mainstream of his peers.

Architects also need to internalize that their professional behavior will be influenced by their unconscious personal attitudes toward handicap. Architects, like other citizens, carry with them certain stereotypes and role expectations in regard to deviant groups. For instance, I have found again and again that when architects are told that retarded individuals will reside in a building they are to design, with the best will in the world, they simply seem unable to keep themselves from designing dehumanizing features into the
building. Thus, these features are not always the fault of the programmer who furnishes specifications to the designer.

Nowhere was this driven home to me more forcefully than in Sweden where I visited a series of apartments which were used as hostels for the retarded — even the severely retarded. These apartments were very normalizingly dispersed within apartment houses inhabited by ordinary citizens, but a curious phenomenon could be discerned: the most normalizing atmosphere existed in those apartments which had been rented in culturally typical fashion from the owners. However, in a few instances during the design of the apartment houses, certain apartments had been designated beforehand as specifically for the retarded, and lo and behold, upon being so designated, certain heavy-duty features had been added immediately in the design phase and installed during construction. These heavy-duty features gave these apartments an unmistakable non-normative and even slightly dehumanizing and institutional flavor.

Thus, there exists among architects what could be called a noble myth. This myth is that those who commission a building should give complete specifications and descriptions regarding the intended function and use of the building, and then cease at playing architect, leaving the rest up to him who, if these specifications and descriptions are well done, will then design an environment consistent with these. This is simply not true, and architects should deeply introspect upon their deep-seated attitudes toward the persons for whose use they set out to design a building.

The time has come to adopt the normalization principle in environmental design of human services, and to apply our pragmatic ingenuity to implementing it. Particularly in the design of residential buildings, this requires that the architect confront and accept three challenges:

- to desist from the design of traditional institutions and institution buildings — as one would from the design of concentration camps — even if it means loss of business and income;
- to apply his talents to the design of small but highly specialized residential buildings;
- to accept the fact that residential buildings for most deviant individuals require no unique design features, and the modification of existing community housing is often preferable to new construction.

And this last implication asks of architects that they practise a self-disciplined ascetic abstinence from the urge to build.