

# SRV-based Resources

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## 1. The impacts of social devaluation: wounds

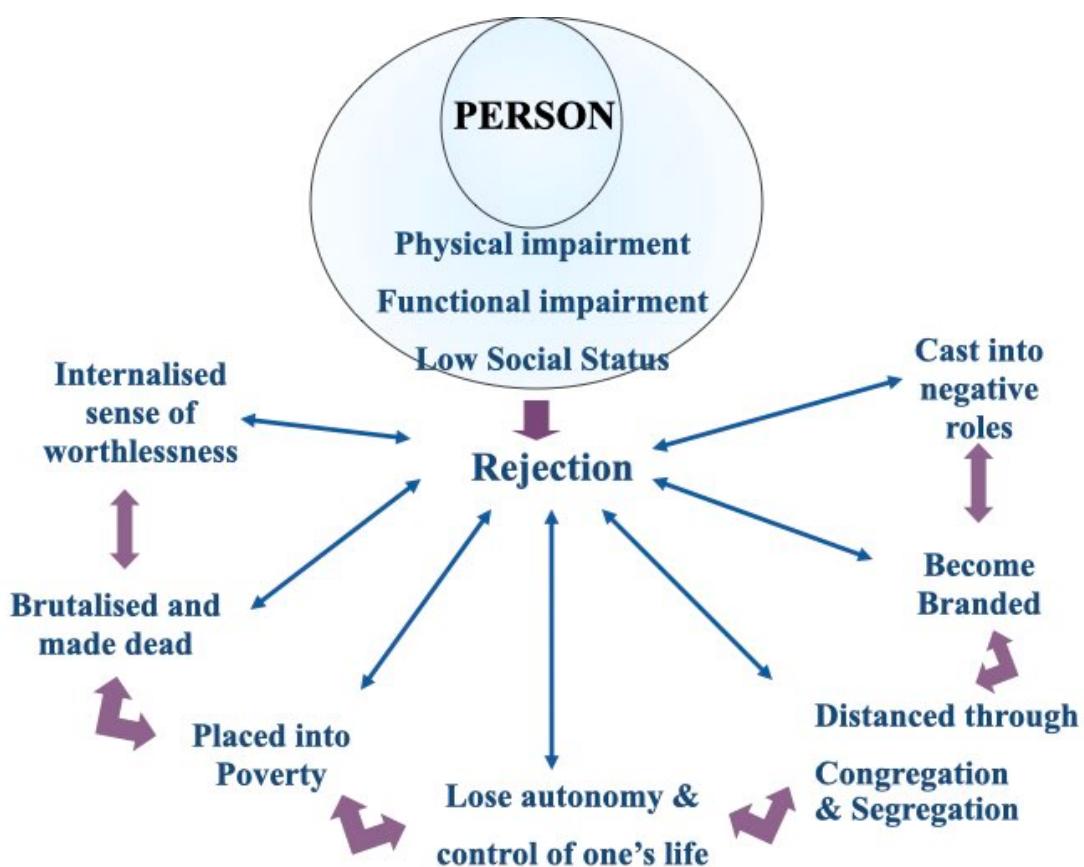


Image from the ASRVA Workshop: Towards a Better Life:  
an exploration of the SRV Framework for people who are marginalised.

*Brief descriptions of each of the wounds are presented on the next page.*

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1	Bodily impairment	The challenges of having an impairment, and also being equated to one's impairment
2	Functional impairment	
3	Relegation to low social status/deviancy	Seen and treated as having less worth; being looked down upon
4	Being rejected — disproportionately/relentlessly	Rejected by community members or groups, family, neighbours, and/or services
5	Cast into one or more historic deviancy roles	Put into a stereotyped role that leads to being treated as other than who the person really is
6	Symbolic stigmatising, 'marking', 'deviancy imaging', 'branding'	Having negative symbols attached to the person which 'marks' them as negatively different
7	Being multiply jeopardised/scapegoated	Blamed and punished as the cause of a range of things, including their own circumstances
8	Distancing: usually via segregation and also congregation	Separated physically or socially from people with a valued status; grouped with others on the basis of their shared negatively valued characteristic, for example, having a disability or being of old age
9	Absence or loss of natural, freely given relationships and substitution with artificial/purchased ones	Experience of loneliness and even isolation because of an absence of friends and family. The social network consists of paid workers.
10	Loss of control, perhaps even autonomy and freedom	Not having the ideal degree of say over the big and small things of life. Others exert decision making power.
11	Discontinuity with the physical environment and objects, 'physical discontinuation'	Being moved around, which fractures any connection to places and things.
12	Social and relationship discontinuity and even abandonment	The fracturing of relationships, either freely given (like friends/family) or paid (like workers, Dr, hairdresser). A consequence of rejection or being moved around.

