

“WHAT IS REQUIRED OF US?” RETHINKING ETHICAL CONDUCT IN THE PRACTICE AND PROFESSION OF VOCATIONAL REHABILITATION

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K: FALLING FROM GRACE

K lived in the suburbs in a respectable but weather-beaten cape cod with his second wife, three children, a dog, a mortgage and child support payments. His counseling job paid most of the bills; his wife worked part-time to cover the rest. He was relatively happy, overworked, over-stressed, and underpaid just like all of his friends. As a child he had been diagnosed with Attention Deficit Disorder. As a young man, he began receiving treatment for depression. After a change in his medication, he picked up another label: “Bipolar.” Before he was diagnosed, he ran up thirty thousand dollars worth of debt on home repairs and wound up in the hospital severely depressed.

When he was able to return to work he received a lukewarm reception. His colleagues were sympathetic, but distant – as if his condition were contagious. When he talked about his recent experiences, they seemed not to hear what he was saying or they became uncomfortable and changed the subject. The medications weren’t working the way the psychiatrist told him they would. There were side effects and his mood was often unstable. His wife was becoming increasingly impatient with what she saw as his persistent neediness and this fed her smoldering anger over the debt he had incurred. She refused to go to therapy to deal with “his” problem. She wanted him to “just get over it.” K prayed to God that that could be the case. There was nothing he wanted more. But things didn’t seem to work that way. Sleep eluded him for days. He wandered into work exhausted. Then sleep would come and he would miss appointments, meetings, deadlines, and entire days. Files slid off the pile on his desk and were lost. Supervisor and coworkers alike became increasingly hostile. His depression deepened. The hospital psychiatric unit was not so much a choice on his part as a last chance.

He came home to find that he had been exiled to the couch in the den, at his wife’s insistence. He was ostracized at work. Criticism and reprimand passed for office conversation, when there was conversation to be had. He hadn’t thought himself the least bit paranoid, but he could feel the cold eyes of judgment staring at the target on his back. A week later, the pink slip arrived with a cardboard box for his personal

effects. The boss passed sentence. They had loud hurtful words behind closed doors. As K was leaving, the boss had the last ones: "Get out! Get help! And don't step foot in this clinic again or I'll call the police!"

Back in the hospital, the psychiatrist prescribed electroconvulsive therapy, or ECT as it is sometimes known. The effect was dramatic and immediate: he felt much better. He telephoned his wife to tell her the good news. "That's what you always say." She replied, and then told him to move out. He rented a cabin on the edge of town during their "trial separation". His first wife called, wanting to know where the child support was. The bank called. His current wife called to inform him that she was moving to Oklahoma with the children. The trial was over; she had a lawyer and was divorcing him. He tried to call the few friends he had left. He tried again ... and again. He tried to call his lawyer. He tried again ...and again.

K has a recurring dream of falling, falling through spider webs, falling into darkness. When he wakes up, he still feels like he's falling. One by one the strands of the network he wasn't aware he was part of, and those of the safety net he thought he had, snapped.

WHAT IS REQUIRED OF US AS AUTHORS?

We have been asked to discuss ethics as it pertains to vocational rehabilitation. We have chosen to do so by considering ethics in terms of ethical conduct. Ethical conduct is typically understood as a matter of adhering to a certain set of pre-given values or principles.¹ However, by rethinking ethical conduct in terms of the question "What is required of us?" we would like to show that such conduct is more appropriately understood as an ongoing and unfinished activity, something we are constantly called upon to reconsider.

What we take to be required of us as authors is to consider how, in light of this, ethical conduct is to be determined in the practice and profession of vocational rehabilitation. Put more concretely, our task is to delineate the context in which the question "What is required of us?" can be answered, not once and for all, but in a way that remains responsive to what lies before us.

THE MEANING OF THE PHRASE "ETHICAL CONDUCT" IN CONTEXT

At first glance, the meaning of the phrase "ethical conduct" appears

¹The history of philosophy is replete with ethical theories. Most frequently cited are teleological ethics, deontological ethics, and utilitarian ethics. Teleological ethics proceeds from the question: "What is the proper end of being human?" Deontological ethics proceeds from the question: "What are my rights and duties?" Utilitarian ethics proceeds from the question "What will bring about the greatest good for the greatest number?" What we will be proposing can be properly considered a modified Stoic ethic (see note 2 below).

obvious. However, with a bit of reflection, it becomes clear that this appearance is illusory. Upon closer inspection, we can easily lose sight of what we thought we understood (see Shaw & Tarvydas, 2001). Overlooking the phrase by quickly turning our attention to other matters is tempting. But in doing so we would have failed not only to clarify our terms but also our subject matter. To avoid this, we must shed light on the meaning of the phrase itself before attending to its meaning in relation to vocational rehabilitation.

