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Point of View

The Social Context of Vocational Rehabilitation for Ex-psychiatric Patients

GERALD MIDGLEY

The main task of vocational rehabilitation facilities is to help people to return to work or, if they have never worked, to find a job for the first time. In the past seven years controversy has surfaced with regard to the role vocational rehabilitation plays in the economy. Some authors have claimed that it implicitly supports an ideology of individualism which actually acts against the interests of people with mental health problems looking for work. While accepting the need to offer a work adjustment service, these writers make a case for further socio-political intervention to help clients. The purpose of this article is to explore some of these ideas and examine their practical implications.

The labour market

Clearly, vocational rehabilitation does not exist in isolation. As its function is to help people obtain work, it must interact with the labour market. The labour market, as defined by Vandergoot & Worrall (1982), "is the sum of transactions between those who supply labour and those who purchase it". Vandergoot and Worrall point out that employers want the most productive applicant, productivity being company-specific. They therefore maintain that vocational rehabilitation should increase the productivity of the individual, improve job-seeking skills, provide information about both careers and the labour market, and also foster motivation. This understanding of vocational rehabilitation is supported by Sturm & Lipton (1970), who state that "the relative employability of a former patient is a function of the amount of money he could make for his employer over the amount lost through disruption by his symptomatology (or personality)". Others taking this line include Linde (1966), who says that individuals must be "groomed" to fit the labour market, and Whitehead (1979), who claims that the only alternative to "cost effective" vocational rehabilitation is total welfare. All these writers, as noted by both Roth & Sugarman (1984) and Stubbins & Albee (1984), assume the labour market to be an unalterable "given of an immutable social system". Thus, for people who think along these lines, rehabilitation can only focus upon changing the individual. Intervention on a social level is either frowned upon altogether or, at best, is accepted as being the responsibility of people outside the world of rehabilitation.

However, is this such a bad thing? In the past, very few people questioned the ideological basis of vocational rehabilitation, but recently the rise in unemployment seen in all Western countries, and a greater recognition of the discrimination people with mental health problems face, have made some think again. The issue of unemployment in particular is of crucial significance to the role of vocational rehabilitation facilities in capitalist economies.

Unemployment

Numerous researchers have talked about the problems of people with disabilities (including those with mental health problems) competing for jobs when unemployment is high (e.g. Kidd, 1965; Gunn, 1974; Braunstein, 1977; Goldberg, 1984; Stubbins, 1984). Indeed, only one writer has suggested that unemployment poses no threat (Davies, 1972), but he made the assumption that the number of people unemployed in the UK at that time (half a million) was abnormally high – he did not anticipate the huge rise in unemployment that occurred during the 1980s. Rusalem & Maliken (1976) and Olshansky (1977) have actually questioned the value of offering vocational rehabilitation at all under these circumstances.

Croxen & Finkelstein (1984) put forward an interesting and controversial theory regarding the role of rehabilitation during times of high unemployment. They claim that in practice vocational rehabilitation serves the wider political system by *apparently* doing something about unemployment rather than actually doing anything. They believe that the assumption that people will eventually find work is unfounded – large-scale unemployment is here to stay. This is obviously a contentious assertion; many politicians on both the left and the right believe that unemployment can be countered through investment and continued (or selective and sustainable) economic growth. Whether Croxon & Finkelstein

are right or wrong in their predictions for the future of employment, they make an important point; unemployment currently *is* high and, by concentrating on getting people with disabilities a fairer proportion of a dwindling number of jobs, rehabilitation professionals are colluding with a system which allows the situation to arise in the first place. Like many of the other writers published in the mid 1980s, Croxen & Finkelstein conclude that rehabilitation professionals must campaign for change on the socio-political level as well as continuing to try to change individuals. At present this is happening only on a piecemeal basis.

