Once upon a time, I was a segregator...  

By Burton Blatt, Ed.D.

I am fearful that if certain of my dearest friends and closest colleagues were to read this, they would be very angry with me. And that would hurt a great deal, first because one wants his friends to think well about him, and second, because I will have not adequately communicated here what I had intended. Bands Also Go to Funerals is a book that I want to write someday.

It seems that nobody wants to know that something else follows the Mardi Gras, that both life and death go on. Who wants to believe that bandwagons deliver grief as well as happiness? There are too many of us who spend our lives jumping on and off bandwagons, hardly pausing during the joy ride to listen to the music, not trying to comprehend what the music does to us. The bandwagon is the instrument of the unexamined life.

 Everywhere one sees parades forming. Here comes the band and its inevitable claque. Fashion rules not only on Fifth Avenue, not only on Madison Avenue, but in the very university itself. There is fashion in science as there is fashion everywhere. Why? There is a need for prestige, and safety, and popularity. That's why most poets must be lonely, and why they probably will always be poor, except those who follow the fashion.

Bands once played for Lysenkos's genetic revelations. They played to Freud's Psychoanalytic Psalms. With their marches, their symphonies with almost infinite expressions of gratitude and respect, bands once played at institutional and segregated special class balls. And only the youngest teachers among us, only those who came out of the sixties and seventies may not remember bandwagons so crowded that they squeezed and squeezed to make more room for Minnesota's Mathematics, Mereiter and Engleman's atomized lessons, Frostig's special program, Kephart's special paraphernalia, Lindsley's special recording mechanisms, Omar Khayyam Moore's special typewriters, and Ivan Illich's removal of not only everything that's special but everything. And the bands played on and the wagons rolled.

Today, some bands of the sixties are dead, silenced because the leaders have died or left to form other bands or because no one would listen anymore to their music. But for each that has gone, two or three have taken its place. Today, the most popular special education bands play the music of Skinner, Learning Disabilities, Mainstreaming, Deinstitutionalization, Instructional Technology, Zero Reject, Least Restrictive Environment, and the hottest act in town, Public Law 94-142. And undergirding virtually everything that's popular today in human services, embodied in every movement and every idea around, is this term we invented for the Now Generation Advocacy.

There was a time when we worried if Advocacy would come of age. There was a time when we wondered if there would be any people to understand the concept of Advocacy. Now we wonder if anyone doesn't understand, or doesn't pretend to. There was a time we might have predicted that The Advocacy Movement would make its contribution and then recede.

Once upon a time, we eagerly awaited the Advocacy Era. But there are some of us today who are ready to say, "Stop already." Some of the grandeur has begun to sound silly. Some of the altruism has begun to tarnish. It's enough. Those who are getting ready to jump off the bandwagon aren't entirely wrong. But of course, nearly everyone believes they are wrong. Advocacy has come of age. It cannot even be criticized. In fact, advocacy is a very old man.

Something is wrong. And the models we seem to have to correct our problems are wrong. There is such a nightmarish fatalism in our view of the world. Everything seems to be additive. This may be why the literature in our field is allowed to accumulate, unexamined and uncriticized. Nothing can be discarded and replaced, we can only add new things, even new things that are identical with old things. But it's this fatalism that gets me. We invest most of our wealth in squeezing new conclusions out of old premises. We
If we are not careful, there will someday be advocacy movements created to protect people who have been hurt by certain brands of our advocacy.

open windows instead of turning off the heat, and we create as easily a new profession, advocacy, instead of curbing the destructiveness of the professions we already have.

My head tells me that the trouble with the advocacy movement is not that it has gone too far but that it has gone at all. My knowledge of human nature—my jaundice—tells me that I should settle for having gone too far, that I'll never convince anyone that advocacy itself was a wrong turn. I'll settle for us to stop claiming that advocates do almost everything and clinicians very little. I'll be glad if we concentrate more of our efforts on becoming better clinicians. We've heard enough ridicule of clinicians and administrators, but we are not yet fed up with the self-righteousness and arrogance of their critics. While the point can't be to ridicule the advocates, the point also isn't to mock those in the trenches, the teachers and clinicians. Perhaps we're on an inevitable treadmill, but to be resigned to such craziness should be too much to ask of ourselves.

