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**NORMALISATION AND APPLIED BEHAVIOUR ANALYSIS: VALUES AND TECHNOLOGY IN HUMAN SERVICES**

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Conflicts between normalisation and applied behaviour analysis are in part related to the relative emphases they lay on values and technology. While normalisation has primarily offered a system of values to underpin human services, applied behaviour analysis has focused on the development and implementation of an effective technology of intervention. This chapter explores the possibilities for using applied behaviour analysis within the normalisation framework, and of viewing normalisation from the relative clarity of a behavioural perspective.

Applied behaviour analysis has its roots in the behaviourism of B.F. Skinner. Skinner was responsible for two main developments, one scientific and one philosophical. His scientific work (eg. Skinner, 1938; Ferster and Skinner, 1957), which became known as the experimental analysis of behaviour, studied the behaviour of animals under controlled laboratory conditions and codified the principles to emerge from that study. The most important of these related to the effects of immediate consequences of behaviour in either increasing (reinforcing) or decreasing (punishing) the future probability of the behaviour occurring. In addition, these experimental studies drew attention to the importance of the immediate antecedents of behaviour in setting the occasion for behaviour to occur by virtue of their previous association with reinforcing or punishing consequences. These basic principles have been considerably elaborated and extended by the work of Skinner and others. Today the discipline continues to seek further elaboration through the study of both animal and human behaviour (Lowe et al, 1985).

Skinner's second contribution was radical behaviourism which he has described as the philosophical interpretation of the science of behaviour (Skinner, 1974). Going beyond existing knowledge, Skinner extrapolated the basic principles of behaviour discovered from experimental studies to the interpretation of complex human behaviour (Skinner, 1953) and to speculate, in particular, about the roles served by language (Skinner, 1957) and cognition (Skinner, 1985).

Since the late 1940s, and with increasing momentum, the discipline of applied behaviour analysis has sought to apply these basic principles to socially important problems. Initially work focused on the behaviours of people who had been discounted by society as unable or unwilling to change. Thus early work with people with learning difficulties showed that their behaviour was indeed open to change and was sensitive to the systematic alteration of environmental antecedents and consequences (e.g. Fuller, 1949; Wolf et al, 1964). Similarly, Ayllon and Azrin's (1968) famous study of the token economy demonstrated the potential for change amongst people with mental health problems who had, in effect, been abandoned by society. These and subsequent demonstrations (eg. Bellamy et al, 1979; Gold, 1975) have had a significant impact upon redrawing the boundaries of what achievements may be possible for severely disabled people.

The success of this approach led to its increasing use and, in the late sixties, the formalisation of the discipline. The Journal of Applied Behaviour Analysis was first published in 1968 and in its first volume Baer et al (1968) provided an account of the nature of applied behaviour analysis as it ought to be practised. They suggested (cf. Baer et al, 1987) that applied behaviour analytic studies should be:

◼Applied: In that the behaviours and events studied should be of importance to society.

◼ Behavioural: In that studies should be concerned with what people do.

◼Analytic: In that studies should provide a 'believable demonstration of the events that can be responsible for the occurrence or non‑occurrence of' the behaviour, usually by the demonstration of experimental control.

◼Technological: In that techniques used are identified and described in a manner that allows replication.

◼Conceptually Systematic: In that the procedures used are shown to be relevant to basic behavioural principles.

◼Effective: In that socially significant changes in behaviour are achieved.

◼General: In that the behavioural change 'proves durable over time...appears in a wide variety of possible environments or...spreads to a wide variety of related behaviours'.

Since 1968 the practice of applied behaviour analysis has steadily advanced both in its traditional areas of application and in many new fields (Cullen, 1988). Work in the field of learning difficulties has focused on approaches to the development of competence and the reduction of challenging behaviour (eg. Bailey et al, 1987). Many studies have demonstrated the success of the approach in teaching skilled behaviour to people with severe learning difficulties (e.g. Azrin and Armstrong, 1973; O'Neil and Bellamy, 1978) and increasingly techniques are being developed which stress the generalised use of these skills in everyday life (eg. Callahan, 1985; Horner et al, 1988). Thinking about the management of challenging behaviour has been transformed by the development of approaches which have been shown to be effective with people who have aggressive (Danforth and Drabman, 1989), self injurious (Schroeder et al, 1981) and stereotyped behaviours (Koegel and Koegel, 1989).

Applied behaviour analysis has also made significant contributions to other fields including: the rehabilitation of people with chronic psychiatric disorder or acquired brain damage (Paul and Lentz, 1977; Wood and Eames, 1981); the treatment of delinquent children and adolescents (Fixsen et al, 1973) and the treatment of individuals (Schwartz and Goldiamond, 1975), couples (Azrin et al, 1973), families (Patterson and Reid, 1973), and organisations (Davey, 1981) whose behaviour is defined by themselves or others as dysfunctional.