Discrimination

The issue of unemployment among ex-psychiatric patients leads to the question of discrimination by employers. Before we consider the effect discrimination has on people with mental health problems, it will be necessary to deal with the arguments of a group of writers (Olshansky and his co-workers) who have claimed that discrimination does not actually exist. While the reports of Olshansky *et al* (1958) and Olshansky (1959) agree that employers demonstrate *prejudice*, Olshansky *et al* (1960) claimed that this is not actually translated into active discrimination. There is a body of opinion supporting this view (Lipton *et al*, 1963; Cole *et al*, 1964; Olshansky & Unterberger, 1965). Despite the fact that all these authors present evidence demonstrating that employers hire far fewer ex-patients in practice than they say they will when discussing it in the abstract, they believe that those who fail to get jobs are essentially unemployable. In backing up this argument they point to the fact that 'previous employment record' is widely recognised to be the most significant variable in determining whether ex-patients find work (Olshansky *et al*, 1958, 1960; Unterberger, 1959; Lipton *et al*, 1963; Monck, 1963; Ritchie, 1963; Husni-Palacios *et al*, 1966; Sturm & Lipton, 1967; Heilman, 1968; Parks, 1973; Lorei & Gurel, 1973; Gunn, 1974; Anthony & Buell, 1974; Watts & Bennett, 1977; Mezquita-Blanco, 1984; Marrone *et al*, 1984). The implication is that those individuals who remain unemployed are not being discriminated against unfairly but in reality are, and were before their illness, very poor work prospects.

Not surprisingly there is an equally strong body of opinion claiming that discrimination is a genuine problem (Whatley, 1963, 1964; Hartlage, 1965; Hale, 1968; Farina *et al*, 1971; Farina & Felner, 1973; MIND, 1978; Price, 1978; Long & Runck, 1983; Wood, 1986). Price (1978) says that discrimination takes three forms: firstly, job applicants with a history of mental illness are turned away; secondly, existing employees suffer unfair dismissal; and thirdly, some employees have their promotions blocked. Whatley (1963) showed that employers almost always give low-status jobs to ex-patients; in his study ex-patients were judged as able to work but were seen as less trustworthy than people without a psychiatric history. Perhaps the most compelling evidence for the existence of discrimination is a body of literature detailing controlled experiments where some job applicants revealed their psychiatric histories while others did not (Whatley, 1963; Farina & Felner, 1973). When they are aware that they are interviewing an ex-patient, employers are less favourably disposed, less friendly, less likely to offer a job, and more likely to give a lower estimate of employability than when they think they are interviewing someone with no psychiatric history.

If we look at when these different authors were writing, we notice that those who claimed that discrimination merely reflects the number of unemployable ex-patients around tended to produce their work in times of near full employment. Those who recognised that discrimination is real (with the exception of Whatley, whose excellent research was far ahead of its time) tended to be writing in times of higher unemployment. Indeed, research in the 1980s has taken the existence of discrimination for granted, and has concentrated on the often wide differences between the employment practices of different firms (Long & Runck, 1983; Wood, 1986).

Clearly, unemployment and discrimination are mutually supportive in keeping people with psychiatric histories out of work. If discrimination did not exist then unemployment would be no more of a problem for the majority of people who have had psychiatric hospital admissions than it is for the general population. Conversely, discrimination would be far less destructive if there were fewer applicants than jobs. Evidence for the latter assertion has been presented by Midgley (1988) and Midgley & Floyd (1988), who found that training people with disabilities in skills that are in demand (various uses of information technology) led to them overcoming all forms of discrimination (except the stigma of long-term unemployment). Given that this dual problem of unemployment and discrimination exists, the case for further intervention on a socio-political level is very strong. The possible counterargument that this is not the province of rehabilitation professionals does not really hold; if people working with unemployed ex-patients, and ex-patients themselves, do not make it clear that there is a need, then the problems will simply go unrecognised by people with the power to change the situation. Many people will

be aware of the validity of these points, yet vocational rehabilitation practice is still very much centred on changing the individual, and many professionals complain of feeling isolated and powerless in the face of the problem. Why is this so?

The ideology of 'rugged individualism'