The English noun "ethic" or "ethics" and the adjective "ethical" are derived from the ancient Greek term ethikos, a word meaning to show or express moral character. The term comes from the Greek ethos, a term preserved in English, meaning character. Character here is understood as the way in which someone is customarily disposed or inclined to act. It indicates the way we have come to or been lead to expect a person to act. The adjective "moral," which we often use as a synonym for "ethical," comes from the Latin moralis, a term coined by the Roman philosopher and orator Cicero, and can be understood as acting in a way that is suitable or appropriate.²

The noun "conduct" comes from the Latin conducere, meaning to lead. At one time, it carried the sense of "governance" and can be understood, through the resonance of this sense, as the manner in which we govern our actions. To do so is to act deliberately, that is, in a way that is both conscious and conscientious. In the end, then, "ethical conduct" would refer to acting consciously and conscientiously in a manner that is suitable or appropriate and to do so consistently. But the suitability or appropriateness of our actions can only be determined in terms of the concrete context in which we act. This is the case since our actions are suitable or appropriate only insofar as they are responsive to what is called for in that context. In a real sense, our actions serve as an answer to the question: "What is required of us?" and "what is required of us" is determined by the context within which we find ourselves. Apart from such a consideration, any notion of ethical conduct will remain hopelessly abstract and, for all practical purposes, devoid of meaning.

²While Cicero was an eclectic philosopher, meaning that his philosophy-contained elements taken from a number of different philosophies, his ethics were essentially Stoic or "kathekontological," derived from the Greek term kathekonta meaning "according to being." It is an ethics that proceeds from the question "What is going on here?" to "What is required of me?" The latter was to be answered by an appeal to a universal reason the Stoics believed permeated all things. In the ethics we are proposing here, we are following, at least in part, the American philosopher Calvin O. Schrag, who in his ethics of the "fitting response" proceeds from these questions while rejecting the Stoic appeal to a universal reason. For our part, we have replaced this appeal by what amounts to a reflective contextualization. Schrag's ethics of the fitting response is first developed in the chapter entitled "Ethos, Ethics, and a New Humanism," in his 1986 book Communicative Praxis and the Space of Subjectivity. For a further elucidation of his position, see the interview "From the Loving Struggle to the Struggle to Love: Continuing the Conversation with Calvin O. Schrag (in press).

In order to understand ethical conduct in the practice and profession of vocational rehabilitation, then, we must consider its context. But context itself is not a singular affair, but rather a matter of contexts within contexts, nested like concentric circles. So it is to these contextual circles that we must turn in order to return to the meaning of ethical conduct itself.

VOCATIONAL REHABILITATION WITHIN THE CONTEXT OF DEMOCRACY

Vocational rehabilitation exists as part of a larger movement that seeks to redress what is and has been the unwarranted exclusion of individuals identified as persons with disabilities from full inclusion or participation in the life of the community. In its broadest sense, this larger movement is part of the movement of democracy itself, a way of life by and for all people who work to realize it.

The American philosopher John Dewey argued that democracy achieves its full realization only as community. For Dewey, democracy is not one form of community but the embodiment of community itself, something toward which we must strive. Dewey (1927) understood democracy fully realized as community in terms of fraternity [sic], liberty, and equality, each requiring the other two.

Fraternity is working side by side in such a way that what we seek to achieve together directs the actions of each person or group involved. It directs our actions because what we seek to achieve together is viewed as worth achieving by each. Further, the benefit we achieve through this cooperative activity, a benefit viewed as worthwhile by each and shared by all, produces in us a desire to continue to work together in order to sustain those things we have achieved.

Liberty is the space made within this cooperative activity for the expression and development of individual potential. Through the expression and development of this potential each person makes a distinctive contribution to the whole. And because it is only through cooperation that this becomes possible, we come to appreciate and desire that cooperation.

Equality, in its turn, is a reciprocal respect and regard for what is unique in each person and for what is distinctive about their contribution to the whole, irrespective of physical or mental inequalities. In this respect, all are valued equally. And given this respect and regard, it is the equitable allotment of resources in the sense that each is afforded what they need and are able to utilize in the expression and development of their potential, whatever that potential may be.

Understood in this way, democracy realized as community is wholly inclusive in the sense that no person or group suffers from unwarranted exclusion. An honest appraisal of where we find ourselves, however, makes it clear that this realization is incomplete. It is incomplete, even diminished, inasmuch as some groups enjoy inclusion in the community as it now stands, while others are in one measure or another excluded without warrant from that community (see Miller & Millington, in press). Thus the realization of democracy in community remains for us an ongoing task, something to which we must consciously aspire, something toward which we must conscientiously strive. This ongoing task is the movement by which we realize democracy in community and through which we come to a deeper and fuller appreciation of what that realization means.