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13	De-individualisation, 'mortification' reducing humanness	Losing one's human dignity, and/or individual identity such as through 'group management' everyone gets the 'same'.
14	Involuntary material poverty, material/financial exploitation	Financial poverty, including having few or no possessions. Includes being 'made poor' through the costs of services.
15	Impoverishment of experience, especially that of the typical valued world	Missing out on ordinary typical and valued life experiences.
16	Exclusion from knowledge and participation in higher-order value systems (e.g., religion) that give meaning and direction to life and provide community	Not being part of a values-based group (such as through a shared culture, religion or other belief system) that provides a sense of understanding about life and direction.
17	Having one's life 'wasted'	Surrounded by mindsets that lead to low expectations about potential and possibilities
18	Being the object of brutalisation, killing thoughts and death making	Seen as having a life not worth living. Having one's life shortened through abuse or medical intervention on the basis of having a negatively valued characteristic.

### Some of the psychological and emotional impacts of the above

- Feeling
  - Alienated from the ordinary world
  - Despair
  - Insecure
- Viewing self as unlovable and worthless
- Expecting failure
- Looking for those who abandoned them
- Distrustful in relationships
- Withdrawing
- Rage at those who try to help
- Sapping of energy and competencies

From:

Wolfensberger, W. (2013). *A Brief Introduction to Social Role Valorization: A High-order Concept for Addressing the Plight of Societally Devalued People and for Structuring Human Services* (4th ed.). Syracuse, NY: Training Institute for Human Service Planning, Leadership & Change Agency (Syracuse University)

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### 2. One way of thinking about the Devalued Pathway (and some of the common wounds of devalued people)

#### First comes,

The devalued condition (e.g. disability, old age, sickness, homelessness, refugee status, etc.)

#### Then comes,

- **Low social status** (you are not what society values)
- **Rejection** (sometimes even by family)
- **Stereotypes and negative roles and labels**
  - Not like us (even not human)
  - A menace
  - An innocent
  - A sinner
  - A waste
  - A joke
  - A shame (to be pitied)
  - A burden
  - A hero
  - A child
  - Diseased
  - As good as dead/better off dead
- **Association with negative messaging** via negative locations, people, and language.  
This then invites further bad treatment.
- **Scapegoating** (blamed for everything that is wrong)
- **Segregation and congregation** (you are all the same, so you are better off all together, away from the rest of us)

#### And all this often leads to

##### LOSS

- of control,
- of possessions,
- of place
- of typical valued experiences
- of opportunities to learn and grow
- of people around you that really care about you
- of relationships (except “paid for” ones)
- of individuality
- of money
- of safety
- of life

By Kane Morgan,

Adapted from Wolfensberger (1992b) in Race (1999) & Wolfensberger (1998)

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### 3. A quick overview of the ten recurring themes in Social Role Valorisation

1. (Un)consciousness about social devaluation; Consciousness about vulnerabilities and other SRV ideas.	Unconsciousness makes us blind to many bad things. Unconsciousness sustains the many forms of social devaluation, including racism, ageism and the treatment of people with a disability. SRV aims to raise consciousness about these issues, especially in human services and broader society.
2. Role expectancy and role circularity	A person is much more likely to step into a role when the role cues for the role (ie role expectations) are clear. The cues come from the physical environment, the surrounding people, the activities and the language. These are role communicators. The cycle that is set up is similar to self-fulfilling prophecies. Note that the role communicators can either embed someone in a negative role or positive role.
3. The power of mind-sets and expectancies	What goes on in our hearts and minds, like beliefs, attitudes and pre-conceptions. Matter. This is especially true in terms of what is expected about the potential of people with a devalued status. Mindsets influence perceptions and attitudes, and therefore behaviour. SRV helps with strategies about how to influence mind-sets and expectations so that they are positive and helpful.
4. The 'conservatism corollary' ie the concept of positive compensation for devalued status	People with a devalued status experience 'heightened vulnerability': the likelihood of negative things happening to them, and the harmful consequences of those experiences, are much greater than for valued people. SRV helps us examine the vulnerabilities of an individual/group and take action to prevent further wounds, reduce the current wounds and compensate for any disadvantage.
5. Personal competency enhancement and the developmental model	The positive assumptions of the developmental model underpin the importance of the enhancement of competencies, particularly for devalued people who have impairments. With these assumptions, a range of strategies to reduce dependencies on others and to be in valued roles can be used.
6. Imagery, status and reputation	Perception leads to either devaluation of others or positive valuation. Perception is shaped in part by who and what people with a devalued status are associated. Messages about worth, abilities, potential, group membership, personal qualities and roles are communicated via not only what people look like, but also where they spend their time, the activities they do, who they spend time with and how they are spoken about and to. Imagery can be intentionally enhanced in order to send the most positive messages about an individual or group. This theme is in direct response to the wound of 'branding'.