Rusalem & Maliken (1976) take a historical perspective. They point out that in the USA the use of vocational rehabilitation expanded suddenly after World War I when the economy was booming. In 1918 it became vital to get as many war veterans back into industry as possible, and it was seen to be cheaper to provide vocational rehabilitation than compensate disabled people for loss of work. Goldberg (1984), who also takes a historical perspective, talks about how, at that time, vocational rehabilitation appealed to those who believed in an ideology of 'rugged individualism'. It supported the myth, encouraged by 'Big Business', that anybody could be a 'self-made man' (or woman). The 1920s saw an even greater emphasis on self-reliance and a decline in the funding of social programmes; nevertheless, vocational rehabilitation survived because it was based on the idea that people with disabilities could achieve independence from the state along with everybody else. In 1933 there was a dramatic shift in policy in the USA; President Roosevelt introduced his 'New Deal', and vocational rehabilitation consolidated its place in the state machinery. Vocational rehabilitation has been popular with people of all shades of political opinion in the USA ever since (Moriarty, 1977), and Goldberg (1984) claims that this is because it has maintained a focus on the triumph of the individual. If vocational rehabilitation is seen as more than just a way of helping people, or indeed of helping society by returning workers to productivity, but is also an institution which supports a wider ideology of rugged individualism, then this makes sense of the observations made earlier regarding the sole focus of most rehabilitation professionals on changing the individual to fit the needs of employers. Moves to widen the scope of vocational rehabilitation are the exception rather than the rule. This remarkable resistance of facilities, and perhaps more importantly of their funding authorities, to acknowledge in their practice (as opposed to their rhetoric) that the employment problems of ex-psychiatric patients (and other people with disabilities) have a social dimension, can only really be understood if we fully appreciate the pervasiveness of the culture of individualism in the West, and realise that facilities, historically and financially, are based in, and implicitly promote, this culture.

Some existing examples of social intervention

However, the situation is not a hopeless one. Social intervention does exist in some countries, although the scale and success of it appears to be determined by the extent to which the ideology of individualism is accepted or rejected. In general, the more emphasis there is on individualism, the smaller the degree of successful intervention.

The UK, for example, has a mandatory quote scheme in which all employers with over 20 employees must have at least 3% of their workforce comprised of disabled people (Manpower Services Commission, 1981, 1985) – people who have had mental health problems can register in the same way as people with physical disabilities. The West Germans set their quota much higher, at 6%. Interestingly the German system appears to work relatively successfully while the British find that their law cannot be effectively enforced. Floyd & North (1986), who conducted a cross-cultural study of the two systems, point to two principal differences between them; in Britain it is relatively easy to bypass the quota by ordering exemption forms in bulk (whether these forms are used legitimately is rarely checked, and so there is no real incentive for employers to make sure that they attract disabled applicants), while in Germany firms that fail to meet the quota are penalised financially. Clearly, there is a greater commitment in West Germany to the principle of state intervention in the labour market to help disabled people.

The other main area in which Britain intervenes is in the provision of sheltered work. The Manpower Services Commission (1982) notes that sheltered work is supposed to offer the chance of eventual rehabilitation into open industry, increase industrial production, save public expenditure, and provide social and psychological benefits to the individual. Whitehead (1984), in reviewing these aims, notes that on average the provision of sheltered work is more expensive than keeping someone unemployed, and very few people move on into open industry (for example, he mentions that in 1980 to 1981 less than 1% of Remploy's 8000-strong workforce left to take up open employment). Nevertheless, it can be argued that the point of sheltered work is primarily to provide social and psychological benefits, and that this more than justifies its use, especially given the recent productive move from sheltered industrial groups to a sheltered placement scheme, thereby encouraging a greater degree of integration. However, there are still significant problems with

sheltered work. Most notably, Whitehead (1984) points out that the classification of disability excludes various groups of people from receiving a service, and this affects people with mental health problems most acutely. Sheltered work can be offered to anybody who "by reason of the nature or severity of their disablement are unlikely either at any time or until after the lapse of a prolonged period to be able otherwise to obtain employment or to undertake work for their own account" (Section 15 of the Disabled Persons Employment Act 1944). While people with chronic mental health problems (a minority of ex-patients) are covered by this criterion, those whose mental health status fluctuates or who can only maintain mental health as long as they avoid certain precipitative factors are excluded. Sheltered placements as currently constituted in the UK are useful for some, but there are substantial gaps in provision.

Perhaps the most 'radical' ideas are coming from the Soviet Union. Melehov *et al* (1970), for example, note that Soviet psychiatric services are arranged in a continuum of care, in which people first receive medication and industrial therapy, go on to vocational and other forms of rehabilitation, and finally move towards resettlement. Both Melehov *et al* (1970) and Zharikov (1974) point out that there is a statutory obligation in the USSR to employ all those who wish to return to work and are capable of doing so, even if their function is below the usual industrial standard. Resettlement may involve psychiatrically supervised employment, but everybody has the chance of working in normal, publicly owned industry, for normal rates of pay. The assumption underlying this system is that the gain for the community and the individual from his/her employment should come before the economic considerations of the local employer. This way of working sounds ideal in theory, but no papers have been published in the English language detailing how it works in practice. It would be worthwhile exploring the possibility of international co-operation in research through the various cultural organisations in the Eastern and Western continents in order to determine the strengths and weaknesses of the Soviet system.

