


Thriving

children • youth • families

 Learning online journal



The *Upside* of Normal

Howard Bath

Normal is boring.

I came across this "thought for the week" in a local bar and coffee shop. It captures what we all think about being "normal." Our society values the original, the one-of-a kind, the exceptional, the distinctive, and the one who stands out from the crowd. "Normal" is more than just boring—it is something to avoid at all costs, something that will swallow up our identity and rob us of our place in the world. We know we all owe a great deal to those who are "unique," who see and do things in a new way, who challenge us, unsettle us, and sometimes inspire us.

But it is intriguing that so many of the young people with whom we work in our special care and education programs do not see it this way. James Anglin, in his research with young people in Canadian residential care programs, found, quite unexpectedly, that a very common theme was the "quest for normality"—their need to feel and be perceived as normal. He incorporated this insight into the title of his influential book.¹

Normalization has long been a key driver in the disability services field, but apart from the long-standing policy of shifting children from residential care to more "normalized" family-based settings, it has received far less attention in the child protection, out-of-home care, and education sectors.

These are some quotes from young graduates from the care system:

- *We all want to be normal, whatever that is.*
- *Once I began to realise what normal people do and compare myself to them, I learned to lie to myself and others about who and what I was.*
- *I wanted to have friends around, to have my own kitchen, to be a normal person.*

In her compelling memoir *Breaking Night*, Liz Murray has written about growing up as the chronically neglected child of drug-affected parents. At elementary school, Liz felt that she did not belong with the other "normal" children. She felt:

...scattered, full of holes. Different. It was the feeling that I was different that gnawed at me in the classroom, pressing me deeper into my exhaustion.... I was always grateful for the end of the day, when I could finally go.²

So clearly, being "normal" does not carry such negative connotations for these young people.

Recently I was talking with a colleague who was nearing the end of a long and prominent career as a child and adolescent psychiatrist. Mulling over the various treatment, labelling, and medication trends that have come and gone over the years, she questioned whether any of this actually had been useful. However, she brightened at one point saying that there was one strategy that al-

most always proved to be helpful and motivating for the young people with whom she worked. "It's when I can assure them that they are normal," she said, "although abnormal things may have happened, that did not make them abnormal." The simple assurance of being a normal human being proved to be more reliably efficacious than numerous therapy techniques and medications.

Many of our young people feel different and abnormal because what has happened to them has been abnormal. They may be carrying the hidden wounds of abuse and neglect, mental illness, or developmental disability with the sense of alienation and disconnection these often bring with them. As youth come from disadvantaged backgrounds they may act, speak, and dress differently than their peers. They may have been removed from their parents and siblings and placed into out-of-home-care. They may have been assigned to special schools or classes or placed into treatment. They are less likely to have participated in normal community activities such as sporting clubs, youth groups, and other recreational activities involving arts and adventure.

A colleague reflecting on his years in residential care as a child stated:

I always felt I was different. Not good different; not unique-in-a-positive-way different; not proud different as in marching to my own drum; but shameful different. I felt as if I was somehow less in nearly every way than my peers.

This seems to get to the heart of the problem. It is painful to feel you are different, and that pain is associated with shame, a deep sense of being unworthy, of not being acceptable, of being deficient in some way, and of not belonging. Daniel Hughes³ suggests that children and young people who have experienced maltreatment are often "enveloped in shame," and Daniel Siegel tells us:

*The dreaded states of shame and humiliation can feel like a black hole, a bottomless pit of despair, in which the self is lost...forever.*⁴

The quest for normality is nothing less than an escape from shame.

A friend who is a graduate from long-term residential care as a child believes that it was not the formal therapies he was offered that were key to changing his life's trajectory but rather the opportunities to engage in normal activities. He had abundant opportunities to do what normal teens do. He went to the local high school, played in a community sporting team, ate pizza with his friends, and went on dates. Workers in the program taught him to drive, and before moving on to independent living, he received his driving license. This engagement with normality proved to be a key in his journey of healing and afterwards his successful navigation through college, career, and intimate relationships. The quest to feel normal may be a long journey for some young people, but to the extent possible, we must strive to ensure that they experience the positive and life-giving power of normality in their lives.

To be normal is to belong.

"Normal" may indeed be boring for many of us, but for those who have never felt normal, it is the holy grail—for them to be normal is to belong.

Howard Bath, PhD, has over 40 years of experience working with children and young people in the child protection and youth justice systems. Trained as a clinical psychologist, he has been a youth worker, manager, clinician, and agency director. From 2008 to 2015, Howard was the inaugural Children's Commissioner of Australia's Northern Territory with responsibility for the wellbeing of vulnerable children. He currently provides a range of consultancy and training services across Australia and overseas through the Allambi Care organization. Contact him by email at events@cflearning.org

Endnotes

1. Anglin, J.P. (2002). *Pain, normality, and the struggle for congruence: Reinterpreting Residential care for children and youth*. New York, NY: Howarth.
2. Murray, L. (2010). *Breaking night: A memoir of forgiveness, survival, and my journey from homeless to Harvard*. New York: Hachette Books. (p. 59)
3. Hughes, D. (1997/2000). *Facilitating Developmental Attachment: The Road to Emotional Recovery and Behavioural Change in foster and Adopted Children*. New Jersey: Jason Aronson. (p. 3).
4. Siegel, D. J. (2012). *The Developing Mind: how relationships and the brain interact to shape who we are, 2nd Edition*. New York: The Guilford Press. (p. 327)