PHILOSOPHY, SOCIAL POLICY, AND REHABILITATION

PAUL LEUNG

UNIVERSITY OF NORTH TEXAS

CHAPTER TOPICS

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INTRODUCTION

Some of you may question why this book contains a chapter on philosophy when you just want to work with people who have disabilities. Maybe you chose rehabilitation so you did not have to take subjects such as philosophy. You may believe philosophy to be a bit esoteric and even boring for an active practical person such as yourself. You are not alone in your thinking.

For many who practice, or want to practice rehabilitation as a career, our first thoughts about philosophy are associated with Greek names such as Aristotle and Socrates, or with hard to pronounce names such as Sartre or Kierkegaard. These famous philosophers are far removed from those of us who are interested in the rehabilitation process. Indeed, philosophy seems to be about questions such as what is reality or how do we know what is real? Writings by Sartre are a bit esoteric. The answers to these questions are the stuff of philosophy and the subject matter for philosophy majors. There is, however, another side to philosophy and that is philosophy's influence and application in everyday life. We must understand this side of philosophy if we are to work effectively with people. Be aware that a bit of license is used in this chapter because strict definitions of philosophical terms have not been adhered to in the writing.

We all have a philosophy even though we may not always be able to articulate it completely. Self-help books, the media, and even our worship services confront us about our existing philosophies of life or about what our philosophies of life ought to be. Even when we may not be totally aware of what our philosophy is, it remains important because it has an influence on our day-to-day behavior. More accurately, our everyday actions reflect our philosophy. It is not a matter of whether a philosophy is right or wrong, but the more important question is whether a particular philosophy is appropriate for you and what you want to do. You may have chosen to study rehabilitation because you want to do something related to people with disabilities. If this is true, a philosophical viewpoint, or perspective, has brought you to where you are now. How we act, and what we want to do, is an indication of our philosophy. An awareness of our personal philosophy and its impact on our behavior is important if we want to be effective in what we do. Sometimes we may need to understand the philosophy (often unspoken or not articulated) of those we work with if we are to understand their perspective.

We can look at philosophy in several ways. We can view it from a personal perspective as well as from a broader societal perspective. The broader perspective is important because it has specific implications for how our society relates to its citizens. The broader view leads directly to our society's social policy, i.e. policies adopted by society and reinforced by legislation and regulations. Policy also determines the programs our government may or may not fund.

The second part in the title of this chapter relates to social policy becaus government drives many programs for persons with disabilities, such as the vocational rehabilitation program or the Social Security program. These programs reflect policies that are deemed important or significant by society Social policy is the implementation of particular philosophical beliefs of a society in the same way that our behavior is often dependent on what we val or believe as individuals.

Personal philosophy consists of, among other things, what we believe ar what we value. In turn, these determine how each of us behaves, and they n have an influence on what we choose to do. For example, we may have cho to study rehabilitation because of what we believe and value. Personal philosophies are important in that they are the foundation of our daily activi as rehabilitation professionals.

This chapter will look at philosophy as it relates to rehabilitation from b a personal perspective as well as a programmatic or social policy perspectiv It is important to note that as individuals, we are also influenced by the broa community's underlying philosophy. In other words, while the philosophica foundation of rehabilitation is not necessarily difficult to understand, the combination of factors related to a philosophy of rehabilitation is sometimes complex, convoluted, and even contradictory. Our philosophy as individual can only be seen within a context. In addition, we may find that our individ philosophical beliefs are in conflict with those of the broader society or with individuals with disabilities with whom we work. As rehabilitation professionals, we must understand what our own philosophies are and work through possible philosophical conflicts. Such conflicts may interfere with clients achieving positive outcomes.

ORIGINS OF OUR PHILOSOPHY

Both personal and societal philosophies stem from origins that range fro the mundane to the quixotic. These subtle influences on our philosophical perspectives may be difficult to discover. We are not always aware of the things that have influenced our particular philosophical outlook. Our parent and families are certainly a primary source for our philosophy. Race, gende cultural background, religion, and the society in which we live are other influences that have shaped our thinking. Our educational experiences have helped mold our philosophies, as have personal experiences in our developn to adulthood. Personal experiences, what we read, and who we interact witl bring more factors into the equation. These influences may not be immedia apparent. It may take some time, reflection, and considerable thought to discover what they are and how important an influence they have been. It is that this is a difficult process but it is a time consuming one.