This idea of the 'right to work' has not only been expressed in socialist countries, however; there have been calls to institute a similar practice within some capitalist economies (e.g. Lindqvist, 1980). Even in countries like the USA and the UK, where it has been considered politically unacceptable for the state to intervene too strongly in the labour market, there has been a shift of opinion recently among practitioners towards a recognition that in times of high unemployment and increased discrimination against ex-psychiatric patients, competition for jobs is too fierce to rely on changing the individual alone. In these countries many of the initiatives have had to come from the rehabilitation facilities themselves. Some employment-orientated mental health groups (such as, for example, the Westminster Association for Mental Health) have made changes in rehabilitation practice by including an employment officer on their staff. This person's role is to negotiate job opportunities directly with employers. Research comparing a mixed disability group looking for work using an employment officer with a similar group in independent job search has demonstrated that an employment placement service can be an extremely useful innovation (Midgley, 1988; Midgley & Floyd, 1988). More research is needed to clarify its value to people with mental health problems alone, but anecdotal accounts suggest that this is a very promising development.

Strategies for action

We have seen how a complex system of values and institutions surround and influence vocational rehabilitation, and a case has been presented for further intervention at a socio-political level. It is *not* suggested that resources should be channelled away from helping individuals; there will always be people in need of work adjustment services. However, if practitioners agree with the arguments presented here, then there is a need for action. Three positive steps can be taken in the short term to facilitate change.

Firstly, practitioners can work through their professional organisations and unions in order to ensure that these bodies have clear policies on how the various political and managerial decision makers (government, councils, health authorities, etc.) should promote the employment of people with mental health problems (and indeed all people with disabilities). When such authorities are thinking about change, and call on these organisations for advice, then a coherent and united view can be expressed. There are bound to be differences of opinion as to how far change should go (some may, for instance, have political objections to a 'right to work' for people with disabilities). However, if these issues (and less controversial ones such as how we can improve the quota scheme and access to sheltered work) are not discussed and compromises achieved, change of any kind will be impossible.

Secondly, mental health professionals can build better communications with existing campaign groups. The provision of information is essential for these bodies to work effectively. Not only will this

ensure that campaigns improve in quality, but increased dialogue would help resolve the difficulties that arise when practitioners and campaigners themselves come into conflict.

Thirdly, people can look to developing their own rehabilitation practice. It appears to be the case that use of an employment officer to help negotiate job opportunities for clients can make a real difference to the ability of many to find work. The employment officer can give information to employers, challenge prejudice and discrimination, help with job-search skills training, and provide clients with some post-placement support. Organisations that have not already hired an employment officer could seriously consider approaching their funding bodies for the money to do so. In the event of such applications for funding being turned down, professionals might think about how, given obvious limitations on their time, they could expand their practice to include a degree of placement support.

Improving the employment chances of people with mental health problems (and other people with disabilities) will undoubtedly require movement away from the dominant culture of individualism towards a more balanced mix of interventions at the individual and social levels. Further legislative action will obviously be needed to achieve this. Rehabilitation professionals individually may feel powerless to bring such a cultural shift about, but by taking the short-term steps described above, the stage can be set for action to be taken in the future. Not to move now will inevitably result in a continuation of the status quo.

References

ANTHONY, W. A. & BUELL, G. J. (1974) Predicting psychiatric rehabilitation outcome using demographic characteristics: a replication. *Journal of Counseling Psychology*, **21**, 421–422.

BRAUNSTEIN, W. B. (1977) Gainful employment: the myth and hope of rehabilitation consumers. *Journal of Applied Rehabilitation Counseling*, **8**, 22–27.

COLE, N. J., BREWER, D. L., ALLISON, R. V., *et al* (1964) Employment characteristics of discharged schizophrenics. *Archives of General Psychiatry*, **10**, 314–319.

CROXEN, M. & FINKELSTEIN, V. (1984) Vocational rehabilitation: a USA/UK cross-cultural perspective. *Rehabilitation Literature*, **45**, 370–374.