VOCATIONAL REHABILITATION WITHIN THE CONTEXT OF ITS LEGISLATIVE MANDATE

The unwarranted exclusion from the community of a group of individuals, whatever the extent of that exclusion, runs contrary to our aspirations and to the realization of democracy itself. As such, it requires redress. One group of individuals who have suffered and who continue to suffer in a variety of ways from unwarranted exclusion is the group of individuals identified as "persons with disabilities" (see Section V below). The recognition within parts of the community that such exclusion is and has been unwarranted prompted the legislative response that brought vocational rehabilitation into existence and has continued to prompt the ongoing legislation that, over the years, has helped to shape it.³

Vocational rehabilitation is part of a larger movement that has sought with varying degrees of success to redress this ongoing exclusion. It has been entrusted by legislative mandate with the specific task of ensuring the full inclusion of individuals identified as "persons with disabilities" in the domain of work (see Millington, Miller, Huff, Asner-Self, & Linkowski, in press). Put differently, vocational rehabilitation has been entrusted to actively intervene within the domain of work such that individuals identified in this manner are no longer excluded from the workplace wholly by virtue of this identification. Vocational rehabilitation, then, as a practice and a profession, is responsible for addressing and redressing the issue of workplace disability.

³Over time, legislation has broadened the scope of individuals eligible for service and the range of services available to them. It has also focused more and more on individual choice among those we serve.

Vocational rehabilitation can be understood here as a “transitional” practice and profession in the sense that it serves as a bridge between a particular group the community excludes and the community that excludes them. It is a way toward inclusion in the community within the domain of work and, to the extent that it facilitates inclusion, it serves the democratic process.

VOCATIONAL REHABILITATION WITHIN THE CONTEXT OF ITS TWO-FOLD TASK

Properly speaking, a person with a physical or mental impairment that does not interfere with their ability to seek, obtain, and hold a job, or to carry out the essential functions of a job once obtained, is not a person with a workplace disability but simply a person who works (Millington et al., in press). The task of vocational rehabilitation is to work to prevent physical or mental impairments that are potential workplace disabilities from becoming so, or actual workplace disabilities from continuing to be so. A physical or mental impairment can become a workplace disability in one of two ways.⁴ On the one hand, an impairment can become a workplace disability if it interferes with a person’s ability to seek, obtain, and hold a job, or to carry out an essential function of a job once obtained. On the other hand, impairment can become a workplace disability if it stigmatizes individuals and this stigmatization interferes with a person’s opportunity to seek, obtain, and hold a job, or to carry out an essential function of a job once obtained. Thus the task of vocational rehabilitation can be understood as two-fold, directed, on the one hand, toward the member of the group the community excludes, and, on the other hand, toward the community that excludes them.

VOCATIONAL REHABILITATION WITHIN THE CONTEXT OF DISPARITY

There is a disparity between what the community strives toward, as it is presently understood, and where the community finds itself at present. The inclusive community has not yet been realized. It is within this disparity

⁴We understand the term “impairment” in the sense given it by the World Health Organization as any loss or abnormality of physiological, anatomical, or psychological function. Our use of the term disability encompasses both “disability” and “handicap” in the sense given those terms by the World Health Organization. The former is defined as any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range of activity considered normal for a human being. The latter is defined as a [social] disadvantage for a given individual that limits or prevents the fulfillment of a role that is normal for that individual.

and because of it that vocational rehabilitation exists. This disparity – fraught with barriers, dead ends and wrong turns – must be negotiated, both vocational rehabilitation professionals and by the individuals they serve who live it on a daily basis. The way must be found together. That is, this disparity must be negotiated in ways vocational rehabilitation professionals and the individuals they serve believe will move them forward. But at the same time, they must remain open and responsive to changing direction when the ways they choose do not.

Strictly speaking, the scope of this disparity reaches beyond the domain of work entrusted to vocational rehabilitation. But insofar as the disparity as a whole is the lived experience of individuals served, it encroaches upon that domain. As such, the whole of this disparity must be of concern to vocational rehabilitation professionals. And it should concern them a great deal. Its magnitude and impact is all too easily illustrated.

The Supreme Court Justice Thurgood Marshall wrote that this disparity amounts to a sanctioned segregation "that in its virulence and bigotry [has] rivaled, and indeed paralleled, the worse excesses of Jim Crow."⁵ The American Civil Liberties Union (1999, p. 1) is equally blunt. These individuals "are the poorest, least employed, least educated minority in America." They "have been treated as second class citizens, shunned and segregated by physical barriers and social stereotypes. They have been discriminated against in employment, schools, and housing, [and] robbed of their personal autonomy." They have been "hidden away and forgotten by the larger society," which has historically cut them off "by sequestering them inside their homes, or consigning them to isolated, often squalid institutions." They "continue to be excluded from the American dream."⁶ But, we might well add, not from an American nightmare.