Our collective societal philosophy has its probable beginnings in history with writers that we now call philosophers. These individuals were able to

conceptualize and record how they and their communities struggled to identify who they were as human beings and what issues influenced them and their behavior. Many of their struggles mirror what we still go through as individuals and as communities. We can learn by reading and reflecting on the writings of those who lived before us. For those who profess to be Christian, the Bible may be a source book of their philosophy in the same way that the Koran is for Muslims or Buddhist writings are for those who are Buddhist. All of these may be considered religious writings, but they form the basis of philosophical beliefs and exert a considerable influence on what we do. For example, the Golden Rule, which suggests that we treat others as we wish to be treated, has its source in religious writing.

Individuals who do not consider themselves to be religious, or who do not believe in a God, hold equally valid perspectives that have philosophical roots. Some individuals who reject a more supernatural belief can still have profound faith in humankind. The relationship holds for philosophies even more removed from religion, such as those related to human services work and rehabilitation.

Philosophy is relevant for those of us interested in human beings, counseling, disability, and rehabilitation because it influences behavior. It is important to note that psychology has its origins in philosophy for the very reasons suggested in the previous paragraph. The Webster's dictionary[10] definition of philosophy is "a theory underlying or regarding a sphere of activity or thought," and theory is defined as the "general or abstract principles of a body of fact, a science, or art." Using these definitions, philosophy can be described as the *a priori* assumptions and beliefs about life, human beings, and the nature of human existence. Philosophy can thus be defined as how we view our relationships to others and ourselves.

It would be impossible in the space of a chapter to reiterate all of the different forms of philosophy. Philosophers divide their discipline into many different spheres such as moral philosophy or the philosophy of science. These various spheres of philosophy do have some relevance to rehabilitation although some have more than others do. Rather than attempt a comprehensive review of philosophical thought, this chapter will look at those aspects of philosophy that seem to have a direct bearing on rehabilitation, social policy, and the rehabilitation practitioner.

It is helpful and time efficient to look at some of the background and history that influence contemporary rehabilitation practice. Emener[3] traced the history of changes in philosophical thinking that have influenced rehabilitation in the United States. The following borrows and paraphrases a summary described by Rubin & Roessler.[6] Early Greek philosophers considered issues that have current relevance for rehabilitation. For example, the relationship between mind, body, and spirit has probably been an issue since the beginning of time. Rehabilitation's adoption of this holistic approach reflects the philosophical position that humans cannot be artificially divided into

categories. Other philosophical beliefs influence how societies define disability. In earlier periods of history, persons who exhibited behavior different from that of the standards of the majority were accused of being possessed by demons. This is an example of a philosophy that has been rejected by the rehabilitation community in western society.

The Renaissance and Reformation eras ushered in a more humanistic an secularist philosophy where human beings were given a central place in the total scheme of things. This led to the belief in the 1800s that humans can change things for the better, but there was a dark side to this thinking. Eugenics was an attempt to improve society following the Darwinian notion that survival of the fittest bettered humankind. Any disability was considere negative indicator and, therefore, persons with disabilities could be sacrifice for the greater good. Rehabilitation has accepted the idea that human beings can change things but has not accepted the notion that people with disabiliti should be isolated or discarded. An important conclusion of this historical overview is that changing philosophical viewpoints affect how people with disabilities were treated over the centuries. Those who practice rehabilitatic today have accepted some of these historical notions and have rejected othe One must remember that the philosophical ideas discussed in this paragraph perspectives prevalent in western society and come from a generally Europe background. We can similarly trace philosophy and its effect on the societi of Africa or Asia. Eastern philosophical traditions occur within a context qu different, with an emphasis more in line with maintaining balance and harm with natural forces rather than eliminating or "fixing" what appears to need correction.

AMERICAN REHABILITATION: CURRENT CONTEXT

American society has flourished and become a world power by using a market economy with a political structure composed of two primary politica parties. These parties represent the extremes of a continuum of underlying philosophical differences between conservatism and liberalism.[4] The forme espouses smaller government and less governmental intrusion in the lives of citizens, and the latter promotes programs and interventions of government attempt to equalize the playing field for those who are more vulnerable due economic circumstance, race, and disability.

