
This is the corrected version incorporating reviewer comments and has been paginated to match the published version. Small typographical differences may therefore exist between this and the published version.

Counselling and disabled people: help or hindrance?

Introduction
In recent years, more and more people have been turning to counselling to help resolve personal difficulties in their lives. Disabled people also want access to counselling which meets their perceived needs (McKenzie, 1992) - whether they want to look at marriage problems, childhood traumas, stress or bereavement, or issues associated with disability or impairment. However some writers have acknowledged that disabled people have been generally avoided as a client group by psychotherapists and counsellors and that there is a legacy of prejudiced attitudes, with an associated dire need to undertake more consciousness-raising, training and research (McLeod, 1998). Consequently, whilst many disabled people do manage to find counselling services which are helpful, others are faced with inaccessible counselling agencies or counsellors who do not understand the lived experience of disability.

In this paper I discuss some of the particular problems which can undermine the counselling experience of disabled clients, showing how and why the counselling relationship can end up being more of a hindrance to personal growth and self-fulfilment, than a help. As well as identifying some of the potential pitfalls, I suggest changes which could remove some of the barriers that can cause disabled people to give up on counselling as having anything useful to offer them.

Counselling theory: the loss models
Within the counselling literature, theories which attempt to understand personal responses to disability assume that there will be a process of psychological adjustment as the individual comes to terms with their impairment. In order to overcome their perceived loss, disabled people are expected to grieve and go through a process of mourning akin to that of bereavement, expressing feelings of anger and denial before they can become psychologically whole again (Lenny, 1993). These ‘loss models’ arise from the imagination of non-disabled people about what it must be like to experience impairment, assuming that becoming disabled must be psychologically devastating (Oliver, 1996). This contradicts reports of disabled people themselves, who instead locate the source of emotional distress in the failure of the environment to take account of their needs (Oliver, 1995). These loss models have been criticised for failing to take into account the socially constructed nature of disability, although they may have limited use for understanding individual responses to impairment (Reeve, 2000).

Despite the contradiction between theory and reality, these loss models are commonly presented in the counselling literature as the only way that disabled people respond to disability. Not only do these models suggest that disabled people need counselling to help them adjust to their disability, but if they also fail to show the predicted symptoms of the
mourning process, then they are in denial – a classic catch-22 situation (Lenny, 1993). A psychologist at Stoke Mandeville described how one of his patients with spinal cord injury came to him requesting help so that he could become depressed – his counsellor had told him that his lack of depression meant that he had not come to terms with his disability (Kennedy, 1998).

The crude application of these models to understand the emotional issues affecting disabled people can be oppressive. For example, a wheelchair user who is angry and frustrated at being unable to access restaurants and other public places is unlikely to be helped by a counsellor who interprets this anger as a sign that they have not yet adjusted to their disability, instead of as a very reasonable response to the experience of discrimination and exclusion. Counselling responses to disability based on the loss models are disempowering because they reinforce the notion that disability is an individual problem caused by impairment, rather than recognising the role that society plays in creating and maintaining disability.

As well as using models which predict the way that people are expected to adjust to disability, counsellors also work within different theoretical frameworks, such as psychodynamic, cognitive-behavioural and person-centred approaches. Whilst all of these focus on the individual rather than society, person-centred counselling would appear to offer the least intrusive approach with its lack of assumptions about how people respond to disability (Lenny, 1993). Irrespective of the approach used by a counsellor, it is important that emotional reactions of a disabled client to the experiences of exclusion and discrimination are not pathologised.

‘We are so used to pushing and shoving our way in, being our own advocates, being on the outskirts, being the exception, being different, that we start to think we are the exception in ways and situations other than those related to the disability. Clinicians must understand this process and not label it as a personality disorder.’ (Olkin, 1999: 85)

Despite the suggestion by the loss models that disabled people need counselling to deal with disability, (and that disability is going to be the only issue they want to talk about), there is relatively little literature about working with this particular client group. Whilst there are some books which provide practical information about working with disabled people (such as Brearley and Birchley, 1994), there are fewer books which treat disability as a form of social oppression rather than individual problem (see for example, Corker, 1995; Olkin, 1999). This dearth has ramifications for counselling training and practice which I will now discuss in more detail.

Disability: a missing element of counselling training

Although there has been a substantial rise in the number of counsellors being trained, the number of disabled counsellors and counselling students remains low (Withers, 1996). The high cost of training courses coupled with inaccessible teaching rooms and course materials results in the exclusion of many disabled people who have the potential to train as counsellors. The increasing need for such courses to become accredited and recognised academically is leading to more counselling courses being offered within university
settings, which potentially excludes even more disabled students if entry requirements stipulate a first degree. Courses require students to undertake skills practice within counselling agencies and many also expect students to have received counselling themselves. The inaccessibility of many counselling venues, together with the high cost of receiving personal counselling, further compounds the barriers faced by disabled people who want to become counsellors.