Although there is much similarity of purpose, advocacy often turns out to be hostile to clinical practice. The ethos of the clinician goes beyond evaluation, beyond determination of what the client is like and whether it is reasonable to predict that he or she will change. The "real" goal of the clinician, the goal of the good clinician, is always to help see to it that the client does change, almost regardless of how, in spite of anyone else. Of course, this is in accord with what should be the goal of the advocate. Maybe the problem arises because advocates so often crusade on behalf of causes larger than any single individual. And practicing advocates seem to be guided more by adherence to certain principles than concentration on that single client and what is in his or her best interests.

Of course, not all, yet most advocates tend to want to save the world while most clinicians seem to want to save the person. It isn't that clinicians are more admirable people, but that they have somewhat different objectives and, consequently, they have somewhat different, if overlapping, roles. If we forget the clinician, we will probably forget how serious and important is work on behalf of a single client. If we forget the clinician, the greater cause becomes the abstract principle and not the human being involved.

Getting someone into a program does not insure that the person will be helped. The advocacy movement has tended to obscure that simple fact. It is wonderful that the individual rights of all people are being secured through the efforts of our vigorous advocates. However, now that the child who has never been in school is in school, we must do everything we can to make that school meaningful. This is not so easy since, by definition, we have little experience educating children who need advocates to get them admitted to school. The test of whether we know how to help certain people is to have had success in helping them.

We don't yet know how to best treat the severely and multiply handicapped if for no other reason than that they haven't been served before. It's distressing that not only do the schools not appreciate this, but higher education appreciates it even less. It seems that colleges and universities which train teachers, psychologists, and others, seem to think that if they raise consciousness among their students, they also raise understanding.

You may have decided by this point that I've overstated the extent and seriousness of these concerns. I am not surprised, which leads to another unfortunate consequence of the advocacy movement, the converse of the above situation. A good advocate works on behalf of another human being as if he were working on his own behalf. He must think about that other person as if he or she were the most important human being in the world.

In that sense, the good advocate thinks like a clinician. Advocacy is long on optimism and zealousness and, exactly because of such qualities, may be short on judgment and "patriotism." That is, avoiding one excess can beget another; the advocate seems to be prone to either improper treatment of the client or irresponsibility to society. Everyone sees that it is impossible to be an advocate and simultaneously exert evenhandedness in assisting a particular individual.

But what does "patriotism" have to do with such a situation? Nearly everything. "Patriotism" can be defined as advocacy for the larger society, for the common good. It is difficult to be an advocate for an individual and retain your "patriotism" for a class of people. As you all know, what is good for the mob may be terrible for certain individuals. For example, there seem to be advocates around who claim to "understand" mental retardation because they understand and have done well for their mentally retarded clients.

There are those among us who demand that every mentally retarded person needs this or that, or that all families require A or B, or that the answer is here rather than there. I am suggesting that, like the earlier clinical movement, the advocacy movement is growing its own variety of bigoted and thoughtless zealots, people who have much optimism but little patriotism, and so much ignorance but so few skills that they truly believe that what's best for all clients is what was best for their clients and what all advocates should know is what they know.

There is a sort of "know nothingism" in the advocacy movement and,
indeed, in any movement, that captures the attention of masses of people quickly. And while “know nothingism” is not good for anyone or any movement, it is one of the prices that must be paid for the necessary dedication that is sought. Devotion to a problem area essentially comes about in two ways: 1) it can come from learning everything about the problem and making an intellectual decision to engage yourself in such work; or, 2) it can come from being inspired to join up. As there was little time to set the ground work and too little evidence to persuade people purely on the merits of the positions taken, much that we have advocated is supported in the absence of evidence or in spite of evidence. Furthermore, many of our advocates had let their hearts rather than their heads rule in deciding to join up.

I applaud such courage and humanistic feelings in the face of powerful opponents. But when are we going to take more seriously the need to refine our methods and study our activities; If for no other reason than that “dyed in the wool” professionals are leaving the movement, advocates must better utilize some of the tools and even some of the traditions of the professionals. In a way, what clinicians did to legitimize themselves, we in the advocacy movement must now do to legitimize ourselves.

And now we return to the most disturbing element of the entire advocacy movement, our intolerance. We know so little, but we act as if we know everything. When opponents raise sensible arguments, we shoot them down with slogans. When a perfectly decent family expresses anxiety about eight or ten unrelated “mentally retarded” people moving in next door, we call those citizens unfeeling, Godless, and un-American. Ironically, we live by the golden rule, but we more often do to others no less than what others have done to the mentally retarded. We must stop that.

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