Applied behaviour analysis has also been used increasingly in addressing social rather than purely clinical problems, for example: to promote seat belt usage (Williams et al, 1989); to reduce smoking (Stitzer et al, 1986) or other forms of substance abuse (McCaul et al, 1984); to promote environmentally sound behaviour (Winett et al, 1985). More recently, attention has come to focus upon the application of behaviour analysis to societal and cultural problems such as unemployment and law enforcement (eg. Malagodi, 1986; Malagodi and Jackson, 1989; Sidman, 1989).

The concern of applied behaviour analysis with environmental antecedents and consequences has significant implications for its wider application. The prescription of medication or psychotherapy does not usually carry with it any requirement to alter aspects of the individual's everyday environment. In contrast, applied behaviour analysis by definition can only be successful in bringing about behavioural changes if it succeeds in altering the social and physical environments to which individuals are exposed. Much early work in applied behaviour analysis failed to attend to the systemic implications of this requirement (Holland, 1978). As a result there were many demonstrations of highly effective interventions carried out under carefully controlled conditions, but far fewer examples of the maintenance and generalisation of behavioural change within the natural environment. This concern with sustaining socially significant changes has led applied behaviour analysis in the direction of attempting to change the design, organisation and operation of services (eg. Jenkins et al, 1987; Parsons et al, 1989). In addressing this task, applied behaviour analysis has had to engage with ideologies about service design which derive from quite different schools of thought. In the field of learning difficulties, in particular, the most significant competing agenda has been set by Wolfensberger's formulations of normalisation (Wolfensberger, 1972, 1980a; Wolfensberger and Glenn, 1975; Wolfensberger and Thomas, 1983) and social role valorisation (Wolfensberger, 1983a).

In this chapter we will attempt to examine some of the points of correspondence and conflict between these two approaches. First we will address the nature and possible sources of the apparent conflict between normalisation and applied behaviour analysis. In the second part of the chapter we will examine a basis for a possible rapprochement and identify the contributions that each approach may make to the other. While this analysis is perhaps most pertinent to the field of learning difficulties, many of the issues are likely to carry more general implications. Accordingly, while the majority of our illustrations will come from learning difficulties we will include, where appropriate, examples drawn from work with other client groups. It should also be noted that the analysis presented relates specifically to the relationship between applied behaviour analysis and Wolfensberger's formulations of normalisation and social role valorisation. The relationship between applied behaviour analysis and other formulations of normalisation (cf. Emerson, this volume) will not be explored in any detail.

**THE NATURE AND SOURCES OF THE CONFLICT BETWEEN NORMALISATION AND APPLIED BEHAVIOUR ANALYSIS**

Significant proponents of both applied behaviour analysis (eg. Marchetti and Matson, 1981; Mulick and Kedesdy, 1988) and normalisation (eg. Wolfensberger, 1989) have questioned the value of the 'other' approach. Similar concerns have been voiced by practitioners allied with one or other field (eg. Baldwin, 1989; Walker, 1987).

The most common criticisms of normalisation have reflected concerns that normalisation either: (1) advocates intervention strategies that have been insufficiently validated (Baldwin, 1985, 1989; Mesibov, 1976; Throne, 1975) or which are even potentially counterproductive (Mulick and Kedesdy, 1988); or (2) is equivalent to a policy of non‑intervention (Aanes and Haagenson, 1978; Clifford, 1984). For example, Marchetti and Matson (1981) suggest that

"the minimal amount of experimental data that is available does not support the applicability of non‑specific treatments such as normalisation, which basically consists of community placement with a de‑emphasis on formalised training." (Marchetti and Matson, 1981, p.212), [emphasis added].

Criticisms of applied behaviour analysis, on the other hand, have tended to reflect a belief that it represents a dehumanising technology for the repressive social control of devalued persons (Cohen, 1985; Lovett, 1985; McGee et al, 1987; Wolfensberger, 1989). Wolfensberger (1989) also rejects applied behaviour analysis on the grounds that it:

(1) is tied to a materialistic ideology which treats people as machines whose behaviour can be conceived of as separate unintegrated bits;

(2) is applied in a displaced and disembodied fashion with interventions failing to consider the causes or context of behaviour;

(3) is applied as a substitute for the provision of normative life conditions;

(4) is based upon empirical evidence of short‑term successes which disguise long‑term failure to really change the lives of service users.

In order to understand the conflict between these two approaches, it is necessary to understand their respective scientific ideologies and the nature of their implementation in human services. Firstly, comparison of the philosophical roots of applied behaviour analysis and normalisation reveals some important divisions. Three key differences are particularly significant: (1) the relative importance each approach attaches to empiricism and theory building; (2) the breadth of conceptualisation of the two models; and (3) methodological differences between the approaches with respect to the notion of 'acceptable' evidence.