Market economies rest upon the fundamental principle of individual freedom that is a major philosophical principle held collectively in America society, as well as personally by many of us. As consumers, we are free to choose among competing products and services. As producers, we are free start or expand a business and share its risks and rewards. If we are workers we are free to join a labor union or change employers.

The current debate on whether rehabilitation consumers have the freedom to choose a rehabilitation provider is more directly related to rehabilitation. A prime example is Social Security disability reform and the "ticket to work" program where consumers ostensibly can use their "ticket" to purchase rehabilitation services.[8] While this is a concrete example of what is happening today, the debate itself reflects two philosophical perspectives.

Even in a market driven economy there is recognition that some people may not have the skills or the resources to earn a living. Most governments, including the United States, engage in programs or policies that attempt to redistribute income more fairly within the population. American tax policy reflects this attempt, as do our welfare programs. Yet, what is considered a fair distribution is dependent on one's philosophy.

Proponents of extensive redistribution argue that the role of government is to limit the concentration of wealth. They believe in a wider diffusion of economic power among more households. Just as antitrust laws are designed to maintain competition and provide a wider diffusion of power and resources among producers, proponents of redistribution believe there is a need for policies that provide a better distribution to those with greater barriers to their participation. On the other hand, opponents of redistribution income programs counter that additional taxes on high-income families decrease the incentives of these groups to work, save, and invest, to the detriment of the overall economy and eventually to all citizens. This has been called a "trickle down" philosophy.

Rehabilitation policy and the government's response to disability are a bit more complex. These opposing philosophical viewpoints and the attempt to create a policy consensus have created some very real difficulties in implementing programs. The reality is often a system in conflict with itself that results in some government programs providing cash and others providing services.[1] Though there has been some change, the United States has put into place a system in which "income maintenance continues to predominate over rehabilitation in disability policy."[1, p.163]

In spite of this, Berkowitz concludes that for all of its dilemmas and missed opportunities; the public vocational rehabilitation program "still stands as the major 'corrective' American disability program."[p.183] It is important to note that the philosophy of the public vocational rehabilitation program is also the foundation of private sector rehabilitation programs. The differences between the programs are not in the rehabilitation process, but in who is responsible for providing rehabilitation. While rehabilitation programs in general, and vocational rehabilitation in particular, are arguably not income redistribution programs, rehabilitation is an attempt to "even the playing field" by allowing persons with disabilities to be able to compete with their non-disabled peers.[6, p.172] The hoped for outcomes of public vocational rehabilitation policies are self-sufficiency and the regained capacity to contribute to society. This last sentence is grounded in mainstream American philosophical belief and has been used to justify the rehabilitation process.

PHILOSOPHY AND THE REHABILITATION PROCESS

Rehabilitation philosophy includes general principles that make up wha know as rehabilitation and the rehabilitation process. In reality, rehabilitatic philosophy is more complex than is superficially apparent. One reason is th rehabilitation involves so many different disciplines, arenas, or domains. Fc example, rehabilitation has its roots in the medical professions because disability is often the result of injury, disease, or faulty developmental processes. Physicians who specialize in rehabilitation medicine, known as physiatrists, are a subset of the broader practice of medicine.

There are rehabilitation professionals in allied health professions, such a occupational therapists or physical therapists, who also subscribe to the mec model. Rehabilitation counseling has roots in counseling and psychology. Finally, the process of rehabilitation is often seen as an educational function where an individual is taught to cope and adapt to disability. Each of these disciplines has a philosophical orientation that determines what is considere important for that domain. Each orientation has an influence on what is don part of the rehabilitation process. The programs that are offered in vocation rehabilitation, such as counseling or evaluation, are based in part on these assumptions or philosophies. The philosophical underpinning may be as general as the idea that human beings can learn and have abilities, or the ide that work is good. Other philosophical beliefs are more specific in that ever individual, whether or not they have a disability, should be able to choose w they want to accomplish rather than having their goals dictated to them.

Beneath these specific philosophical ideas are some general principles accepted as significant by a majority of Americans. Some examples are independence, self-sufficiency, work, physical beauty, and certain types of valued behaviors.[7] The work ethic and self-sufficiency are particularly important, and it is reflected in subtle ways. Americans often work longer hours and have fewer vacations than the people of many other nations in the world. Because Americans value work so highly, rehabilitation within a vocational context is the cornerstone of our rehabilitation social policy. Stil other philosophical beliefs relate to cultural values such as independence, w is the ability of individuals to define what they want.

