Rehabilitation

Definition: Rehabilitation from Black’s Medical Dictionary, 43rd Edition

The restoration to health and working capacity of a person incapacitated by disease – mental or physical – or by injury. Treatment usually includes OCCUPATIONAL THERAPY, PHYSIOTHERAPY and PSYCHOTHERAPY, depending upon the type of disease or injury. Rehabilitation is commonly carried out at special centres, either on a daily or a residential basis. This allows different types of specialists to co-operate in the patient’s rehabilitation. (See also DISABLED PERSONS.)

Summary Article: Rehabilitation
From Encyclopedia of Social Problems

Whether one is talking about the latest actor, politician, or average person, the term rehabilitation is likely to pop up in casual conversation. This is testimony to how quickly the term has entered the pop culture lexicon. Partially because of this, it is difficult to disentangle the different meanings associated with it. After all, everyone has a feeling that rehabilitation cures something. That “something,” however, can range from substance addiction to any number of social problems. This variation occurs in the social scientific community as well, partly because of the link between rehabilitation and disability as social constructs.

Like rehabilitation, disability has several definitions. For example, the Americans with Disabilities Act defines disability as difficulty in performing expected tasks. Using that definition, disability affects 12.6 percent of all working-age adults in the United States. Additionally, the number of days with some role impairment varies by condition. Seven of the top 10 leading causes of role impairment in the United States are physical illnesses, while three are mental illnesses.

Despite the various uses of rehabilitation in both popular culture and the social problems literature, most experts agree that the goal of rehabilitation is to return a body, individual or social, to a condition of health and well-being. What marks a social scientific approach to its study as a social problem is the focus on how social factors and culture make the rehabilitative process problematic for different societal groups.

Rehabilitation Perspectives

In the social sciences, a diversity of analytic and theoretical models of rehabilitation exists. Some contemporary research focuses on how discourse constructs rehabilitation, while others focus more broadly on processes of social construction. Given this dichotomy, offering a single summation of rehabilitation as a social problem is difficult. What complicates matters even more is the scope of much research in the field. Some focus on the psychological state of those who experience rehabilitation, while others focus on the effects of group dynamics on the rehabilitation process. Also, much research focuses on specific types of rehabilitation, while other research focuses on rehabilitation as a more general process. As a result, research on rehabilitation as a social problem developed concepts that focus both on specific rehabilitation practices and theories and on rehabilitation itself. That division points to some fundamental questions. For example, is vocational rehabilitation as a social problem the same as it is for substance abuse rehabilitation? How similar are the constructions of rehabilitation as a social problem for the mentally ill and the physically impaired? How might they differ?
Traditional views of rehabilitation as a social problem often led to building models that identified the different stages individuals move through to adapt to their disability or addiction. Problems arise when individuals are stuck in one stage or another. Such an approach is based on a medical model that defines disability and addiction as illness. The Americans with Disabilities Act has such a model at its base. However, many rehabilitation researchers have increasingly abandoned this stage modeling approach in favor of a quality of life perspective that focuses on an expanded conception of adaptation and life satisfaction.

Developed in part as a rejection of the medical model of disability, the quality of life perspective comes in large part from social psychologists. Their studies focus on the impact of the rehabilitation process on the self. Research in this tradition draws attention to the multidimensionality of the self and its social construction, focusing on issues of self-esteem, stigma, self-concept, mastery, and the like. These models highlight a social constructionist approach and make the case that rehabilitation, as a social problem, affects not only the person undergoing rehabilitation but also the assorted social relationships in the environment in which the rehabilitation occurs.

**Rehabilitation and Criminology**

Rehabilitation has had a long history among criminologists. The criminological view loosely defines rehabilitation as providing treatment that will allow ex-offenders back into society without the risk of future criminal behavior. This perspective has been criticized as a theoretical “blind alley,” lacking in empirical support and opposed by research findings that suggest the impossibility of reforming criminals. Recently some have argued that rehabilitation as treatment is again in ascendancy and displacing competing views offered by labeling, social constructionist, and critical perspectives.

**Alcohol and Drug Rehabilitation**

Rehabilitation from drugs or alcohol has received a great deal of attention by both the lay public and social scientists. This is largely because of the extent and variety of social problems associated with drug addiction and alcoholism. Family disruption, lost lives, ruined careers, and antisocial behavior are often by-products of substance abuse. According to the National Council on Alcoholism and Drug Dependence, more people die and are disabled from substance abuse each year than from any other cause.

In counterdistinction to other rehabilitative treatments, rehabilitation of the alcoholic or addict is likely to take place in self-help groups such as Alcoholics Anonymous and Narcotics Anonymous. Not only are these groups fairly successful in their efforts, but they have become household names and now serve as rehabilitative models for treatment of other conditions, ranging from anger to sexual addiction. These groups, often alone but sometimes in combination with medical treatment centers, have as their focus the holistic treatment of the alcoholic or addict consistent with the quality of life and social constructionist perspective. Their goal is to make whole both the addicted persons and their relationships through a recovery process that recognizes how each is embedded in the other. Key to this process is the reintegration of the individual back into the group by requiring the addict or alcoholic to make amends for past wrongful behavior.

**Critical Perspectives on Rehabilitation as a Social Problem**

Critical social scientists, including some criminologists concerned with issues of domination and inequality, raise the possibility that rehabilitation as treatment and diagnosis can subordinate groups by providing rationale for increased levels of surveillance and social control. Here rehabilitation as a social
problem emanates from unequal power relations in society and the capacity of powerful groups to label the behavior of subordinate groups as problematic. From this perspective, rehabilitation serves as a mechanism of social control by hiding the impact of class, race, and gender on relatively powerless groups through its common focus on individual behavior. One example is the different penalties attached to drugs of choice by blacks before the 2007 Supreme Court ruling ended this disparity.

**A Rehabilitation Industry?**

The individual deficit model implicit in most rehabilitation therapy is also problematic from a social science frame, because it creates experts, therapists, and treatment expertise. From this perspective, as therapists come to define the rehabilitation process, they simultaneously create criteria to define its boundaries and assessment measures of success. One result has been the growth of a rehabilitation industry. The rehabilitation industry relies on creating disabilities and their treatment. This transformation of rehabilitation from treatment to commodity has had a dual impact: the development of a popular industry of rehabilitation and the proliferation of the number and types of rehabilitation. Both trends culminate in the ability of individuals to self-diagnose their condition and to choose a suitable rehabilitation treatment. Selling rehabilitation as a product leads to an estrangement of self by producing a body constantly in need of repair and one that is not quite sure of its normality, health, and happiness.

Associated with promoting rehabilitation through self-help programs and books is a culture and style of life that in turn defines the rehabilitation process. One aspect of this culture is that those who have a condition of disability cannot cure it. The goal is to manage the condition. This approach thus reinforces an individual deficit model of disability—a medical model of sickness. However, constructing “recovery” from the condition is social treatment, often entailing the adherence to new norms and reestablishing status in relevant social networks. The degree that this “spoiled” identity is negotiated determines the social integration of the individual but is not the main criterion for rehabilitative success. Success is defined by ending the problematic behavior and making amends to others for the damage caused by that behavior.

Growth in the rehabilitation industry as a social problem encapsulates many of the themes discussed. A focus on the self and the structural context that informs it will remain vital to the study of rehabilitation as a social problem. Accordingly, stigma, self-esteem, treatment, and inequality will continue to occupy attention in its study.

*See also*  
Addiction; Alcoholism; Chronic Diseases; Crime; Disability and Disabled; Drug Abuse; Mental Health

**Further Readings**


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