

An Introduction to Ecological Rehabilitation

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ABSTRACT Central issues of rehabilitation are power, its equitable distribution, and context. People with disabilities have been denied power, and rehabilitation, focused on clinical approaches to individuals, has neglected context. The distribution of power and an ecologically oriented rehabilitation would address this issue of power squarely. This would broaden clinical methods and styles of rehabilitation to include and incorporate social change, relationships, contexts, and even environmental matters within a systems and ecologically aware framework.

Individuals with disabilities are part and parcel of each and every community often relegated to the edges or fringes, whether from fear, negative attitudes, or discrimination by the people of the mainstream. Communities form a context or environment, in which all people live, albeit some are accorded better positions and greater power. Human ecologists, with interests in genetics, biology and culture related to environmental issues, can gain insights from examining both the situation of people who are genetically or biologically or culturally different from others, and from the rehabilitative efforts made to assure these people a secure place in the community. This paper provides a look at these ecological tasks as could and should be taken on by the discipline and field of rehabilitation.

Rehabilitation as currently conceived and practised is about individuals, clinical interventions, and individual change. Rehabilitation could and should also be concerned with power and its fair, just, and equitable distribution (Patterson, 1985) in the ecological context offered by a community. Further, rehabilitation could and should be far more concerned with social contexts and frameworks: for example appropriate social and political arrangements, relationships and networks, and sustainable social and physical environments.

Power and the degree of power held by individuals, becomes more evident when considered within ecological or systems relationships. Typically, people with disabilities have relatively little power whether in their work, family, and/or community roles. Their lives as individuals in societies "fit" poorly with a mainstream which itself has yet to develop a harmonious and sustainable "fit" with an even larger social and physical environment.

Rehabilitation personnel can and do enable people with disabilities to have, use and handle power, indeed some of them do it every day, and create reasonable accommodations in terms of relating with a social system. This process of empowerment and social "adjustment" can and does work for many individuals. The thesis of this paper is that rehabilitation professionals and workers need to acknowledge the importance of power, social arrangements, and physical environments and to work directly and indirectly in ways that enhance the ability of individuals to make their own decisions, to change relationships, and to alter environments. This would require the extension of professional capabilities and skills to add means of creating social change, and promoting greater awareness of social, political general systems, and ecological models. In such ways, rehabilitation professionals and workers can create a new realm, defined here as ecological rehabilitation.

TRADITIONAL AND CHANGING REHABILITATION

Many rehabilitation workers avoid the central issue of power in their quest to exercise clinical skills which may, while well intended, result in maintaining the social and economic status quo. While important and worthwhile, clinical skills or giving services to individuals without

consideration of the context represent only one small part of the rehabilitation picture (Stubbins, 1982).

A wide variety of means can be and are used to rehabilitate people. One key element is traditional clinical individual intervention, via assessment, planning counselling and treatment, and vocational placement. Medical/physical health, self confidence and self-esteem, social skills, vocational and educational skills and abilities, a meaningful job and access to educational opportunities, legal systems, or information are all examples of empowerment for people receiving rehabilitating services (Meyerson, 1948).

The traditional services offered by rehabilitation personnel are predicated upon certain beliefs and assumptions (Holmes and Karst, 1990). For example, applicants are offered services including information, evaluation of assets and deficits, planning, teaching and facilitating skill acquisition, adjustment, and placement or marketing in the industrial world if possible, or the sheltered workshop system if competitive employment is not possible (Wright, 1980).

These traditional steps are almost like an industrial process, transforming human beings who happen to have impairments and disabilities, then transporting them to market when they have sufficient skills to contribute. Supported employment may dispense with or change the order of some of the steps but still follows the same overall pattern (Wehman and Moon, 1988). In this process, the priorities have focused on workers or those most likely to be workers - male, middle class, middle age (United States General Accounting Office, 1993). Those not fitting these patterns have sometimes been ignored, or given second rate services. Certainly the social system, that is the context in which people with disabilities live, has been looked at only infrequently. Awareness of the close fit between an "industrial" or "business" model with the theory and practice of rehabilitation itself has been infrequent.

