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POSITIVE STEREOTYPING

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Advocacy has definitely become the "in-thing" in the field of Mental Retardation. It is no longer limited to special groups such as The Arc. The theme of this advocacy has been uplifting the perceived quality and worth of people with mental retardation to the point some have now come to refer to it as "positive stereotyping" (Jacobson and Mulick, 1994).

We usually think of "stereotyping" as a rather negative way of thinking. It involves attributing a set of characteristics to a whole group without looking at the individual. It leads to the development of bias, prejudice and bigotry.

We can easily dismiss and overlook these negative connotations when we stereotype in positive ways (e.g., Ethnic Pride, Self Advocacy Groups, etc.). For people with mental retardation, there are a number of examples of this positive stereotyping in recent years: AAMR's new definition of MR which instead of labeling the person labels the level of support, the Facilitated Communication craze which was/is based on a "Belief in Competence", the entire Inclusion movement which is based on the belief that "Everyone Belongs".

But let's go back and not forget the negative aspects of such stereotyping. The perception of an "ingroup" automatically suggests there are "outgroups". Ethnic Pride can be a mask for prejudice. A "Belief in Competence" and that "Everyone Belongs" can blind us to the significance of individual differences, strengths and limitations, and the necessity of truly "Person Centered Planning".

A current buzzword, and one which I have adopted, is the word SUPPORT. I don't write Behavior Management Plans anymore. I write Behavior Support Plans. The implication is helping the person do for themselves. It is not intervening against the person, but with the person. Sounds great! But maybe it's just another case of this Positive Stereotyping. It suggests that everyone can do just about anything if only given just a little bit of help and the right situation.

Nonsense!! Everyone can't do everything. Everyone is not competent. There are a lot of "person centered" reasons to have to do things against someone's will. For one reason or another, some people just can't "belong".

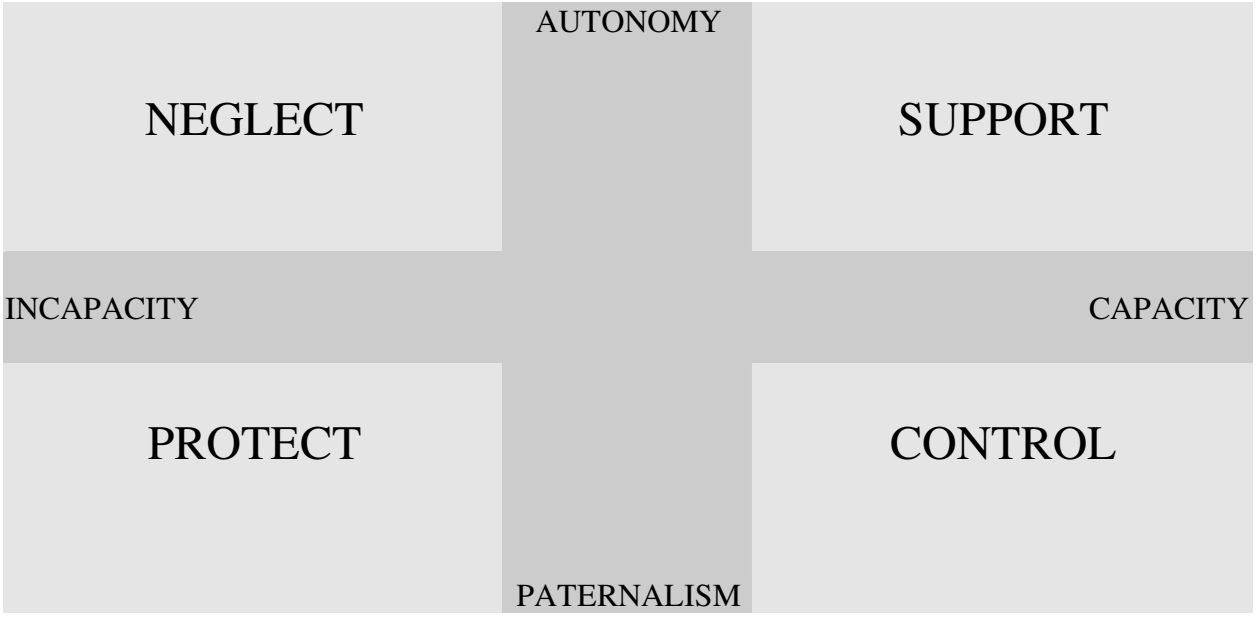
It's nice to say we are only going to focus on people's strengths and capacities, but not to the point it blinds us to their needs and limitations. It's nice to advocate for people's right to Autonomy (independence, freedom of choice, etc.), but sometimes there is a need take a more Paternalistic Approach (We know what's best for you) -- whether that turns out to be to "allow" a choice or to act contrary to it.

I would suggest reserving the word SUPPORT for the case of assisting a person to become truly autonomous in utilizing determined capacities (i.e., to meet his/her fullest potential). Using the Schemata presented below, it is only one of four possibilities.

It would be nice to always be operating in the SUPPORT quadrant, but it just isn't reality. Such support easily can become NEGLECT when we fail to recognize incapacity. When a person is incapacitated, PROTECTION may sometimes be the more responsible approach. When the person is presumed to have capacity, but behaves in a socially unacceptable way, CONTROL may still be the only option.

The real test of our commitment to advocacy probably is not so much in the Support quadrant (autonomy for the person with capacity), but in the Protection quadrant (paternalism for the person without capacity). It is in this quadrant that we accept ultimate responsibility, but still might recognize the importance of respecting people's preferences (We know what's best for you and that is to help you with exactly what you're asking to do!).

Such Advocacy does not have its foundation in "Positive Stereotyping". It does not require a "Belief in Competence", but rather, it requires an "Acceptance Regardless".



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