Normalisation reflects a diversity of influences. Important in this context, however, is the foundation of normalisation on societal reaction or labelling theories of deviance (Burton, 1983; Flynn and Nitsch, 1980; Wolfensberger, 1972). Societal reaction theory suggests that deviant behaviour can largely be accounted for by looking at the ways in which society responds to people labelled as deviant (secondary deviation). Much less importance is attached to any impairment or difference (primary deviation) which may have originally led to the individual becoming so labelled in the first place. The idea that deviance is caused by society's oppressive response to people who were unfortunate enough to be labelled gained ready acceptance in the 60's and 70's (eg. Rosenhan, 1973; Scheff, 1966). With respect to the field of learning difficulties labelling came to serve as 'a nice catchall phrase to explain anything relative to mental retardation' (Rowitz, 1974, p. 265). There is, however, little empirical support for such 'strong' versions of labelling theory either with respect to learning difficulties (eg. Gordon, 1975; Guskin, 1978) or mental health (eg. Gove, 1975, 1982). This is not to deny the fact that considerable evidence exists to suggest that society's response to people with learning difficulties or mental health problems is likely to be unhelpful, if not downright damaging (e.g. Link, 1982; Link et al, 1989; Oswin, 1978; Repp et al, 1987). It does, however, question the sufficiency of societal reaction theory in providing a comprehensive explanation of 'deviant' behaviour.

Because it is based upon societal reaction theory, normalisation shares many of its key attributes (Scull, 1984) including:

◼a social-psychological orientation which stresses such issues as attitude formation, stereotyping, symbolic marking and stigma in accounting for both deviant behaviour (Jacobsen, 1989; Wolfensberger, 1989) and social or institutional responses to devalued groups (cf. Wolfensberger, 1975);

◼a denial, or at least failure to attend to, the importance of people's real impairments;

◼a tendency to romanticise deviant behaviour (eg Wolfensberger, 1988a); and

◼a reliance upon qualitative methods in what little research the approach appears to have generated (eg. Bercovici, 1983; Ward, 1988).

These tendencies have resulted in normalisation focusing upon the avoidance or reversal of common processes in the social creation of deviance (eg. the segregation, congregation and symbolic marking of members of deviant groups). Its failure to attend with equal vigour to people's psychological or behavioural impairments has aided in the development of non‑interventionist misconceptions.

Applied behaviour analysis represents a marked contrast in approach. Its grounding in Skinner's behaviourism is reflected in its emphasis on empiricism, an abhorrence of theory building and a focus upon the quantitative analysis of the behaviour of individuals. This has often resulted in behaviour analysts focusing upon ameliorating the impact of people's impairments through, for example, the development of powerful teaching technologies. Unfortunately, such efforts have often occurred in the absence of any systematic attempt to analyze the role of wider social processes in creating or sustaining deviant behaviour. This failure has, in turn, provided fertile ground in which ideas equating applied behaviour analysis with coercive social control can grow.

In many ways, the conflict between these two approaches bears a closer relationship to these underlying ideological and epistemological differences than to any of the specific objections raised. The conflict has been fuelled, however, by their impact on human services. While both approaches have influenced the way in which we talk about the aims and design of services, their actual application has proven to be simplistic and sporadic (cf. Cullen, 1988; Flynn, 1980; Michael, 1980; Stolz, 1981), an outcome which perhaps reflects the depth of devaluation of human service users in our society (Holland, 1978). With respect to applied behaviour analysis LaVigna and Donnellan (1986) point out that

"some of the greatest abuses against learners in our mental health/education delivery systems come not from inappropriate utilization of behavioral intervention but from the lack of application of such technology in situations that clearly warrant it" (LaVigna and Donnellan, 1986, p. 12).

Similarly services have largely failed to implement practices and procedures derived from normalisation. Wolfensberger (1989) argues that the embracing of normalisation by human services is more rhetoric than reality.

In many ways it appears that the main influence exerted on services by both approaches has been purely symbolic. That is, their 'implementation' has largely consisted of the relabelling and legitimisation of existing procedures in new terminologies. Thus, degrading and abusive reward and punishment regimes have become 'habilitative behavioural interventions', punitive seclusion has become 'time‑out' and the dumping of people into 'the community' has come to exemplify 'the dignity of risk' (see also: Baker, 1983; Wolfensberger, 1980a, pp.101‑105). In general, services have placed little emphasis on the implementation of empirically validated methods for enhancing the personal competence of service users, have disguised inaction by a fog of high‑sounding rhetoric, and all too often have used social role valorisation as justification for laissez‑faire and/or punitive approaches which meet service rather than client needs.

