Rehabilitation; Concepts, Practices and Research

By Jan-Inge Hanssen and Rafael Lindqvist

Norwegian Centre for Comprehensive Rehabilitation Research and Development

---

At the dawn of the 21'th century, rehabilitation, both as a concept and as practice, are under debate. Traditionally, rehabilitation is seen as primarily a health issue, based on the idea that persons who are ill – physically or mentally – or have an impairment of some kind – is in need of treatment and training which allows them to regain functionality and to re-enter their lost positions in the work-force and in society. Hence, rehabilitation has focussed on bodily function and repair.

Today, this traditional view of rehabilitation is challenged. The goal and purpose of rehabilitation has gradually shifted from bodily functioning and correction in itself, to a stronger emphasis on participation, self-determination and equal opportunity. One of the recommendations from a global conference "Rethinking care" arranged by the World Health Organisation in 2001, was that "...the primary goal of rehabilitation programs must be the equalization of opportunities for all disadvantaged people."

Hence, rehabilitation is to be seen as a holistic process, based on the individual users own goals and preferences, and rehabilitation practice is "all what it takes" for the person to obtain these goals. A user-oriented approach implies that services must respond to the users own perceptions of their need for assistance, and that the major measures of rehabilitation must be based in the local environment of the user – close to the home and the arenas of everyday life. Because rehabilitation services involve different sectors at different levels, the main challenge of rehabilitation is to secure the co-operation and coordination of services both at the local level and between the municipal and the county (and national) level.

The problem, however, is that rehabilitation – the concept as well as the practice – still is heavily rooted in a bio-medical model where bodily and mental functioning is seen as a presupposition for participation and self-determination. Medical

diagnosis still serves as eligibility criteria for rehabilitation services and most of what is denoted "rehabilitation" is taken place within special rehabilitation units in hospitals or in training centres.

Changing the concept and practice of rehabilitation is, however, difficult. The counter forces are many, strong and stubborn. Medical and other health personnel often feel annoyed and provoked by the critique of the traditional rehabilitation concept, arguing that such a wide rehabilitation concept is "ideological nonsense" with no roots in scientific knowledge. And they see themselves as rehabilitation specialists.

Another type of reaction is that holistic rehabilitation is old news: professional service providers have for decades been guided by a holistic, cross professional approach and a user-perspective. Among users of rehabilitation services, the message is, however, often quite different. Some see this change in perspective as new and radical, and as a perspective that would totally renew rehabilitation processes and practices. Parts of the disability movement, however, are lifting they shoulders to the whole rehabilitation discourse, most of all because it does not address the attitudes and structural barriers that exclude them from full participation in society (Knøsen & Krokan 2002).

This issue of the Scandinavian Journal of Disability Research is devoted to exploring conceptual issues involved in studying rehabilitation. But it also treats rehabilitation as a practice field, more specifically vocational rehabilitation, as such policies have developed and become implemented in Scandinavia. Another theme touched upon in this issue is evaluation of rehabilitation services. All the authors are concerned with the dilemmas and possibilities that rehabilitation brings with it, particularly so in terms of inclusion of disabled people in the local community and the world of work.

Colin Barnes' contribution *Rehabilitation for Disabled People: a "sick" joke*, argues that the relationship between disability and rehabilitation is best explained in terms of three distinct but related definitions of disability. The first is the traditional 'individualistic' medical definition; the second, is the more liberal 'inter-relational' account and; the third, is the 'radical' socio/political interpretation commonly referred to as the social model of disability. By adopting the latter, according to which 'disability' is not a product of individual failings but is socially created, he argues that rehabilitation for disabled people with ascribed impairments is extremely limited in what it can achieve. It is heavily circumscribed by cultural factors, discriminating practices, prejudice and socio-economic inequalities. Barnes contend that rehabilitation, according to the two first mentioned models, is "sick" because such models retain the notion that rehabilitation is primarily a health, and consequentially a medical concern, rather than a political problem. He concludes that problems encountered by disabled people, including issues of rehabilitation, can only be resolved by deep-rooted structural, socio-political and cultural change and by a development that celebrates the realities of human diversity. A glimmer of hope is to be found in alternative strategies developed by disabled people and their organizations.