Recent statistics from President George Bush's "New Freedom Initiative" (February, 2001) and the American Civil Liberties Union (1999) bear this out.

With respect to income:

- According to 1995 census data, 13.3% of the general population between the ages of 22 and 64 years live in poverty. Among people

⁵*City of Cleburne v. Cleburne Living Center*, cited in American Civil Liberties Union Briefing Paper on Disability, No. 21, updated 1999, p. 1. This should be contrasted with a 1927 Supreme Court ruling in which the Court "upheld the forced sterilization of a woman whose mother and daughter were both mentally retarded. People with mental disabilities were, the Court said, a 'menace' who 'sap the strength of the state.' Society would be wise to 'prevent those who are manifestly unfit from continuing their kind... Three generations of imbeciles are enough!'" Also cited in American Civil Liberties Union Briefing Paper on Disability, No. 21, updated 1999, p. 1.

⁶American Civil Liberties Union Briefing Paper on Disability, No. 21, updated 1999, p. 1.

with disabilities, 19.3% live in poverty. Among people with severe disabilities the poverty rate jumps to 42.4%. And the correlation between disability and poverty worsens with age. According to 1997 data, more than 33% of adults with disabilities lived in a household with an annual income of less than \$15,000, compared to only 12% of adults in the general population.

- Only 10% of people with disabilities own their own homes, compared to 71% home ownership in the general population.

With respect to education:

- National graduation rates for students who receive special education and related services remains stable at 27%, compared to a 75% graduation rate for students who do not rely on special education.
- 20% of adults with disabilities have not graduated from high school, compared to less than 10% of ten adults without disabilities.
- In 1995, less than 10% of people with disabilities had completed college. This was one-third the rate of people without disabilities.
- People with disabilities access computers and the Internet at half the rate of people without disabilities.

With respect to political participation:

- People with disabilities vote at a rate 20% lower than voters without disabilities.

With respect to employment:

- In 1995, two-thirds of Americans with disabilities between the ages of 16 and 64 were unemployed.
- Unemployment rates for working-age adults with disabilities have remained relatively unchanged for at least the past 12 years, consistently and profoundly lower than unemployment rates in the general population, or any other minority group that can be identified within it.

VOCATIONAL REHABILITATION: THE PROFESSION AND THE CODE

K lost his family, home, job, and friends in what he came to call his "fall from grace". Now he was alone and without resources. He became a client of Vocational Rehabilitation as a last ditch effort to halt the isolation, to rejoin the community from which he had been so unceremoniously rejected. Here were professionals that he had heard could help and agencies that existed to intervene in these matters. Here was hope.

Taken together, the movement of democracy, the legislative mandate, and the two-fold task point the profession toward a destination. But they offer no clear way to get there, that is, from within the present disparity. However, as

this disparity is negotiated in practice over time, it is possible to generalize, to a certain extent, the experience of what seems to move the profession forward and, perhaps more clearly, what does not.

As a result of this, a specialized body of knowledge has gradually accrued and skills have evolved. It is out of this body of knowledge and skills that the discipline of vocational rehabilitation has emerged and grown. And with this, there has come a concern for the appropriate application of this body of knowledge and skills, as well as a concern for what is appropriate in its application. The former concerns competence, the latter, concerns conduct. Around these attendant concerns, vocational rehabilitation as a profession has taken shape and coalesced.

In addressing these concerns, a profession serves to ensure, in a variety of ways, the minimum standards of competence and conduct expected of those it counts among its members. One of the ways it does so is by setting forth a "professional code of conduct" or an "ethical code of conduct," as it is sometimes designated.

Strictly speaking, a code of conduct is a regulatory mechanism. Seen as such, a code delineates certain fundamental values a profession expects its members to hold and articulates in a prescriptive manner general rules to which it expects its members to adhere. In vocational rehabilitation, the values delineated are considered general principles that inform and guide the professional in relation to those they serve and are to be brought to bear in the manner in which they do so. There is no single code of conduct that unifies the entire profession of vocational rehabilitation. However, in the codes that presently exist, beneficence, autonomy, non-maleficence, justice, and fidelity, form the basic constellation of values.

Each code articulates rules that, in theory if not always in practice, are subordinate to and attempt to operationalize these values. They concern what the profession, at present, has determined to be appropriate and inappropriate ways of negotiating the disparity in which it exists. These rules, which are typically pragmatic in character, are considered to be generally valid whatever the particulars of a given situation might be in light of where we presently find ourselves. They tend to be constructed in such a way that they are, broadly speaking, measurable, and as such, enforceable through censure or other sanctions, up to and including expulsion from membership in the profession itself.