Indeed, Wolfensberger's (1989) criticisms of applied behaviour analysis can be seen as criticisms of the faulty or incomplete implementation of the approach rather than of its integral features. There is, for example, no doubt that the *practice* of applied behaviour analysis has often failed to adequately consider the ecological context within which an individual is behaving; has sought to intervene without due attention to the root causes of a phenomenon (in behavioural terms, without completing an adequate functional analysis), and has been much more energetic in attending to the short‑ rather than the long‑term effects of its interventions (Baer et al, 1987; Hayes et al, 1980; Michael, 1980).

As noted above, these 'perversions' of both approaches have provided further 'evidence' to support people's misconceptions (eg. Clifford, 1984). In another sense, however, both approaches have served to provide intellectual camouflage for the implementation of often repressive social policies.

**POSSIBILITIES FOR RAPPROCHEMENT**

Applied behaviour analysis can be characterised predominantly as a technology bereft of any inherent guiding principles regarding either goal selection or procedural acceptability. Normalisation, on the other hand, represents a value-laden conceptual framework bereft of a systematic technology for effecting behaviour change. Viewed in such a manner the possibility of some degree of rapprochement seems clear.

Such a possibility has, indeed, been proposed before. In an earlier formulation of normalisation, Wolfensberger (1972, p.131) suggested that 'operant shaping ... is an approach of vast potential' that 'could be massively injected into our service systems', though it is clear from his later writings (e.g. Wolfensberger, 1989) that his views on this topic have changed somewhat. Roos (1972) and Flynn and Nitsch (1980) have also both addressed the reconciliation or rapprochement of behavioural theory and the normalisation principle. Enhancing the personal competencies of devalued people and reducing their devaluing characteristics remain as fundamental aims of normalisation (Wolfensberger and Thomas, 1983), social role valorisation (Wolfensberger, 1983a) and applied behaviour analysis (Baer et al, 1968).

Attempts at rapprochement, however, have to cope with considerable difficulties. As we have argued above, applied behaviour analysis and normalisation reflect markedly divergent scientific traditions. In addition, their (mis)application in human services has fuelled criticisms by their opponents, who have confused customary practices with basic conceptions.

In the following discussion we consider in detail the implications and possibilities of such a rapprochement.

**The Implications of Rapprochement for Applied Behaviour Analysis**

If a process of rapprochement were to be pursued how would theory, practice and research in applied behaviour analysis change? Major implications in two areas are immediately apparent. Firstly, applied behaviour analysis would need to develop methods for the assessment of the procedures and goals of interventions in terms of the former's cultural value and the latter's contribution to supporting people in valued social roles. Secondly, behaviour analysts would need to consider the contribution of normalisation in setting some of the agenda for the development of behavioural theory and practice, particularly in relation to expanding therapeutic concern from the behaviour of the individual service user to analysis of and intervention with the various cultural and social systems of which they are part.

The need for applied behaviour analysis to attend to the social acceptability of intervention procedures is becoming increasingly apparent. Many instances can, of course, be found in which applied behaviour analysis is not used in a normalising manner. For example, applied behaviour analysis has shown an unwarranted reliance on the use of punitive methods for reducing the severity of challenging behaviours shown by people with learning difficulties (eg. Lennox et al, 1988; Lundervold and Bourland, 1988). Most people would probably agree, for example, that shocking people with cattle prods (Carr and Lovaas, 1983), or filling their mouths with aerosol shaving cream (Conway and Butcher, 1974) or tabasco sauce (Altmeyer et al, 1985) is inconsistent with the requirements of normalisation to utilise procedures that enhance the social image of service users. Indeed, Wolfensberger (1988b) has suggested that the failure of behaviour analysts to 'take the image dimension seriously enough, if they take it seriously at all' is one of the key areas in which behaviour analysts clash with normalisation. While we would not advocate such interventions it should be pointed out that, in so far as self injurious behaviour is reduced, this does represent the use of a powerful pedagogy to remove a devaluing characteristic. This outcome is consistent with the requirements of normalisation though the method used is clearly not. This conflict within normalisation highlights the multifaceted nature of the approach. Indeed, Wolfensberger (1980a) argues that it is to be expected that different corollaries of normalisation will often conflict with each other when applied to specific situations.