DAVIES, M. H. (1972) The rehabilitation of psychiatric patients at an industrial therapy unit outside the hospital. *International Journal of Social Psychiatry*, **18**, 120–126.

FARINA, A. & FELNER, R. D. (1973) Employment interviewer reactions to former mental patients. *Journal of Abnormal Psychology*, **82**, 268–272.

——, GLIHA, D., BOUDREAU, L. A., *et al* (1971) Mental illness and the impact of believing others know about it. *Journal of Abnormal Psychology*, **77**, 1–5.

FLOYD, M. & NORTH, K. (1986) Quota schemes and the assessment of employment handicap in Britain and West Germany. *Disability, Handicap and Society*, **1**, 291–299.

GOLDBERG, R. T. (1984) The human sciences and clinical methods: an historical perspective. *Rehabilitation Literature*, **45**, 340–344.

GUNN, R. L. (1974) Special problems in work adjustment of the mentally ill. In *Modification of Behaviour of the Mentally Ill* (eds R. E. Hardy & J. G. Cull). Springfield: Charles C. Thomas.

HAHN, H. (1984) Reconceptualizing disability: a political science perspective. *Rehabilitation Literature*, **45**, 362–365, 374.

HALE, P. P. (1968) The vocational worker's double bind. *Hospital and Community Psychiatry*, **19**, 150–151.

HARTLAGE, L. C. (1965) Expanding comprehensiveness of psychiatric rehabilitation. *Mental Hygiene*, **49**, 238–243.

HEILMAN, H. (1968) A study of the relationships between certain factors associated with employability and the rehabilitation status of selected psychiatric clients in a vocational rehabilitation program. *PhD thesis*, New York University.

HUSNI-PALACIOS, M., GREGORY, C. C. & SORENSON, A. A. (1966) Prediction of improvement or regression in a neuropsychiatric hospital work program. *Journal of Consulting Psychology*, **30**, 561.

KIDD, H. B. (1965) Industrial units in psychiatric hospitals. *British Journal of Psychiatry*, **111**, 1205–1209.

LINDE, T. (1966) Emotional disturbance and vocational adjustment: a multifactor approach. *Proceedings of the 74th Annual Convention of the American Psychological Association*. pp. 223–226 (eds M. B. Parloff, D. S. Boamer, A. T. Dittman, *et al*). Washington, DC: American Psychological Association.

LINDQVIST, B. (1980) The right to work: a political issue. In *Participation of People with Disabilities: An International Perspective* (eds K. S. Miller & L. M. Chadderdon). Michigan: Rehabilitation International and the University Center for International Rehabilitation, Michigan State University.

LIPTON, H., REINER, E. & STURM, I. E. (1963) *The Employability of Persons Released from a Mental Hospital. Final Report*. Worcester: Worcester State Hospital Vocational Rehabilitation Administration.

LONG, E. & RUNCK, B. (1983) Combating stigma through work for the mentally restored. *Hospital and Community Psychiatry*, **34**, 19–20.

LOREI, T. W. & GUREL, L. (1973) Demographic characteristics as predictors of post-hospital employment and readmission. *Journal of Consulting and Clinical Psychology*, **40**, 426–430.

MANPOWER SERVICES COMMISSION (1981) *Review of the Quota Scheme for the Employment of Disabled People*. Sheffield: Manpower Services Commission.

—— (1982) *Review of Assistance for Disabled People*. Sheffield: Manpower Services Commission.

—— (1985) *Report of the Quota Scheme Working Group*. Sheffield: Manpower Services Commission.

MARRONE, J., HORGAN, J., SCRIPTURE, D., *et al* (1984) Serving the severely psychiatrically disabled client within the VR system. *Psychosocial Rehabilitation Journal*, **8**, 5–23.

MELEHOV, D. E., GROSSMAN, A. V. & PETRUNEK, V. P. (1970) Industrial rehabilitation of psychiatric patients in open industry and in special workshops. *Social Psychiatry*, **5**, 12–15.

MEZQUITA-BLANCO, J. (1984) Work-therapy in psychiatric rehabilitation. *International Journal of Rehabilitation Research*, **7**, 3–10.

MIDGLEY, G. R. (1988) A systems analysis and evaluation of microjob – a vocational rehabilitation and information technology training centre for people with disabilities. *MPhil thesis*, City University, London.