The ability to make, to influence, to change, and at times, to break social relationships, to network, to create and alter legislation, to be effective in political and other forms of decision-making, and to advocate are also valid examples of ways in which people with disabilities can exert

power (Ferguson, 1980; Hahn, 1984). Even more forms of empowerment may emerge in the near future, such as the creation of new communities, the redesign of old communities to fit new needs, the changes that may ensue from disability rights legislation, greater use of the information highways and computer networks, greater tolerance of people comfortable in the mainstream with people who happen to have significant differences, or the hoped for political and social outcomes sought by the disability movement. Major changes in the physical environment are also possible, especially concerning accessibility, and such changes are regarded as very important.

Rehabilitation is about people and power, that is, rehabilitation is a social change activity as well as an empowering process for individuals (McWhirter, 1991; Oliver, 1990). Providing individuals with appropriate skills to gain and use power is vitally important for the relationships with others, with society and community. Power, a very important issue, is only part of the story. Social activism of and by people with disabilities and the slow movement away from traditional organizational hierarchies, can and will enable rehabilitation professionals and workers to shift from beliefs, assumptions and paradigms appropriate to an industrial society to develop and use a more ecological framework as we collectively proceed towards an "information society". As rehabilitation empowers individuals within the context of a social system and/or environment, we have an opportunity to become more aware of social change issues and relationships. As a result people with disabilities can and will act upon and participate in their society in ways meaningful to them (Hollingsworth et al., 1989; Gregory, 1993).

ECOLOGICAL REHABILITATION

Ecological approaches encompass vocational, social, psychological, medical and educational aspects as does traditional rehabilitation, but new strategies and tactics can be added within a larger social and an environmental framework (Oliver, 1990; Scofield et al., 1980). Greater awareness on the part of all involved of their own status and situation within a society will make a difference. The ecological model acknowledges and facilitates a shift from an industrial and business

hierarchically organized framework to a network and information oriented frame in which context, environment, and relationships between are central, not peripheral.

Changes are already occurring (Brown, 1990). People who practice "ecological rehabilitation" may operate in some of the familiar or similar ways, but will have a new and wider repertoire focusing on social, as well as individual, change. Practitioners of "ecological rehabilitation" will recognise that people with disabilities are people first and that disabilities are only one small aspect of being. They will admit that their own skills are limited in quality and quantity, and plan their own interventions carefully and cautiously (Livneh, 1989). They will offer a relationship more akin to a partnership, in which each party has something to give, and something to gain, or alternatively, something to take and something to lose (Humes et al., 1989; Patterson, 1985).

Most important, ecological rehabilitation is client, plus community, social system, and environment oriented. Ecological rehabilitation would view traditional rehabilitation from a meta-level, and note that the context, previously ignored, is essential. And it recognises that power to take part, to assume a meaningful role, in society, in social arrangements and with an understanding and appreciation of contexts, is the goal of the rehabilitation process. Clients are more likely to include women, children and youth, the elderly, minorities, and those with severe disabilities who may not choose a goal of working.

More remarkably, clients may include communities. That is, rehabilitation can offer place, and a sense of meaningfulness to people with disabilities. Rehabilitation can also offer new social arrangements, and deal with social structural issues affecting employment.

This new "client" is emerging or will soon have the potential to emerge. The traditional concepts used by rehabilitation professionals, such as impairment, disability and handicap, can be applied to social and physical and contextual arrangements as well as to individual human beings. Empathy, gathering facts, sorting out the nature and ramifications of the existing arrangements, evaluating in comparison with options and ideal states, and interventions are all useful in

the redress of inequitable, poor, or difficult social arrangements.

This process of altering social arrangements can be regarded as a part of "ecological rehabilitation," and it looks beyond the individual to examine and intervene in society. The ideas may have come about from new cultural perspectives (Marsella et al., 1985), greater awareness of fundamental and new scientific models (Zohar, 1990), or by emergence of ecological perspectives (Mathews, 1991). Change and modification that goes beyond individuals can create more harmonious arrangements which benefit all of the individuals involved as well as improve their social structures and dynamics. Indeed, ecological rehabilitation can and will add a "community development" dimension (Greenwood, 1987).