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<p>7. Using imitation via modelling to elevate the person's status and competencies</p>	Imitation is a very natural and effective means for learning. SRV helps us understand who and what needs to be in place so the imitator is likely to learn from the role model (see also the theme on interpersonal identification). For example, who the person spends time with (the grouping) is crucial. What is learnt can either be positively or negatively enhancing.
<p>8. Personal social integration and valued social participation</p>	Loneliness and isolation is a common experience of people with a devalued status. Segregated services contribute to this wound and reinforces negative societal beliefs about those groups. The definition of this theme highlights that three circumstances must be met: being with valued people, and in valued activities which take place in valued settings. SRV helps us understand the benefits of having a range of relationships and participating in the life of a valued group and community.
<p>9. Interpersonal identification between valued and devalued people</p>	If valued people see themselves as having things in common with an individual with a devalued status (such as shared humanity or shared interests), then they are more likely to treat them well. If a person with a devalued status sees themselves as having something in common with someone with a valued status, then they are likely to want to be like them.
<p>10. Model coherency of services, and the relevance and potency of what is offered</p>	In order to be effective in promoting valued social roles, services have to be relevant to the significant needs and potent in the sense of being effective in addressing them. Model coherency is useful in the design and evaluation of services, as it helps us look at the fit between the needs* of the people, the assumptions that are made about the people and the strategies, what is provided and how things are provided.

\*Needs: For more details about the types of needs, see the next page.

AND one more SRV related concept:

<p>Culturally valued analogue (CVA)</p>	This concept is a thread through SRV. It refers to using typical and valued ways and means to meet people's needs. In other words, use typical and valued options when working for better lives.
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By Jane Sherwin, based on work by  
Prof Wolfensberger and Errol Cocks

For more information, attend an accredited SRV Course or refer to

Wolfensberger, W. (2013). *A Brief Introduction to Social Role Valorization: A High-order Concept for Addressing the Plight of Societally Devalued People and for Structuring Human Services* (4<sup>th</sup> ed.). Syracuse, NY: Training Institute for Human Service Planning, Leadership & Change Agentry (Syracuse University)

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### 4. Needs or Life Areas that need attention and protection, especially for people with a devalued status and heightened vulnerability.

Someone with a devalued status could have needs in the areas of:

- i. Body (health, stamina, strength)
- ii. Mind (a sense of personal security through acceptance, love, belonging, etc.)
- iii. Continuity (in relationships and environments)
- iv. Social roles that are, positively valued, age appropriate, and skill building.
- v. Projection of and pride in personal appearance.
- vi. Autonomy and control over one's life including responsibility and self-control.
- vii. Enrichment of experiences, activities, engagement, risk-taking, initiative, curiosity, participation.
- viii. Develop, Enhance, and Maintain Skills in:
  - i. Self-help (e.g., eating, dressing, grooming, toileting, etc.)
  - ii. Good habits, routines, and schedules.
  - iii. Communication.
  - iv. Social interactions (e.g. etiquette and friendliness)
  - v. Homemaking (cooking, cleaning, gardening, etc)
  - vi. Using leisure well for self-renewal
- ix. Economic security, protection from exploitation, productivity and motivation, budgeting, etc.
- x. Self-expression and uniqueness.

#### **SRV reflection questions include:**

How is the need, for example, for maintaining a relationship with family (need area iii) typically met?

What is the impact for someone who has already been wounded, and is vulnerable to more wounding, if the needs in these life areas are not met? Or if the life areas are not protected?

By Kane Morgan, based on work by  
Prof Wolfensberger