In addition to these primary philosophical principles, rehabilitation in th United States has evolved through efforts of persons who have disabilities. Many disabled persons advocated for a philosophy that includes and integra people regardless of disabling conditions. The roots of this philosophical id of the integration of persons with disabilities into all levels of society are fo in the minority model borrowed from the American civil rights movement. This model was developed by persons of African American descent in their fight against discrimination.

Rehabilitation has essentially adopted the philosophy that whenever possible, persons with disabilities will be integrated into the least restrictive environments. In other words, an individual with a disability is assumed to have the capacity to function, and rehabilitation is seen as a process that identifies the environment of best fit. Inherent in this philosophy is a commitment to equalize opportunities so persons with disabilities are able to participate with all the rights and privileges available to all citizens. Accommodations provide equal access to opportunity. There is a corollary commitment to support persons with disabilities in advocacy activities in order to enable them to achieve full status and thus empower themselves. This philosophical base, translated into practice, has become the process of rehabilitation.

American government policy is driven by an "ideologically determined view of the public good."[4, p.12] Rehabilitation philosophy in the United States reflects that ideology along with tensions inherent with the American work ethic and our notion of justice. For nearly a century, Congress has continuously funded the vocational rehabilitation program. This commitment reflects the philosophy that persons with disabilities need not be dependent but can be contributing members of society. Employment figures indicate high unemployment rates among persons with disabilities, which suggest that these persons may not be able to perform work as well as their non-disabled counterparts.

In 1970, Bitter[2] summarized three primary principles that provide a philosophical base for rehabilitation. They were equality of opportunity, the holistic nature of the person, and the uniqueness of every individual. Equality of opportunity is defined as the justice component, which recognizes that all persons, regardless of their gender, race, sexual preference, or disability, have the same rights as do all other citizens in a democratic society. Legislation guarantees these non-discrimination rights and forms the basis for the rehabilitation process. Rehabilitation is a means to allow persons with disabilities to participate in the larger community.

Bitter's second principle relates to the perspective that human beings must be viewed holistically. The artificial divisions of mind and body are a disservice to and distract from the rehabilitation process. Rehabilitation must attend to the whole person to be effective. Veterans Administration physician Dr. Herbert Talbot expressed this perspective in 1961. He wrote that rehabilitation is "a state of being to which one aspires" and "a way of life."[9, p.358] Even vocational rehabilitation, which emphasizes employment, suggests the need to attend to full integration and participation in a community.

The third principle identified by Bitter has been interpreted in different ways in the literature. The principle is that each individual is unique. Beatrice Wright, a pioneer in rehabilitation psychology has spent a career reiterating a set of "value laden" principles that have applicability to persons with disability. These principles reflect this individualistic approach within rehabilitation.

Wright[11] presented 20 principles in a revision of her classic 1960 book, *Physical Disability-A Psychological Approach.* Five are reprinted here as illustrative of this individualistic approach.

- Every individual needs respect and encouragement; the presence of a disability, no matter how severe, does not alter these fundamental rights.
- The assets of the person must receive considerable attention in the rehabilitation effort.
- The significance of a disability is affected by the person's feelings about the self and his or her situation.
- The active participation of the client in the planning and execution of the rehabilitation program is to be sought as fully as possible.
- Because each person has unique characteristics and each situation its own properties, variability is required in rehabilitation plans.

What do these five principles say to a rehabilitation practitioner aside fr the need to pay attention to the person first and foremost? The following discussion is an attempt to place rehabilitation's time-honored ideas within a philosophical context. You may or may not agree with the analysis but the important point is to explore fundamental issues underlying ways to approac clients or consumers. It is possible to put a practical matter into words that have a philosophical definition.

In a philosophical sense, Wright's five principles are grounded in phenomenology and existentialism. Phenomenology has been called the description and study of appearances. The term has come to be associated v emphasizing human experience. Phenomenology recognizes the problem of accessing the external world through our perceptions. The five principles al reflect a philosophical stance known more formally as existentialism. In sin terms, existentialism is concerned with the "here and now" (i.e. the present) does not mean that history is meaningless or that it has no effect on an individual. Existentialism emphasizes what is happening right now. Theref every individual has the means to choose what happens and in so doing, discovers what is beneficial for self.