WHY AND HOW "ECOLOGICAL REHABILITATION" IS EMERGING

Ecological rehabilitation" is the culmination of many changes, including greater awareness of the rights of minorities (Bruyere, 1976), the presence of alternative cultures, the women's movement (Fine and Asch, 1988), the information age and greater access to information by all people, the realization that we have been led to many looming social and environmental disasters by not asking sufficiently penetrating questions (Steenbarger, 1991), and the general limitations found in industrial society. The emergence of "feedback mechanisms" in a general systems paradigm is also important (Gray and Rizzo, 1973).

"Ecological rehabilitation" is also the result of steep economic declines for some, loss of respect and need for traditional political hierarchies and renewed consumer awareness and assertiveness. Local peer groups as opposed to national level hierarchical groups, form still another part of the factors promoting changes. The recognition that individuals change alone is simply insufficient is important, for individuals are part of social systems and social systems are interdependent with their environments.

Social engineering may be an unpopular term, but the process is essential given the current and coming circumstances. Indeed, changes are occurring in sufficient quantity and so rapidly that rehabilitation, in parallel with other

structures in society, has been and is going through a continuous transformation (Kuhn, 1962; Gerlach and Hines, 1970).

All people are part of and take part in social arrangements (Ferguson, 1980; Moreno, 1945; Wright, 1983). Some people benefit from existing social arrangements, others find themselves in ambiguous or even losing positions. Those who benefit generally attempt to maintain those arrangements which enable them to dominate. When the arrangements fail to satisfy all the people involved, however, those adversely affected try to make appropriate changes (Hahn, 1985). If and when only a few benefit while the majority lose, that is disadvantageous to the many in the short term, and quite likely, to all in the long term. In that situation, there are often a few caught in the middle, that is, aware of, and/or able to do something about the situation. Some of those "in the middle" may side with the few, others with the masses.

In the example of revolutions, people sometimes make dramatic switches in loyalty. Such changes have major consequences, but the failure to make a change could lead to even greater consequences. Most of us most of the time, do not face revolution or high drama, but, perhaps we do face such issues more often than we believe. Rehabilitation is not revolution but yet, similarities can be found and the consequences are real. Leadership is more than an individual person and an individual action. It is also more than administering a program (McFarlane and Griswold, 1992).

Models for social change are many throughout history and in current daily events. When social systems no longer work for people, attempts are made to change or rectify them. Too often people with disabilities, differences, and disadvantages have been left out from the meaningful parts of the change process. This includes specifically decision-making, participation in groups and organizations which govern, and creating the values by which the human community live.

Recent interest in such rehabilitation topics as independent living deinstitutionalization, empowerment, advocacy, group dynamics (Elliott, 1990) and community based rehabilitation are examples of desires to change social systems.

Exemplary insights into the issues have been circulated (Hahn, 1984, 1985; Stubbins, 1982; Stubbins and Albee, 1984). Yet work with social systems, with social change and community development to improve their performance and assure benefits for all individuals is still an unknown to many rehabilitation practitioners.

WHAT WE CAN DO

Rehabilitation personnel can become aware, understand, take part, and promote changes in a number of ways:

1. recognise and then reduce both personal and organizational stress to reasonable levels
2. build and participate in networks of like minded colleagues
3. act appropriately on both local and global levels as well as in between arenas and design and develop networks traversing these resources
4. aim for long-term sustainability
5. challenge negatives, short term perspectives, and meaningless, simplistic or inappropriate solutions
6. establish and build partnerships with all stakeholders involved in the community
7. foster group, community, global, and environmental centredness as well as client orientation
8. seek personal and organizational and community wellness.

CONCLUSION

The time is now for those concerned to offer tangible ideas to rehabilitation workers to create political, economic, social and cultural changes, in addition to clinical interventions. Enrichment of the lives of individual people with disabilities is only one part of the goal, for the lives of people without disabilities can be remarkably enriched too, and new social arrangements can benefit everyone. Rehabilitation professionals have opportunities to take a stand, to work with people with disabilities and communities rather than for vested and institutional interests only. They can explore and extend their own abilities in designing, creating, modelling, and developing social arrangements that fit with the environment and the coming future innovative and dynamic societies of the 21st Century.

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