—— & FLOYD, M. (1988) *Microjob: A Computer Training Service for People with Disabilities*. London: Rehabilitation Resource Centre, Department of Systems Science, City University.

MIND (1978) *Nobody Wants You: 49 Cases of Discrimination at Work*. London: MIND.

MONCK, E. M. (1963) Employment experiences of 127 discharged schizophrenic men in London. *British Journal of Preventive Social Medicine*, **17**, 101.

MORIARTY, J. B. (1977) Issues in the evaluation of vocational rehabilitation. *Professional Psychology*, **8**, 641–649.

OLSHANSKY, S. (1959) *Employer Receptivity in Rehabilitation of the Mentally Ill*. Washington, DC: American Association for the Advancement of Science.

—— (1977) Job placement: another discovery. *Rehabilitation Literature*, **38**, 116–117.

——, GROB, S. & MALAMUD, I. T. (1958) Employers' attitudes and practices in the hiring of ex-mental patients. *Mental Hygiene*, **42**, 391–401.

——, —— & EKDAHL, M. (1960) Survey of employment experiences of patients discharged from three state mental hospitals during 1951–1953. *Mental Hygiene*, **44**, 510–521.

—— & UNTERBERGER, H. (1965) Employer prejudice against the mentally restored: fact or fantasy? *Journal of Rehabilitation*, **31**, 23–24.

PARKS, B. W. (1973) Selected client characteristics and their relationship to vocational rehabilitation outcomes in a psychiatric population. *PhD thesis*, Pennsylvania State University.

PRICE, B. (1978) Mental illness: a case for company concern. *Personnel Management*, December, 39–43.

RITCHIE, R. (1963) Predicting industrial therapy success and hospital progress in a schizophrenic population. *Newsletter for Research in Psychology*, **5**, 23–24.

ROTH, W. & SUGARMAN, R. (1984) The phenomenology of disability: implications for vocational rehabilitation. *Rehabilitation Literature*, **45**, 366–369.

RUSALEM, H. & MALIKEN, D. (1976) *Contemporary Vocational Rehabilitation*. New York: New York University Press.

STUBBINS, J. (1984) Vocational rehabilitation as a social science. *Rehabilitation Literature*, **45**, 375–380.

—— & ALBEE, G. W. (1984) Ideologies of clinical and ecological models. *Rehablitation Literature*, **45**, 349–353.

STURM, I. E. & LIPTON, H. (1967) Some social and vocational predictors of psychiatric hospitalization outcome. *Journal of Clinical Psychology*, **23**, 301.

—— & —— (1970) Preparing former patients for jobs. *Hospital and Community Psychiatry*, **21**, 48.

UNTERBERGER, H. (1959) Psychodynamics and rehabilitation. *Mental Hospitals*, **10**, 18–21.

VANDERGOOT, D. & WORRALL, J. D. (1982) Promoting career development through vocational rehabilitation. *Rehabilitation Counseling Bulletin*, **26**, 69–77.

WATTS, F. N. & BENNETT, D. H. (1977) Previous occupational stability as a predictor of employment after psychiatric rehabilitation. *Psychological Medicine*, **7**, 709–712.

WHATLEY, C. D. (1963) Status, role and vocational continuity of discharged mental patients. *Journal of Health and Human Behaviour*, **4**, 105–112.

—— (1964) Employer attitudes, discharged patients and job disability. *Mental Hygiene*, **48**, 121–131.

WHITEHEAD, C. W. (1979) Sheltered workshops in the decade ahead: work and wages, or welfare. In *Vocational Rehabilitation of Severely Handicapped Persons* (eds G. T. Bellamy, G. O'Connor & O. C. Karan). Baltimore: University Park Press.

WHITEHEAD, A. (1984) Recent developments in sheltered employment in Britain. In *Disability and Employment: Report on an Anglo-German Conference* (eds M. Floyd & K. North). London: Anglo-German Foundation.

WOOD, C. (1986) *Mental Illness and Employment in Westminster*. London: Westminster Association for Mental Health.

ZHARIKOV, N. M. (1974) Principles of organization of psychiatric care in the USSR, and its meaning for the rehabilitation of mental patients. *Psychiatria Fennica*, 337–339.

Gerald Midgley, BA, MPhil, *The Rehabilitation Resource Centre, Department of Systems Science, City University, Northampton Square, London EC1V 0HB*