

Social Role Valorization's Wounds (Wolfensberger, 2000)

Wound 1: Bodily impairment

A person is born with or develops some sort of impairment. It could, for example, be a physical impairment such as cerebral palsy, or an intellectual disability.

Wound 2: Functional impairment

As a result of the bodily impairment, there are functional impairments. So, due to cerebral palsy I may not be able to walk. Due to intellectual disability, I may not be able to balance a checkbook.

Wound 3: Relegation to low social status/deviancy

Because of my bodily/functional impairments, society relegates me to low social status to the point that I am considered deviant. Society defines the normal range so tightly, that the slightest variation outside of that normal range is considered deviant and I experience ostracism.

The church can respond by seeing people as individuals and look to their gifts. By allowing people to express their gifts, there is a greater likelihood that they will be seen as contributing to the larger fellowship. However, even with the most disabled of persons, their presence is indispensable to the life of the larger body (1 Corinthians 12:22).

Wound 4: Attitude of rejection-disproportionately/relentlessly

Because of my bodily/functional impairment I experience rejection by society, and the rejection is relentless in that it occurs all the time in most social environments. Harm may be evidenced out of a faith system, "you sinned" may be unconscious (unconscious rejection is still very harmful) and is couched in "positive" motives (we need quiet so we can worship, etc.).

The church should counter this wound with "relentless acceptance." We should tell people that there is just about nothing that you could do that would cause us to reject you. This relentless acceptance would cause significant changes in the way we do things at church as at the moment, as our traditions have contributed to the relentless and disproportionate rejection experienced by people with disabilities.

Wound 5: Cast into one or more historic deviancy roles...social status causes devalued roles or vice versa So people can be considered (these are from Wolfensberger's 1972 classic book, "Normalization")...

1. Non human
 - a. pre human
 - b. no longer human
 - c. sub human (animal, vegetative/vegetable, insensate object
 - d. other "alien" non human but not sub human
2. A menace/object of dread
3. Waste material, garbage, discard, offal, excrement
4. Trivium
 - a. not to be taken seriously
 - b. object of ridicule
 - c. jocular, jestor, clown, etc.
5. An object of pity - accompanied by desire to bestow happiness on people and

associated with the victim role. Person is "suffering"

6. A charity recipient
 - a. ambiguous/borderline role of object of charity "nobility" in helping
 - b. burden of dutiful caring "cold charity" entitled to only the minimum/should be grateful takers-not givers
7. A child
 - a. eternally
 - b. once again
8. As a sick/diseased organism (leads to handicap) "medicalization of everyday life", "psychiatrization of deviance"
9. In death-related roles: dying, already dead, as good as dead, should be dead, should never have lived

Each of the deviant role perceptions described above by Wolfensberger have been or are now present in the church. For example, people will refer to adults with intellectual disabilities as "kids" (number 7 above) independent of their age. In each of these cases, the church should seek to do the counter, the opposite, or at least make the effort not to contribute to the kind of negative stereotyping described above.

Wound 6: Symbolic stigmatizing, "marking", "deviancy imaging", "branding"

Because of my bodily/functional impairments, I am given a label, "retard" or "mental age of a child" and interactions with me cascade out of that characterization. The church must be careful not to reflect society in the manner in which they deviance image people. However, we are guilty of this. For example, in California, about a tenth of one percent of Christian schools have programs for children with disabilities. How are children of Christian families who have a disability being imaged? They are either unworthy, or unable to benefit, or not a priority for a Christian education. That people with disabilities are not present in churches indicates that they are imaged as not a priority for ministry, or unable to respond to the Gospel, which causes the church itself to be deviancy imaged by society as being self-serving.

The church can do a great deal to remove the stigma of deviancy imaging by simply seeking out people with disabilities and bringing them into the church. People are often stereotyped when they are not known. The presence of people in the church would dispel stereotypes, and the deviancy imaging would be destroyed by experience. Church members then, would then work to correct their own symbolic stigmatizing and also work to correct those perceptions that they run across in the community.

Wound 7: Being multiply jeopardized/scapegoated

Because of my bodily/functional impairments, I am thought to be the reason for many negative things that occur in the environments I find myself in. In the early 1900s "feeble-mindedness" was thought to be the cause of crime, degeneracy and disease in America which led to mandatory sterilization laws. In our society, people with disabilities are also often scapegoated as the reason for divorce.

When a person with a disability arrives at a church, the response should be to ask, What is the value added that we will get by the inclusion of this person in our congregation? What is God doing by bringing this person to us? Typically when a person with autism (for example) comes, our response is, "Now what am I supposed to do with this person?" Instead, our response should be, "What can we gain by this

person being in our fellowship that we would not gain if they were not here and how can we contribute to the life of this person God has brought to us?"