Jan-Inge Hanssen and Johans Sandvin's joint contribution reflects upon the concept and content of rehabilitation. They discuss what they call "the contemporary crisis of rehabilitation" where rehabilitation practices are under pressure both from "above" through new political goals and programs, from "inside" through competing strategies of a growing number of professional, from "outside" through a loosening faith in the modernistic visions of welfare state and, subsequently, in the correcting and rehabilitative motives of society, and from "below" through the radicalization of the disability movement and a growing opposition towards the models and practices the professional apparatus. The authors discuss the possible implications of these developments for the very concept of rehabilitation and for rehabilitation practice, and ask the question if rehabilitation still is a useful concept? Will rehabilitation survive the ideological and cultural shifts that we are now witnessing, and, if so, what should it mean?

Antoinette Hetzler's article, *Barriers to Rehabilitation Outcome*, deals with work directed rehabilitation as a type of workfare introduced within Swedish social security in the beginning of the 1990s. The purpose of such policies was to decrease sick leaves through early and active rehabilitation. Building on three different empirical studies she contains that work directed rehabilitation was a failure. The barriers to rehabilitation outcome, in terms of return to work, were found in a series of subtle organizational changes involving management as well as changing relationships between the public and the private sector. The most important barriers were: more demanding definitions of work capacity in the regular labour market; social insurance agencies were unable to influence changes in the organisation of work and to develop proper rehabilitation measures; grass root administrators met the introduction of workfare with distrust. In addition to this the right to sick cash benefits when an individual experiences a work limitation is strongly engrained in the public identity of the Swedish population. In light of such an identity the concept of rehabilitation, when perceived as workfare, was experienced as an attack on the social right to health insurance when the prospects of employment are viewed as very little.

Rafael Lindqvist's discusses in his contribution, *Vocational Rehabilitation Between Work and Welfare – the Swedish Experience*, conditions for cooperation between organisations within the field of vocational rehabilitation. This field incorporates several organisations, among them the medical system, the employers, social security and labour market authorities, which each have their special rules and routines. He takes his point of departure in the neo-institutional perspective in organizational research and sees the different organizations as parts of a greater whole, i.e., institutional sectors, with contradictory institutional logics. Vocational rehabilitation is thus conceptualized as a power-field of different organizations, within which boundary disputes, contradictory claims and conflicts occur. Building on two empirical studies he demonstrates how case-workers handle such contradicting pressures in vocational, rehabilitation of the long-term sick and disabled. He also points to possibilities of cross-sectorial cooperation between organizations, as experienced in local projects targeting multi-problem clients.

Thomas A Schwandt's paper, *Notes on Evaluating the Ecology of Rehabilitation Praxis*, provides a way of thinking about both rehabilitation and evaluation that is at odds with a common approach of evaluating rehabilitation services in terms of the traditional biomedical model. Instead of seeing rehabilitation services solely as treatment or intervention, delivered by some professional service provider, designed to achieve a particular outcome or effect of functional improvement, Schwandt proposes an ecology of praxis model. Rehabilitation in such a model is seen as a matter of situated and lived interaction of people with their social and physical environment. Hence, evaluation must not be cast in exclusively instrumentalist terms, but rather continuously try to grasp this lived reality by being with or in relation to the activities one evaluates. Such a model of evaluation also presupposes a dialogue with all parties in the ecology of rehabilitation praxis.

The topic of this issue of the journal and the authors' contributions show that rehabilitation, both as a concept and practice, is a multi-facetted phenomenon. A proper understanding requires analytical tools that encompass different levels of society: the socio/political level, the organizational level and individual attitudes and discriminative behavior. This is the more important if we see rehabilitation as a holistic process. Rehabilitation practices have hitherto to a great extent embraced perceptions from the individualistic model of disability, i.e., a concern for body fixing and repair. But there has been an increasing realization amongst policy makers and social scientists that the problem of rehabilitation no longer can be considered in purely individualistic terms. Instead, contributions to this special issue give evidence to numerous socio-structural and institutional barriers to rehabilitation outcome. It is indeed a necessary challenge to find ways of overcoming such barriers and to involve disabled people and their organizations in such developments.