Attending to the broader social impact of intervention procedures would sometimes result in decisions to forego the most powerful intervention, i.e. to select a procedure which may not be the most effective in bringing about behaviour change but is preferable on the grounds of cultural values. The notion that immediate clinical effects are a necessary but not sufficient condition for choosing an effective intervention is not one with which behaviour analysts are unfamiliar. Indeed, Willems (1974) pointed to the frequent failure of behaviour analysis to attend to its unintended social consequences and called for the collection of information about the effects of interventions over longer time‑frames and with regard to a wider range of implications for peoples' lives. This attempt by applied behaviour analysis to address the broader social impact of its activities is reflected in the development of techniques of social validation (Baer et al, 1987; Kazdin, 1977; Kazdin & Matson, 1981; Wolf, 1978) which have been concerned to investigate the social acceptability of treatment procedures, the social importance of treatment goals, and the degree of subjective satisfaction with treatment outcomes. At present, however, the technology of social validation is rather crude (Baer et al, 1987) and the approach assumes, probably erroneously, that: (a) the personal values of private citizens provide a useful measure of cultural value, and (b) lay people are able to make correct technical judgments about the effectiveness of a particular intervention (Schwade, 1979). Flynn and Nitsch (1980) pointed to the possible value of rapprochement in strengthening behaviour analysts' concern with social validity. An example is provided by Brown (1988) who outlines a procedure for assessing teaching goals against O'Brien's (1987) notion of service accomplishments. This enables direct care workers to evaluate the social relevance and appropriateness of the skills which they are teaching people with learning difficulties.

Methods for assessing behavioural procedures and goals with respect to their social and cultural value are unlikely to be simple in view of the multifaceted nature of normalisation. Therefore, the judgements made are inevitably relative rather than absolute and there are likely to be many genuinely difficult conflicts and "trade-offs" to be made. What do we do, for example, if a person with a psychiatric label chooses to spend all their time in their bedroom thus defeating the service's efforts to engage them in activities which will promote independence and integration? To what extent should we make potential reinforcers such as attention, food and drink contingent on the person's participating in such activities? Normalisation provides a framework for analyzing these issues and makes some suggestions about resolution (see Emerson, this volume).

The second main implication of rapprochement would be that applied behaviour analysis would need to address the analysis and testing of propositions directly derived from normalisation. Normalisation attaches great importance to phenomena such as expectation and labelling processes which are not well‑defined behaviourally. This has often led to their rejection by behaviour analysts as hypothetical variables unamenable to behavioural investigation. In fact, Skinner (1953) suggests that clinical, sociological and anthropological observations can often form the basis for more systematic, experimental investigations. Such investigations should define concepts such as 'expectations' in behavioural terms and investigate the circumstances governing their occurrence and influence. There may well remain some conflict between the apparently internal account favoured by normalisation ('expectations' are perceived as things which we 'carry around' in our heads) and the external account sought by applied behaviour analysts, although the development of interest by behaviour analysis in rule governed behaviour (eg. Blakely and Schlinger, 1987; Hayes, 1990) and behavioural ecology (eg. Rogers-Warren and Warren, 1977; Schroeder, 1990) could point to fruitful areas of collaboration.

In practice then rapprochement would probably support and hopefully accelerate movement in directions already being taken by behaviour analysis. The influence of normalisation would be likely to lead to the increased use of non‑aversive, constructional methods for behaviour change within a broader ecological framework.

Schwartz and Goldiamond (1975) suggest that, on grounds of both effectiveness and ethics, behaviourism should adopt a constructional approach to problem behaviour. Whereas a pathological approach concentrates on the elimination of difficult behaviours, a constructional approach seeks to build up a repertoire of positive alternatives. For example, a constructional approach to self-injurious behaviour would involve an initial analysis of the functions served by the behaviour (e.g. to gain attention, to avoid demands) followed by teaching the person to use alternative ways of obtaining such consequences, alternatives which do not have the physically and socially damaging side‑effects of self‑injurious behaviour. Such an approach is exemplified in Carr and Durand's (1985) demonstration of the impact of functional communication training in reducing behaviour problems in children with severe learning difficulties. Parallel developments are also evident in LaVigna and Donnellan's (1986) attempt to outline a variety of non‑aversive procedures for helping people overcome challenging behaviours and demonstrate how applied behaviour analysis can take means as well as ends into account in developing effective programmes.

Perhaps the clearest example of the probable impact of rapprochement is provided in the work of Marc Gold (eg. Callahan, 1985; Gold, 1975, 1980). Gold uses procedures predominantly drawn from applied behaviour analysis in the context of a philosophy which, like normalisation, stresses the social origins and consequences of diagnostic labels and the need for teaching and intervention to be explicitly valuing of the client.

**The Implications of Rapprochement for Normalisation**

If a process of collaboration were to be pursued how would the theory and practice of normalisation change? Major implications in four areas are immediately apparent. Firstly, proponents of normalisation would need to clarify its empirical, theoretical and ideological components. Secondly, normalisation would benefit from incorporating behavioural concepts into its practice particularly in relation to the analysis of issues of choice, coercion and control. Thirdly, theoreticians could usefully employ behavioural concepts to clarify the notion of 'values'. Fourthly, trainers would benefit from reviewing the methods used in disseminating normalisation.