Wound 8: Distanciation: usually via segregation and also congregation.

Because of my bodily/functional impairments, I am distanced from the rest of society via physical or social segregation. One only needs to make the attempt to be involved with people living in group homes to experience the degree they have been distanced from the rest of society. Minimally, one must get finger printed to even develop a friendship with such people.

On the other hand, because of my bodily/functional impairments I am always grouped with people who have disabilities because we are easier to manage in that way. The overwhelming presentation of difference in a large, congregated group is itself a contributor to people being segregated.

People should only be segregated for really good reasons. Reasons like, they are dangerous to themselves or others. However, when a person with a disability arrives at a church, our initial response is to develop a separate group for those people. There can be reasons for such groups, however, if the only involvement in church is through a separate group, we are contributing to the wounding of that person. Integration of persons with disabilities into the typical life of the church will cause the typical life of the church to change, however, it is the right thing to do, and the change moves the church in the right direction.

Wound 9: Absence or loss of natural, freely given relationships & substitution with artificial/boughten ones

Because of my bodily/functional impairments my life is filled with people who are paid to be with me, be they social workers, or group home staff, or day/vocational program workers. There is research that indicates that the average individual living in a group home is visited by someone not paid to be with him, every 20-30 months. Once again, this can be at least partially attributed to the manner in which human service agencies provide services. There are many "forms" which might be used to provide services that would lead to the greater likelihood of freely given relationships being a possibility.

The church offers great potential for the development of many freely given relationships with persons with disabilities. These can occur at the church itself, however, they should also occur in the community. Community relationships can revolve around going to ball games, or bowling, or just a periodic visit to the group home. Churches also typically offer myriad opportunities for participation in social activities. To have a friend call and ask you to do something with him is something that far too many people with disabilities have not experienced.

Wound 10: Loss of control, perhaps even autonomy & freedom.

Because of my bodily/functional impairments, I am placed in settings that although they are described as being for my benefit are largely designed on the basis of administrative convenience. So, adults living in a group home, all go to bed at the same time, all take showers on the same evening, all watch the same program on the television. Simple things such as taking a walk in the community are often not possible because of the way in which staffing arrangements are made. Additionally, those who would attempt to offer freedom are stifled because of the changes that these freedoms cause in the lives of persons with disabilities. This includes aspects of religious freedom.

Autonomy and freedom are important life aspects that the church can contribute to the lives of people with disabilities. They are provided the opportunity to eat too much, to talk too much to walk around, and just experience life with less regulation. The first step in this is for the church to advocate for religious freedom in the lives of persons with various disabilities who might not experience such freedom because of the constraints their care providers place upon them in not allowing them to attend church.

Wound 11: Discontinuity with the physical environment and objects "physical discontinuation"

Because of my bodily/functional impairments, I may not have access to the physical environment in ways that those without impairments do. These restrictions are blamed on my disability, however, they are more often due once again to issues of administrative convenience.

The church can provide people with access to valued things in the environment. Things like a personal Bible, a crucifix that one wears or displays on a wall, and materials about upcoming programs. Within services themselves, people may have access to participating in communion with all that means. These types of access validate a person as being like everyone else, giving them value.

Wound 12: social and relationship discontinuity & even abandonment

Because of my bodily/functional impairments, I may be abandoned by my family and by the larger society. Research indicates that nonreligious families are significantly more likely to view the care of their family member being the responsibility of the state and not their personal responsibility. Thus, people end up with relationships only with people who are paid to be with them. At the same time, research also indicates that religious parents of children with disabilities feel supported by their personal faith, but not by their corporate faith (the church) which indicates that parents also experience relationship discontinuity and distancing.

The church offers great potential for participation in ongoing relationships and prevention of abandonment. When one comes, he is greeted and welcomed, and his name is called. Perhaps he has a nickname that causes laughter in those around him. People bring him a cup of coffee the way he likes it. These things may seem small but they are proof of a relationship, proof of inclusion in the group.

Wound 13: Deindividualization, "mortification" reducing humanness.

Because of my bodily/functional impairments, I am not viewed as fully human because of the level of my dependence upon others, my functional limitations, and the "drain" I am on society among other things. Abortion is disdained by most in the Christian world, but even among Christians, exceptions may be made for disability. Because people are not perceived as being fully human, they experience some of the deindividualization that has been described above. There are those in society who would ask the question, "What does it matter that someone who is not fully a person has no freely given relationships, or limited freedom, or has his life restricted and managed?"