BEYOND THE CODE: THE MEANING OF OUR VALUES IN CONTEXT

However, the rules articulated in these codes gain their meaning only in terms of the values delineated there, but these values are meaningful only by pointing beyond the document to the larger contexts within which the profession is lived. Again, these contexts, as we have considered them, are the profession's place in the movement of democracy, its legislative mandate, its two-fold task, and the disparity within which and because of which it exists. It is only in terms of these contexts that the code can be defended or contested and only insofar as it can be defended or contested that it merits our adherence or fails to do so.

The appearance that a code is simply a regulatory device somehow imposed upon its members by the profession comes from focusing too narrowly on the document itself rather than viewing it more broadly as the provisional documentation of what should be the ongoing dialogue of concerned professionals. In this sense, a code is best seen not as the "living document" it is sometimes taken to be, but as an artifact of a living profession.

Appropriately considered, the values delineated can be paired, as condition and consequence, such that their relationship to fraternity, liberty, and equality, can be made evident (see section III above). Taken in inverse order, fidelity and justice point to equality; non-maleficence and autonomy point to liberty; and beneficence along with cooperation, which we take to be implicit here, point to fraternity. Inasmuch as this is the case, these values point to and converge in the realization of democracy as community, that is, in the full inclusion in community of those now excluded without warrant.

FRATERNITY: BENEFICENCE AND COOPERATION.

Mary told K that she would be his VR counselor. She listened carefully to his story and asked him many questions. She, in turn, answered his questions about herself and the agency she represented. They planned a few important, but tentative steps together. She picked up the phone and, in a few moments, he had an afternoon meeting with someone about a new apartment. She made another phone call and he was signed up as a member in a community-based program that included employment, counseling, both group and individual, and recreational resources. Another call and he had an appointment at a mental health agency. She called evaluators, counselors, and employment specialists on his behalf. Soon there was a team of professionals who had his file. K., Mary, and the team developed a workable plan, at least for the short term. Everything hinged on employment.

K became very involved in the community-based program. He worked with his companions in the job club. Although he wasn't having much luck landing a job, he

was very effective in the support group. K felt useful, and it was good to belong to something again. He befriended several individuals in the group and they started meeting for coffee at the shop across the street. They talked about putting a bowling team together. It was at the coffee shop that Larry told K. about his uncle's horse farm. K had always liked horses. He picked up some work at the farm, on a cash basis. It wasn't much but it got him out of the house.

Beneficence, as the condition for cooperation, is acting freely for the good of another person. When this is reciprocal, that is, when each acts for the good of the other, cooperation and mutual benefit ensue. When this reciprocity permeates the community, its consequence is fraternity, working together in a way that seeks and is directed by the common good, which, intrinsically and extrinsically, benefits all.

LIBERTY: NON-MALEFICENCE AND AUTONOMY

One Tuesday, Mary received a call from K. Because of a bureaucratic error, he had run out of a much-needed medication. He had to see his psychiatrist today to get a new prescription and get it filled at the pharmacy. Without his medicine he didn't have the energy stay awake, much less drive his car. Besides, he was out of gas. He didn't know many people in this new town, and no one else could help. Would she give him a ride to the clinic? There were rules regarding the transportation of clients. But she took a late lunch, figuring she could get him to his appointment and the pharmacy and get back without missing too much. Her colleague agreed to cover the desk while she was gone.

They arrived at 12:30 for a one o'clock appointment. It was the first time Mary had been in the clinic. People in the waiting room were sitting with their backs to the walls. They formed an audience for the action that sporadically transpired at the reception desk. Mostly their gazes went from the floor to the receptionist, to the window and back again. And they were very quiet. It reminded Mary more of a bus stop than a living room. There was no art, no music. The ancient golfing magazines that monopolized the rack were dog-eared, but never read. Those who thought ahead brought their own reading. The stackable plastic chairs they sat on were efficient, cheap, and uncomfortable. There were no coffee tables. There was no coffee. The receptionist behind the bulletproof Plexiglas window was in charge of a security buzzer that locked the doors to therapy from the inside.

Two-and-a-half hours later, they were still sitting in the waiting room. Mary was visibly agitated. She was supposed to be back to work, but she couldn't leave K. stranded and they couldn't leave without his medication. It finally occurred to Mary that if this interminable waiting caused her so much grief, what was K feeling? He had to sit here every month ... probably other places as well.

While they were waiting, another client came with a prescription foul up. She pleaded without effect as the nurse behind the Plexiglas shook her head slowly from side to side. She would not push the button that opened the doors back to the offices. The distraught woman said in a voice loud enough to make Mary uncomfortable: "I

don't know why y'all think you can treat us like this. We're human, you know." Others in the waiting room silently nodded. She left without her prescription.

