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Book Review / Compte rendu

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Fifty years ago, starting in Scandinavia, a new approach to social service provision was developed. Supports were provided to families and individuals with disabilities, which enabled them to live ordinary lives, mirroring the lives of their non-disabled peers. Normalization was brought to North America and used to guide the development of a comprehensive service system (Nirje, 1969; Wolfensberger, 1972). Focusing on those with intellectual disabilities, proponents of normalization, chief among them Wolfensberger and Nirje, challenged the necessity of institutional care, and the primacy of psychiatrists and physicians in determining what individuals needed. Wolfensberger continued his work on the theoretical aspects of normalization and, in 1983, debuted social role valorization (SRV) theory.

Wolfensberger discussed the universal application of SRV to all individuals and groups who have been socially devalued, including older people, and the importance of helping individuals to obtain and hold valued social roles to counteract that devaluation. Through SRV theory, Wolfensberger and Thomas (2007) highlighted the importance of having valued social roles, primarily through an enhancement of the competencies and images of individuals or groups, so that they are, as much as possible, positively valued by others. This valued perception leads to identification and a desire to have good things happen for them. Efforts to use SRV as a basis for services and supports for older individuals are presented in the book, *Ageing and the Good Things of Life: The Application of Social Role Valorization to Supporting People as They Age*.¹

This is an edited book with 15 chapters, the first 7 of which are theoretical, describing social devaluation, aspects of SRV theory, and how these relate to the experiences of older people. As is likely inevitable in an edited book prepared by different contributors, there is noticeable overlap across the chapters. However, this allows for individual chapters to stand on their own. The first chapter, by Wolfensberger, outlines SRV theory and its implications for older people, providing a helpful orientation to the big ideas that run through the book. In addition, Wolfensberger documents the typical and stereotypical, valued and devalued roles that are commonly held by older individuals.

The second half of the book is based in praxis. Research is reported, but always connected to actual service practice. Contributors cover a range of SRV theory applications: measures of service quality rooted in SRV and grounded in the perspectives of service recipients, a critique of respite for older individuals and their caregivers, an analysis of three common residential models for older people, and the importance of developing counter-narratives to the prevailing stories of the decline, disease, and disengagement of older people that are so prevalent that they are rarely questioned. The book concludes with a consideration of taking care of people at the very end of their lives, and the final chapter, also by Wolfensberger, remarks on the origin of particular risks that many older people face.

As contributors point out, old age is a devalued status in Western societies. Whatever the rhetoric, services for older people provide replacements for the things that valued people take for granted, such as a “home-like environment” that replaces one’s home. The devastating revelations of long-term care in Canada during the COVID-19 pandemic has shown that the claim of “home-like” is a gross overstatement. Rather than connection with those they love and meaningful engagement in a range of valued activities, many older people live only with loss: of their homes, family, friends, neighbourhoods, daily routines, a clear sense of purpose, and the opportunity to contribute. To counteract this, the practitioners whose work is described in this book strove to develop an idea of what a valued life for older people would look like, and then used that as a benchmark for themselves. Rungie (Chapter 7) suggests a redefinition of middle and old age, extending middle age into one’s sixties, in recognition that so many enjoy good health and capacity, thereby challenging the notion that we must retire from both work and community participation at that point. When aging people are seen as competent individuals who want to, and can, remain vibrantly engaged within their families and communities, and continue to pursue their interests and avocations and benefit from the opportunity to develop new ones, and who are able to call upon the assistance of agencies to support and facilitate these activities when necessary, then new parameters for what agencies should be doing arise. As Rungie states:

... if our aspiration for older people is to live good lives, then Wolfensberger says that we need to build the ways we meet needs and support citizenship, so that they enable the achievement of roles... Ageing is

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¹I have been involved in teaching SRV to human service workers and educators and have used SRV as an analytical tool in my research. I know several of the contributors, and I have previously worked with a few of them. I am a member of the North American SRV Council, whose purpose is to promote the dissemination of SRV theory.

thought of as a time of loss of capacity. But it is also a time of loss of roles... and commonly we hear in consultations, that older people are far more concerned and hurt by their loss of roles, than they are by their inevitable loss of capacity (p. 143).

Some interesting ideas and directions to consider are provided. The first is that there should be a greater consciousness of current unspoken assumptions about aging and older individuals, followed by a reorientation of those assumptions. The second is for a reconceptualization of what SRV theory refers to as the “culturally valued analogue” for old age. Several contributors note that the current set of expectations for old age mirrors what families of children with disabilities faced: one either takes care of oneself or faces the rest of life in residential options, downsized into a hospital bed in a shared room, and attended to by strangers. There is, of course, the increasing demand for “aging in place”, a call for supports to be provided to people in their own homes. This, however, is typically couched with the expectation that this might keep people out of long-term care facilities for a while, but eventually, these facilities are where everyone will end up. What would the alternatives be if institutional placement were not an option, or at least a far less likely one? This is the challenge that is addressed in several chapters.

The last chapter outlines Wolfensberger’s perspective on the things that currently threaten the lives of older people because they, and their lives, are devalued. He refers to these threats as “deathmaking”, and examines how all people who are devalued are at risk, including older people. This may be a new term and concept for scholars and practitioners interested in old age, but it is more familiar for those of us who have studied the history and current situation of people with disabilities. It is a complex and controversial topic that many find challenging. Wolfensberger maintains that when individuals and their lives are devalued, it becomes easier to dismiss those lives as not having worth. This, in

turn, allows for conscious and unconscious actions to occur, actions that may directly or indirectly bring about the death of these individuals. Having witnessed, albeit from a distance, what has happened to older people during the past year and a half during the COVID-19 pandemic, a consideration of deathmaking may clarify events that defy comprehension and help us to move to potential responses. Providing more money, staff, and training does not begin to address the complex situation that needs to be addressed. Rather, there is a need to rethink the entire approach to serving older individuals by emphasizing their “infinite and inestimable worth” (Chapter 14, Massarelli, p. 285) and providing supports that will enable them to maintain their valued social roles through all aspects of their lives – right up to the moment when they are no longer alive.

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