The church puts teeth in its position of being pro-life when people with all types of disabilities are present in the church. Even without a relationship with such people, they are recognized as valued simply by their presence. As church members develop relationships, they find people with disabilities are just people. Growing up with people with down's syndrome around, cannot help but take of the fear of down's syndrome from you. It can't help but cause you to second guess the recommendations of physicians

pushing for prenatal diagnosis and abortion. The church also needs to be active in speaking out against the deindividualization of people with disabilities in whatever form it is seen. This advocacy begins, however, with the presence of people with disabilities in the church.

Wound 14: Involuntary material poverty, material/financial exploitation.

Because of my bodily/functional impairments, I should expect people to strip me of what I have and prevent me from acquiring things. After all, what does it imply if I am a "ward of the state" and I own a TV or a stereo or nice clothes? The state is only required to maintain a subsistence level of life for me. As stated above, this is "cold charity". If I am victimized by staff who work with me in terms of stealing my things, that is just too bad, and staff are hard to find. The question might be asked of whether I would miss the thing stolen anyway.

Although I myself may be poor, because I am a member of a church, I have access to the resources of the church. These resources evidence themselves in a variety of ways. Research indicates that churches provide, money, food, clothing, and education among many other things. The church therefore has tremendous potential to minimize the wound of poverty. Additionally, presence in the lives of people with disabilities can assist in the prevention of financial exploitation. An extra set of eyes can do wonders.

Wound 15: Impoverishment of experience especially that of the typical valued world.

Because of my bodily/functional impairments, I may have never been to a restaurant, or a ball game, or a movie. If I do participate in these things, they are special events, not typical events. Because care providers are held to minimal standards, group home outings can literally be a once a month trip to the grocery store to get milk.

The kinds of typical experiences people have can be provided via participation in churches. These include dinners out, social outings, service projects and so on. Typically people will be involved in service projects and assist if they are only asked. No doubt that the range of experiences of those who participate in a church versus those who don't are significantly different.

Wound 16: Exclusion from knowledge and participation in higher-order value systems (eg. religion) that give meaning and direction to life and provide community.

Because of my bodily/functional impairments, as a characteristic, I am excluded from religious groups. As a result of my lack of participation in such groups, I may lack moral guidance, am not privy to the solace and comfort faith in God might bring, and as a result am excluded from participation in community and in society as religious groups are the vehicle that many use to receive these benefits.

Through church participation, I learn that God loves me as I am, that I am not a mistake and those who tell me that I am are wrong. I learn about Jesus, who he is, what he did and what that means to me. I learn about how to live. I learn about how God uses people like me to accomplish his purposes. I learn that if people are unkind to me, particularly in a church situation, that I am not wrong, they are wrong for rejecting me. I come to a place where I learn what it is to be loved and accepted by God through the love and acceptance I receive from those in the church.

Wound 17: Having one's life "wasted" ...mindsets contributing to life wasting.

Because of my bodily/functional impairments, my life is wasted by those who are my care takers. I spend useless hours in day care or "vocational" settings often due to the lack of imagination of my care providers. That these settings exist as they do provides

insight into the minds of those who develop such programs, in terms of how they perceive people with disabilities.

When I come to church, I first learn that my life has value. I then learn that I have the potential to be of service to the church. Churches need to be wise in how they assign the "low hanging fruit" of service. People who have the ability to work with the children should be working with the children, not ushering. But for those to whom ushering is a challenge, challenge them with ushering, or greeting, or handing out programs. I may spend my week in adult day care, but on Sunday, I am an usher. I may make no money at all in my workshop all week, but on Sunday, I police the grounds to be sure that the grounds are looking beautiful. Other opportunities might also be imagined such that people see themselves as having responsibility that gives their life meaning.

Wound 18: Being the object of brutalization, killing thoughts & deathmaking.

Because of my bodily/functional impairments, society is increasingly seeking to end the "burden" of my life. Abortions occur to prevent "suffering" of those with congenital disabilities, when in reality most of any suffering may be largely due to the way in which people are treated by society rather than from the disability itself. Authors write about how the future may lead to the limitation of health care access by those with disabilities.

As stated, the church can do tremendous good to reverse the trend toward eliminating persons with disabilities through abortion and other means by having such people present in numbers that minimally reflect their numbers in the community. The church also holds responsibility to speak up in defense of the lives of persons with disabilities and teach regularly from the pulpit about the value of all life and the Christian's responsibility in affirming that value, but typically leadership is silent on these issues.