Kierkegaard was one of the first persons to call himself an existentialist. He challenged the universal concept of "good" which Plato suggested is the same for everyone and substituted the concept that one had to discover a personal definition of good. Kierkegaard said that "the most tremendous thi which has been granted to man is: the choice, freedom." The French philosopher Sartre carried this notion to the next step. He wrote that existen precedes essence, therefore, people are responsible for who they are. Awareness of self implies that the responsibility of existence is up to the individual. Emener[3] wrote that while Kierkegaard suggested the individual

the responsibility for defining both self-identity and personal potential, Sartre stated that the ultimate responsibility for doing this rests with the individual. In this philosophical context, the role of the counselor in rehabilitation settings is to assist the client in finding self across all of the domains of the rehabilitation process.

Another philosophical idea that bears some discussion is logical positivism as the foundation for how we obtain knowledge. This concept serves as the basis of the scientific method. The two sources of knowledge recognized within logical positivism are logical reasoning and empirical experience. A thorough description of logical positivism is beyond the scope of this chapter, but it is important to remember that these two sources of knowledge form the cornerstone of the majority of scientific research, including that done in rehabilitation. Logical positivism is the underlying philosophical perspective on which we base our actions and interventions as rehabilitation practitioners.

We digressed from the discussion of Bitter's primary principles to introduce some formal philosophical perspectives to describe how philosophy may be used within rehabilitation. There are different ways to explore the rehabilitation process. Martin and Gandy[5] interpreted Bitter's third principle in a slightly different way. They interpret this principle to reflect the American value of succeeding against hardship and adversity, commonly referred to as "rugged individualism." Putting this interpretation into practice can be problematic. Too often rehabilitation practitioners who have experienced adverse situations believe that rehabilitation clients must also go through difficulty to be able to learn and to cope with reality. While there is no research that suggests this to be true, being overly protective, and not allowing a client to fail may be detrimental. What you decide to do when faced with such a situation reflects your philosophical stance. Because this point of view is inherently an American philosophical view, it is important that we realize we may carry this bias and may inadvertently impose it in our practice.

Persons with disabilities have had a major influence on rehabilitation philosophy. Contemporary rehabilitation philosophy has gone through several paradigm shifts during the past half century. These shifts reflect changes in society's beliefs about disabling conditions, and about persons with disabilities. For example, rehabilitation has moved from a purely individual problem-solving approach to an ecological approach. The emphasis is no longer on changing only the individual, but now also includes removing environmental barriers. The medical model, with its emphasis on illness and pathology, is no longer the only focus of our profession. We now incorporate the movement toward integrated community-supported living and independent living models in rehabilitation. This new stance of rehabilitation advocates for consumer choice and empowerment, and full consideration must be given to the individual's right to fail as one potential outcome involved with choice, growth, and risk. The current philosophy of rehabilitation embraces a person's right to choose his or her relationships and goals, both personal and vocational.

These contemporary philosophical foundations have their roots in a changing society. Rehabilitation in the United States has evolved from a variety of perspectives,[7, 3] and will continue to do so. From an isolationist a separation stance, to social Darwinism, rehabilitation in America has movec toward an integrated and inclusive approach. Rehabilitation has generally adopted a philosophical perspective reflecting the societal context in which rehabilitation occurs. Whether this is positive or negative is open to discuss The last section of this chapter will take a brief look at changes that may tak place in the near future. In preparation for this, let us explore where we are individuals.

WHAT ABOUT MY OWN PHILOSOPHY?

Crucial to the practice of rehabilitation on the personal operational level an examination of our own philosophies and beliefs. If one of our beliefs is work is healthy and to be encouraged, we are more likely to be optimistic ar enthusiastic in working with disabled persons who seek employment. If our philosophy of rehabilitation is holistic rather than involved only with developing physical capacities, we may encourage utilization of a variety of approaches involving a diversity of activities. Our philosophy is a determin factor in what we set out to do.

Current rehabilitation philosophy, with its emphasis on individualism, is reflection on the existential philosophy perspective that came to fruition dur the late nineteenth and early twentieth century. This philosophy permeates American life. This position may be present, consciously or unconsciously, can have a great influence on the clinical practice of rehabilitation practitior Some have argued that the inordinate influence of the clinical model may be outdated. Many of us have been trained and educated in this model of rehabilitation. It has been dominant in both the public and private sectors, a has served rehabilitation and persons with disabilities well.