Normalisation was originally described by Wolfensberger (1972) as an ideology which, while based on, and consistent with, the research literature, also included material derived from personal beliefs rather than existing knowledge. More recently, however, he has claimed that normalisation is 'a theoretical system ... in which there are really very few bits and pieces that do not have extensive empirical support' (Wolfensberger, 1989, p.181). It is clear that there is a need for approaches to the design and operation of services to be able to go beyond existing knowledge. Applied behaviour analysis is, however, a strongly empirical approach and likely to react antithetically to the mixture of empiricism, theory and ideology present in, for example, Wolfensberger's writings. If normalisation, then, is to aim for alignment with applied behaviour analysis one of its first tasks should be to sort out the data from the theory from the ideology. This would clarify the areas in which an experimental analysis could contribute to normalisation and, of equal importance, build up a scientific basis which would also serve to protect it from its ideological opponents. Wolfensberger's recent claim regarding the extent of existing empirical support for normalisation (Wolfensberger, 1989) has to be viewed in the context of a rather lax approach to notions of credible evidence (cf. Wolfensberger, 1980b).

This unscrambling of normalisation may well leave it advocating procedures which are not empirically validated (see Szivos, this volume). This is acceptable so long as it is clear on what basis they are being advocated, and an open minded stance in which initiatives are reviewed and evaluated is substituted for certainty or a rigid moralistic orthodoxy.

The use of normalisation to bring about individual behaviour change could be markedly strengthened by the incorporation of a behaviour analytic framework in three ways. Firstly, a number of approaches for the assessment of, and intervention with, individuals have recently been developed which are clearly based on normalisation principles (e.g. Brost et al, 1982; O'Brien, 1987). These could usefully incorporate some of the concepts and procedures developed by behaviour analysts. For example, Brost et al's Getting to Know You manual contains procedures for developing a service plan around the particular needs of individual service users. Its methodology is essentially that of participant observation and its results qualitative rather than quantitative. Without discarding this method or the information it generates, applied behaviour analysis would suggest the use of quantitative recording of behaviour as an additional means of gaining useful and reliable information about the person. In addition, the use of behavioural concepts to organise some of the information gained would prove of considerable value.

Secondly, a behaviour analytic framework could usefully inform practice in relation to enhancing the personal competency and social image of service users. Normalisation does already call upon the use of some specific behavioural techniques such as 'modelling' and 'behaviour shaping' along with more global or holistic environmental manipulations to bring about behaviour change (Wolfensberger, 1972; Wolfensberger and Thomas, 1983). The latter include such strategies as altering the physical settings or client groupings around which a service is based (cf. Wolfensberger and Thomas, 1983). Behaviour analysis could helpfully replace normalisation's disembodied eclecticism with a coherent and systematic framework which would be of considerable value to practitioners in defining the conditions under which both specific techniques and more global changes are likely to achieve the desired aims (cf Flynn and Nitsch, 1980).

Thirdly, applied behaviour analysis could help considerably in the analysis of issues surrounding choice and control. Social role valorisation to an extent, but particularly Nirje's concept of normalisation (eg. Nirje, 1972) and O'Brien's concept of service accomplishments (eg. O'Brien, 1987), suggests maximising the service user's choice and control over his or her own life. Applied behaviour analysis, being an essentially deterministic discipline, assumes that people may feel free but that this is an illusion concealing the existence of subtly controlling environmental contingencies (cf. Skinner, 1971). In line with normalisation, services may substitute constructional for aversive interventions and thus appear to be no longer controlling their clients. In fact, of course, control is still being exerted and may be all the more dangerous for being more subtle.

A common dilemma for normalisation arises when a service user chooses to do something likely to damage their image or competence. Partly, this difficulty reflects a belief that the client has made a free choice which should therefore be respected. Applied behaviour analysis suggests that closer examination will reveal that this choice is not free because, for example, of a lack of alternatives from which to choose or of a history of being frequently reinforced for displaying unusual or bizarre behaviour. The appropriate course of action then involves providing as culturally valued conditions as possible under which different choices might be made. Accepting a choice as free when it is actually under the control of past influences which may have been coercive and constraining does not seem consistent with the broader conception of normalisation or the commitment to offering people with disabilities a new start.

The degree to which client choice can be determined and should be respected is clearly also involved in discussions of 'consent to treatment'. Consent to treatment has generally been considered in terms of the understanding of information provided about the nature and direct consequences of treatment, and the giving of verbal or written permission for the treatment to occur. As a result, difficulties have arisen with certain kinds of service users where these conditions can apparently not be met. It may be the case, for example, that some people with severe learning difficulties cannot understand the nature of the treatment and may not be able to speak or write. Similarly, people who are temporarily out of touch with reality may, happily, or otherwise, give permission for treatment although they have understood little of the information provided. A third group of people who raise difficulties are those who clearly understand the nature of the treatment and its consequences and are able to give verbal or written permission but who consistently refuse to give such permission and are perceived, because of a lack of treatment, to be a danger to others.