Finally, K. got in. Fifteen minutes later he was done. K told Mary his psychiatrist took two calls on her cell phone during the time she spent with him. She asked him a couple of questions between glancing at his chart and telling the nurse what to write on the prescription pad. K figured he got about 3 minutes of face time ... but he did get two months worth of prescriptions. On the way out to the car, both Mary and K were lost in their own thoughts. Then K said: "Did you ever notice how few choices your clients really have? No one asked me if I wanted to be bipolar. I didn't ask to be thrown away. I don't get to decide whether or not I take medication. I have to take the medicine or I don't function. County mental health is the only place I can afford to get it. No one asked me whether I wanted therapy or whether it was doing me any good. I have to go or I don't get to see the doctor, and if I don't see the doctor I don't get the medication. What kind of choice is that? Comply or goodbye? So I get in line with people who have no work and no pay and wait for people who are overworked and underpaid. I didn't even choose you; you were assigned." Mary replied, "I can refer you to another professional if you like."

Back in the office, Mary met with her supervisor and was warned about missing work and got a lecture on potential problems with insurance and liability. When she returned to her desk she called the director of the mental health clinic to talk about the possibility of a "disability awareness training" in-service. She promised herself she would pursue it despite the lukewarm response she received. Back at the efficiency apartment, K prepared for tomorrow. He hoped the medication kicks in so he can take the bus to the Health and Human Resource office. The lines down there are long and getting longer. It's best to get there early.

As the condition for autonomy, non-maleficence must be understood from the vantage of maleficence. To be maleficent is to seek to injure or harm another person. It is to act without regard for the person, subordinating them in order to deprive them of something. In this subordination, maleficence denies the independence of the other and with it the freedom or autonomy required for cooperative endeavor. As the opposite of maleficence, non-maleficence maintains the independence or autonomy of the other person within cooperative interdependence. And when the autonomy of each individual is maintained within the cooperative interdependence of community, liberty, as the space within cooperation for individual expression and contribution, results.

EQUALITY: FIDELITY AND JUSTICE

Mary had a problem with K, and it was quickly becoming too complicated for her to deal with alone. He had become very active in the program, but his energies were not well directed towards his own benefit. He reorganized the resource room and made suggestions to management on how to better use the space. He had become a leader in the support group. He spent hours talking and listening to the other clients. He was adding value to the service, but he wasn't getting paid. All of this came at the cost of

his progress in the program. He had difficulty making it to job interviews, and had never got a callback. She also knew he was being paid under the table, and that, if this employment were legitimate, his case would have been successfully closed. On top of these concerns, she liked him. She often developed an emotional attachment to her clients, but this was different, and it bothered her. She wondered if her personal feelings might have contributed to his current situation, that she may have encouraged him in a direction that diminished his chances for employment. She worried that her judgment might be clouded. She confided in an associate on all of these matters.

The associate joked with yet another associate about this "budding romance" in an off hand way. The next day everyone in the office had heard the rumor. Mary's supervisor heard it from the secretary. There was a short conference, after which a humiliated Mary came out of the boss's office wondering what had just happened. She got a lecture about relationships, a written warning about proper case documentation, and K was reassigned. Mary was forced to tell K the whole sordid story. He was touched by her affection, and a little angry at how Mary had been treated. He asked to talk to the supervisor. They had words. The warning was expunged from the record. K was reinstated on Mary's caseload. Later, Mary thanked K for sticking up for her. "You've stood up for me, it's the least I could do for you."

Fidelity, as the condition for justice, is a matter of steadfastly standing by one another. It implies a respect for the uniqueness and value of the other irrespective of difference. When this respect is mutual, it is the condition for justice, for acting justly toward one another. And when justice permeates the community, there is equality, that is, the full participation of each in the social, political, and economic benefits of community and the equitable distribution of resources necessary for this participation.

RETHINKING ETHICAL CONDUCT IN THE PRACTICE AND PROFESSION OF VOCATIONAL REHABILITATION

One day over coffee, K thanked Mary for her help. He told her that after moving he had been reluctant to return to VR for help. He explained that the first VR office he had gone to felt like a war zone. The state legislature was deadlocked over budget allocations and had taken an early recess. Expenditures for services were throttled despite its questionable legality. No one was getting full service. The supervisor was beyond being stressed out. Office morale was at an all-time low, as was everyone's patience. The old counselors weren't talking to the new ones. None of them were on speaking terms with the placement and training center next door. K's counselor resigned and his case floated in the office unattended for several weeks.