Vocational rehabilitation policy has accepted that employment, or what economically contributes to society, is important. This is further reinforced the western societal perspective that our identity is closely tied to what we d for a living. The driving assumption of this philosophy can be seen in the traditional arguments of the importance of a vocational rehabilitation progra in the United States. Vocational rehabilitation enables persons who have disabilities to become contributing members of society. They become citize who pay taxes in excess of the costs of their rehabilitation, and they no long draw welfare.

There is a need to understand the political philosophical ramification of rehabilitation practice in addition to one's personal perspective. We do not practice in a vacuum, and both practitioner and clients are affected and

influenced by what is happening in society. For individuals who practice or plan to practice rehabilitation, our philosophy comes from both our own experience and our understanding of the broader collective societal philosophy.

An excellent example of changing philosophical perspective in rehabilitation is the evolution of the independent living movement. The notion of independence is a particularly Western notion. Persons from an Eastern or Asian tradition may interpret independence differently. These differences may become barriers to participation by clients who have differing philosophical or cultural perspectives. The philosophy of the independent living movement is the belief that each person with a disability is unique and has the same civil rights as persons who do not have a disability. Independent living advocates have articulated their philosophy in the following statements:

- People with disabilities should be able to live, work, shop and play where they choose within the community.
- In order for people with disabilities to live in the community instead of a hospital environment, the community has a responsibility to be accessible.
- Expecting equal access to social, economic, and political opportunities for people with disabilities can be compared to expecting equal access for ethnic minorities.
- People with disabilities are not sick. A person with a disability may become ill, but disability is not always an illness.
- People with disabilities should not be in a hospital environment, unless they are sick and in need of acute medical care.
- People with disabilities have the same aspirations as people who do not have disabilities.
- People with disabilities do not wish to be described as "very brave" when they are successful, nor do they seek pity in the manner of the "poster child" image.
- People with disabilities know best what their barriers to independence are, what they need in order to live independently, and should have a say in what happens in their community that affects them.

PHILOSOPHY AND ETHICS

While ethics and rehabilitation are covered elsewhere in another chapter, it is helpful to remind ourselves that ethics are a part of the philosophical inquiry or moral philosophy as it is traditionally called. The judging of whether something is considered "right" behavior or "wrong" behavior comes from the values important to an individual or group and so, is inherent to philosophy as a field of study.

Ethics have often been categorized as metaethics, normative, and applie Normative ethics as implied by the term involves the setting of standards. Metaethics is an attempt to explore the larger picture and the nature of ethic theory. Applied ethics involves the application of ethics to practical issues. Rehabilitation counseling and other human service ethical codes would be considered under the rubric of applied ethics.

FUTURE CHALLENGES OF PHILOSOPHY

It is hoped that you are considering the importance of philosophy as you finish reading this chapter. You may have begun to reflect and to think abou your philosophy as a rehabilitation services practitioner. Perhaps you have gained a sense of the philosophy behind rehabilitation, and the impact it has in framing what is an acceptable result of the rehabilitation process.

As we look ahead, there will continue to be philosophical issues that wil impact each one of us, and our society. Questions are continually raised regarding the responsibilities and roles of rehabilitation and rehabilitation practitioners in a world where national boundaries are less restrictive. What will be our role as the world becomes effectively smaller and smaller? It is already as easy to communicate with someone in another continent as it is to someone across town. Economic barriers are decreasing, and nations are becoming increasingly connected. What occurs overseas impacts us immediately. There are new issues related to who will drive the philosophic assumptions inherent to rehabilitation practice. Will insurance carriers, heal maintenance organizations, legislators, or persons with disabilities dictate w interventions are acceptable and what will be our philosophical base?

The answers to these questions will raise further questions. Perhaps the philosophy that has brought us to this point may not be sufficient to carry us further into the future. Will we need new ways of thinking about what we d Will we need new philosophical perspectives? Will we go back to history a past traditions? As individuals, and as part of a global society, we may neec rethink and explore anew what philosophies will drive the profession. Yes, a challenge, but it is also an exciting possibility that awaits your input.

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