As Goldiamond (1974) points out it is inappropriate to see consent as primarily about the signing of a piece of paper. Consent refers rather to two things ‑ consenting behaviour (actually going along with the treatment procedure) and the conditions under which the consenting behaviour occurs. Consent may, then, be said to have been given when the person goes along with the treatment under conditions that are not coercive. Typical conditions may well be coercive. If, for example, an individual consents to a programme of treatment on the promise of earlier discharge from a penal or psychiatric establishment the signing of a consent form is something of an irrelevance. The contingencies applied to the person essentially coerce him or her into going along with the treatment. This is true even if the treatment has directly beneficial consequences for the person; the essential reason for their cooperation is still the probability of earlier discharge. The crucial issue here is the extent to which the consequences of consenting to treatment are treatment-specific i.e. natural consequences of receiving treatment, rather than affecting the probability of other reinforcers.

The determination of 'informed consent' may then require an analysis of the contingencies applying to the service user. The following analysis, informed by Goldiamond (1974), attempts to characterise the outcomes that such an analysis might determine:

1.Consent. Consent refers to the situation where the consequences of going along with the treatment are treatment‑specific e.g. medication leading to a reduction in psychotic symptomatology. Consent is the more obvious the more options exist for the person. For example, the taking of medication can be depicted as more consenting the more alternative treatment options exist. A state of receiving no treatment may in itself be aversive and, therefore, if only one treatment is offered, the person might be said to be being coerced into accepting it. Note that this point is true even if there are no other effective treatments available.

2.Coercion in the guise of consent. Someone may refuse medication and, subsequently, be offered a positive reinforcer for consenting to treatment. This is the situation which arises in many token economies where extra privileges are used to maintain the target behaviours, in this case taking one's medicine. As Goldiamond (1974) and Wexler (1973) point out, this immediately raises the question of why these privileges cannot be available in a non‑contingent fashion, particularly as the privileges usually include such things as being allowed to watch television, access to which would not normally be denied in everyday life. Positive reinforcement may be more acceptable but is not necessarily less coercive than negative reinforcement (Skinner, 1971).

3.Explicit coercion. Medication may be offered to the person and refused and, in the ensuing discussion, it may be made clear to the person that continued refusal to take medication will lead to the suspension of all other treatment. If under these circumstances the person 'consents' to medication we have coercion or, as it might more commonly be described, blackmail.

4.Enforced treatment. Socially sanctioned enforcement may be provided particularly with the third group of individuals described above. The use of force and other means of restricting the individual will be allowed and there is no pretence that consent is required or sought.

We would suggest that the above four categories of consent could usefully be combined into two viz. consent and coercion. Coercion would include categories 2, 3, and 4, thus making the relationship between services and service users rather more clear‑cut.

This framework also has implications for Lovett's (1985) call for the process of behavioural change to be based firmly on negotiation with the 'client', with a view to finding 'ways of working honestly and respectfully with others to develop trusting relationships' (p.133). This is certainly a culturally valued way of working and as such to be commended on normalisation grounds. The above analysis suggests, however, that we should not delude ourselves into thinking that we are therefore handing control over to the client, we are just as likely to be exerting covert control albeit hopefully of a benevolent kind. We need to recognise that the predominant mode of relationship between staff and the users of services is one of control and the exercise of power. Staff are the controllers, staff have more power. If the relationship between staff and clients is to be more balanced we need to provide what Skinner (1974) terms 'counter controls' which can be utilised by or on behalf of those who are currently under control. A variety of possible counter controls exist including, for example, self‑advocacy (Williams and Schoultz, 1982) and advocacy (Wolfensberger and Zauha, 1973). Ethical guidelines, and strategies such as social validation can also be viewed in this way as possible means of constraining the controlling behaviour of staff.

At a more theoretical level behaviourism has contributions to make to an analysis of the sine qua non of normalisation ‑ the concept of values. Skinner (1971) has suggested that values are essentially equivalent to rules specifying how reinforcers are to be obtained. What would this mean in the context of normalisation? Normalisation starts from the observation that certain groups of people are devalued. Behaviourally this can be taken to mean that such people get less of the relevant reinforcers, and more of the punishers, than typical members of society. This is clearly true and can be illustrated by asking typical members of society how they would feel about having learning difficulties. In our experience this almost invariably produces a negative response, and, on further enquiry, a list of the reinforcers which would be less available, such as money, sex, cars and so on, would be given and the punishers, such as being stared at or excluded from valued places, pointed out. Moreover, having links with devalued people can also be less reinforcing and may even be punishing. This is alluded to in Wolfensberger's (1983b) call for voluntary advocates, on the grounds that devalued people need relationships maintained by the usual reciprocity involved, rather than special rewards such as pay.