His new counselor transferred in from a job at the Department of Motor Vehicles. She was under-trained and immediately overwhelmed. K asked for a vocational evaluation. The counselor said it wasn't necessary. He asked about starting a business of his own. The counselor didn't know that there was even such an option. But K had information about it with him that he had gotten from an advocacy web site. But his

counselor thought that a business venture seemed awfully risky ...for a person who had had ECTs ... and probably prohibitively expensive. He asked about returning to school. The counselor remarked that he already had an advanced degree and "transferable skills" so no money for education would be made available to him. He asked for help finding employment. She pulled a job lead out of her Rolodex and handed it to him. It was a job as a phone solicitor. He had no interest in being a phone solicitor. She thought he was being purposefully difficult and demanding...and told him so. K thought she was being purposefully difficulty and unprofessional...and told her so. They did not make much progress over the four months she was his assigned counselor.

The values we profess -- beneficence and cooperation, non-maleficence and autonomy, fidelity and justice -- rarely characterize the experience of individuals identified as "persons with disabilities." These values stand as counter-assertions to the realities of the unwarranted exclusion experienced by these individuals. The values are properly understood in terms of what has been denied members of this group by the community that excludes them. That is to say, in order to be understood they must be contrasted with the normative experience of this group.

The normative experience of these marked individuals is not that of beneficence and cooperation but non-beneficence and a lack of cooperation that works to cut them off from others. The desire for fraternity is met with an ongoing isolation and days filled with frustration, if not despair. It is not that of non-maleficence and autonomy but more often maleficence and the deprivation of autonomy. The desire for liberty is met with stigma and its innumerable modes of coercion, with forced dependence, the deprivation of possibility and so, of choice. It is life alienated. The normative experience is not that of fidelity and justice but common betrayal and injustice; the desire for equality and equitability met with disenfranchisement.

What this should make clear is that the values we profess cannot be passively observed but must be actively pursued. We must actively work against the isolation, alienation, and disenfranchisement of those we serve. In doing so, we must actively fight the non-beneficence and lack of cooperation, the maleficence and deprivation of autonomy, the betrayal and injustice present in the community that excludes them and which, insofar as we too are members of the community, may lurk within us as well.

As conscientious professionals, we would like to know that what we are doing in any given situation is appropriate, that is to say, ethical. And we would like to know this before we act. But the world in which we live is a contingent world. There are very few guarantees. Despite our best intentions, we may well find that the consequences of our actions are not what we had anticipated, that we have not, after all, done the appropriate thing. At best, we may discover that our actions have not helped the individuals who have come to us. At worst, we may find that our actions have actually harmed them. This ever-present possibility should be enough to disabuse us of the idea that we can

know ahead of time, and apart from the particulars of a given situation, what the appropriate thing to do is. To assume otherwise is to act with arrogance where humility is called for. To act with humility requires us to be attentive and responsive.

To act appropriately, that is, to conduct ourselves ethically requires that we continually attend to the disparity within which we, and those we serve, find ourselves and to the parity toward which we strive, always working to come to a fuller and deeper appreciation of each. It is to consciously and conscientiously act in a way that is responsive to the complex of contexts that defines our work as professionals, and to do so in such a way that our actions actively reshape these contexts for the better.

Mary returned to the office at 6:00 p.m. to participate via computer in a distance education course on ethics. The topic of the day was: "The Relationship between Ethics and Best Practices." The instructor's argument was that (1) best practice is defined as the most efficacious use of limited resources to serve the mission of the organization; (2) the mission of an organization is an expression of its values; (3) in VR, our values are expressed in ethical conduct; thus (4) VR is ethically bound to seek continuous improvement in service delivery and outcome through strategic change. This sounded right to her but she was confused. She looked through the newly revised CRC ethical code. She found a section that directed counselors to develop services that took cultural considerations into perspective. She found a section that required counselors to advocate for effective client service from outside agencies. She found a section that requires counselors to maintain their competence through continuing education. But she did not find anything that spoke directly to personal professional excellence or to proactive structural change in the bureaucracy.

"Ethics is more than the code" Her instructor wrote in a chat room reply, "It is far easier to comply with the ethical code than it is to actually be an ethical practitioner. Ethical conduct requires the practitioner to ask, 'What is happening?', and 'What is required of me?' at every turn. Ethical conduct is the appropriate response at every turn. To be ethical is to create positive change with the individual client, the profession, society, and (most importantly) yourself."

Mary thought about this for a minute. Then she typed, "So everything has to be subject to change?"

"Yes" came the reply.

"Even the ethical code?" She wrote.

"Yes"

"Even our values?"

The instructor sent a smiley face with his message. "Exactly."