Normalisation argues for a process of social revaluation. A culturally valued life can be conceptualized as a life in which there is greater access to reinforcers and less exposure to punishers. Essentially this means a change in the contingencies applying to service users. These contingencies can be changed in two ways: by the development of behaviours which take advantage of normative contingencies ('if you can do this job you'll get this wage'); and by the provision of 'gratuitous' reinforcers ('since you are mentally ill you can have this benefit'). Normalisation would reject the latter in favour of the former because, we would suggest, the latter carries with it other less desirable consequences such as the disapproval of typical members of society who are not eligible for the benefit in question.

The use of culturally valued means is advocated by normalisation as one process which will improve the public perception of people with learning difficulties, i.e. make them more rewarding to be with or at least less aversive to other people. Behaviourally there are two complementary paths to this end. We can use our understanding of the conditions under which typical members of society will approach and/or interact with others to increase the chances of their so doing with people with mental handicaps. Normalisation's attention to the reduction of the symbolic marking and overt labelling of deviant individuals can be seen in this light. We can also, however, attempt to change the conditions, under which interaction occurs, to make it more likely that non handicapped people will include devalued people in their activities. This process of increasing public tolerance of differentness is an oft‑ignored corollary of the normalisation approach (Wolfensberger, 1972).

Applied behaviour analysis might also contribute to the teaching and dissemination of normalisation. Baldwin (1985) suggests that this process of dissemination has been mishandled, resulting in the ideas of normalisation being 'rejected by a hostile audience' (p.138). It is our impression that PASS and PASSING workshops, the dominant mode of normalisation teaching, are successful at producing three kinds of outcomes ‑ people who are 'converted' and gain an almost religious zeal, people who are completely alienated, and people (perhaps the bulk of our services' staff) who honestly attempt to implement their partial (mis)understandings. Even where attitudes are successfully changed there is no necessary accompanying change in behaviour. Given the contribution of applied behaviour analysis to the development of effective procedures for changing behaviour, there seems to be considerable scope for the application of this knowledge to the teaching and dissemination of normalisation. There appears to be a particular need for teachers of normalisation to review their objectives and methods. Trainers need to be clear as to:

who are the people who need to learn about normalisation?

what do they need to learn?

how will their behaviour change when they have learnt it?

what are the most effective methods for teaching them?

**CONCLUDING COMMENTS**

We have argued above that rapprochement between normalisation and applied behaviour analysis seems likely to be mutually beneficial despite some irreconcilable underlying differences. On this basis we would recommend (cf. Emerson and McGill, 1989) that, in general, practitioners should address the practical commonalities between the two approaches rather than continue to develop unhelpful critiques of imperfect implementation. In addition:

◼normalisation can contribute

»methods of assessing the procedures of behaviour analytic interventions in terms of cultural value and the goals of behavioural programmes as to whether they contribute to valued social roles;

»further impetus to the developing agenda in behavioural theory and practice to expand its focus from the behaviour of individual service users to analysis of and intervention with the social systems of which they are part;

◼applied behaviour analysis can help in

»clarifying the empirical, theoretical and ideological components of normalisation;

» providing concepts and methods for the development of normalisation's tools for assessment and intervention particularly in relation to the analysis of issues concerning choice and control;

» clarifying, by behavioural 'translation', the concept of values;

»reviewing the methods used to disseminate and teach normalisation.

Whether current conditions are likely to be supportive of such a rapprochement is unclear. Indeed, the vehemence with which proponents continue to dismiss the value of each other's approach (eg. Baldwin, 1989; Wolfensberger, 1989) bodes poorly for the establishment of a culture of reasoned debate. The behaviour of proponents and practitioners allied to both approaches is, of course, primarily regulated by peer rather than user or data influences. Rapprochement is only likely when the distinct communities of behaviour analysts and normalisation advocates begin to address these issues internally. While there is some evidence that this process is underway (eg. Callahan, 1985; LaVigna and Donnellan, 1986) there is still far to go. The costs of failure, however, are considerable.

Without the contribution of applied behaviour analysis the enhancement of the personal competencies of deviant persons is likely to be significantly impaired which, when combined with the anti‑empirical bias of many practitioners, will provide further fuel to non‑interventionist misconceptions of normalisation. Without a coherent framework for selecting intervention goals and an increased awareness of the impact of intervention procedures on the social status and 'image' of service consumers, applied behaviour analysis will continue to be troubled by charges of coercive social control. Meanwhile, people who have to utilise our services will continue to be short‑changed.

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