After class, she scribbled down some notes on a legal pad. Her assignment this week was to describe three situations that she believed could have been handled better, and to suggest interventions in each. She thought of K. His case had been officially closed for a month now, but she hadn't lost her nagging dissatisfaction with the outcome. K. was employed, he had his own apartment, he had friends. By all recognized criteria, service was complete and successful. But the job was not the best match - he took it out of desperation. It offered little in the way of a career path or job

security. The basement apartment was dark and damp. All of his friends were clients. On the last day, she had asked him, rather jokingly, what she could do for him now? He replied, rather sardonically, "Give me my family back". Here's the fodder for my homework, she thought.

She had not been satisfied with her own performance, though she couldn't say exactly why. Had she gotten too close and lost perspective? Perhaps, perhaps not. It was the emotional connection with her clients that pushed Mary to work hard. She had to admit, however, that she was a bit of an emotional sponge and her relationship with K. had taken a toll. But that wasn't it. Was it possible that she had neglected other clients by spending so much time with K.? But K. needed the time; any less attention would not have been appropriate. After a couple of minutes she had a thought. The reason she was feeling burnt out lately was not the intensity of her emotions, but the time and effort she expended in managing her caseload. Her caseload was weighing her down, and she was always running to catch up. There were just too many people and not enough counselors. Her personal challenge, she tentatively decided, was one of time management. Since the chances were slim that the agency would trim caseload size, she would become more efficient instead. She wasn't quite sure where she was going with this, but as a first effort she put "get organized" on her to-do list for the morning.

She had not been satisfied with her coworker's performance. This problem was easier to pinpoint. It was Harold. Harold was the king of the water-cooler, and the center of all gossip in the break-room. It was Harold who had broke confidence with her concerning her relationship with K. But that had merely been a wake up call to Harold's chronic abuse of client privacy and confidentiality. He discussed their lives at will and in almost every imaginable setting. But she thought again, was this really the problem? Or was the problem the tacit acceptance of this behavior in the office? She was amused to think that she, along with her colleagues, were complicit in a breach of ethical conduct through a sin of omission. How then, to intervene? Harold wasn't going anywhere; he was three years from retirement. Besides, he was a likable fellow, and she did not want to create animosity among her friends. Maybe there was a subtle way of dealing with the culture, one where Harold's indiscretions need not put him on trial, but would nonetheless impel him to change. She thought again of her ethics course. There was no talk of ethics in the agency, at least on a formal basis. Perhaps she could convince her colleagues to let her organize an ethics discussion as part of the Friday meeting. The group could identify it's own objectives and have some ownership of the solution. We could empower Harold to change his ways! Mary put "dialog with coworkers" on her to-do list.

Finally, she had not been satisfied with the network of services available to K. She was happy to see some effect from her earlier intervention with the mental health clinic. The much-needed in-service training on disability awareness resulted in a consumer satisfaction survey. The clientele had had a lot to say, and some of their suggestions were actually implemented. But network problems were system-wide. There were problems with referrals, coordinating services, transportation, and computer compatibility. Where to start? For K's sake, she decided to focus on employment services for people with mental illness. The most obvious target was the sheltered workshop that still operated in the valley. They hadn't changed since 1957, and none

of what they had to offer was of any value to K. The "good old boys" on the board of directors seemed to like it that way. The employees at the workshop were happily ensconced in their jobs. The community didn't seem to care one-way or the other. The scope of the problem overwhelmed Mary. What was needed was serious politics played overtime...and the retirement of several power brokers. She was no match for this challenge. At least she could start talking to key people, and by this she meant the clients and their families, advocacy groups, and local businesses. Perhaps they could work together on the problem, perhaps, they were already doing something. Her hopes were raised when she found a regional business leadership network web site. These were business people who were proactively engaged in the employment of workers with disabilities. No local businesses were involved as far as Mary could tell, but if she had her way, that would change. She wrote, "dialog with stake holders" on her to-do list

WHAT IS REQUIRED OF US?

The values we profess point beyond themselves to the contexts that give them meaning, so they point, in large measure, beyond where we presently find ourselves. But we can look to a time that perhaps we cannot yet imagine, when the individuals, all individuals, who are excluded without warrant from the community will become full participants in the democratic realization of an inclusive community.

With regard to this, vocational rehabilitation is a transitional profession not only in the sense that it stands as a bridge between the community that excludes the individuals it serves and the individuals who, as a group, are excluded. It can also be understood as a transitional profession in the sense that once that bridge is crossed, its two-fold task complete, its legislative mandate fulfilled, its part in the movement of democracy realized, disparity become parity, the profession will cease to exist as we presently understand it. In the end, after all is said and done, this is what is required of us.

It was late. Sitting alone at her desk, Mary thought again about the pain she had seen in K's eyes. It had surprised her until she realized that it had been there all along. And she wondered what would become of him ... of him and all the others...

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