The scarcity of disabled students on counselling courses means that disability is not present ‘in the room’ in the same way that gender, sexuality and ethnicity are. Many disabled people who train as counsellors have to deal with reactions of pity, anger and embarrassment from prejudiced tutors and fellow students (Withers, 1996), a situation made more difficult if they are the only disabled person on that course. When I undertook a counselling diploma, the denial of my identity as a disabled person was a very disabling experience – the insistence by the rest of my group that I was ‘just like them’, invalidated experiences of exclusion and oppression faced as a disabled person in society. It would be unthinkable for a group to deny the identity of a member of any other minority social group in this way.

A major difficulty for many counselling courses is that they are expected to cover a lot of counselling theory and practice within a relatively short time. Consequently, there is little teaching time devoted to issues around equal opportunities – maybe two days in a two-year part-time Diploma course – and Disability Equality Training is generally absent from these courses. The general lack of social model approaches within the counselling literature coupled with little or no teaching of disability as an equal opportunities issue alongside gender, ethnicity and sexuality, mean that the prejudices and stereotypes which abound in society about disability are not exposed and challenged within counselling courses (Reeve, 2000). This can have adverse effects on future counselling relationships if the counsellor is unaware of their own prejudicial attitudes towards disabled clients.

Counselling services: inaccessible or ‘elsewhere’

It can be very difficult for disabled people to find accessible counselling services. Voluntary sector counselling agencies operate on a shoestring budget and are often sited in old buildings with poor access. Consequently, disabled clients who cannot access the available counselling rooms may be offered counselling by telephone or in a different place; one agency counselled clients with mobility impairments in a local church because their usual counselling rooms were located up a flight of stairs with no available lift. Private counsellors do not provide a viable alternative because they are expensive and very few homes in the UK are wheelchair accessible. This experience of exclusion from services that non-disabled people take for granted, can have an emotional effect on disabled clients because it serves to remind them that they are different and that they are ‘out of place’. This psycho-emotional dimension of disability (Thomas, 1999) can be further compounded by counsellors who fail to treat their disabled clients with forethought and respect; for example by failing to move furniture out of the way before a client who is a wheelchair user arrives for their counselling session.

The low number of disabled counsellors within counselling practice contributes to the failure of counselling agencies to bear in mind the access needs of potential disabled
clients. Some agencies believe that disabled people do not want counselling because they never see disabled clients – being situated in an inaccessible building or failing to produce information about the counselling service in accessible formats may contribute to this misconception! Another myth is that disabled people are counselled ‘somewhere else’ by experts who have the perceived specialist counselling skills needed to work with this client group. In reality there are a few counselling agencies which specialise in working with disabled clients, but these are not available to the vast majority of disabled people. As anyone in society can become disabled at any time, through an accident or illness, this myth defends a counsellor against having to look at their own fears and vulnerabilities about illness, disability or death. Other counsellors feel de-skilled and out of their depth when working with disabled clients because counselling cannot ‘fix’ disability or impairment.

The way forward
Although much of the counselling literature suggests that disabled people need counselling to help them ‘accept their disability’ and to ‘mourn their losses’, it is paradoxical that counsellors and counselling agencies appear ill-equipped to work with disabled clients. I now want to suggest four changes which would improve the counselling experience of disabled clients.

It is vital that Disability Equality Training becomes a mandatory part of all counselling courses so that students (and tutors) learn about the social model of disability and understand how disability is socially constructed rather than being caused by a person’s impairment. The training also needs to include a discussion about the psycho-emotional dimensions of disability, social practices and processes which undermine the emotional well-being of people with impairments (Thomas, 1999). Counsellors need to be more aware of the emotional consequences of living with prejudice, exclusion and discrimination and how this can impact on the self-esteem and self-worth of their disabled client. Not only would this training enable students to realise the extent of disablism within all aspects of social life, but it would directly challenge many of their own prejudices and stereotypes about disabled people. Unfortunately some students (and counsellors) are reluctant to look at their own prejudices around disability because they already ‘unconditionally accept all people’ and believe that they do not need Disability Equality Training (Reeve, 2000).

Secondly, it is important that disabled people are not viewed as a client group to be counselled ‘somewhere else’ and instead that all counsellors are trained to be able to work with disability-related issues if and when they arise. Disabled people are not just people with impairments, they are also parents, siblings, children, workers and friends; as such they are subject to the same range of emotions and difficulties as non-disabled people and should have access to the same choice of counselling services if they want them. More importantly, as anyone can become disabled or be affected by disability in the family, disability issues are likely to be present in some form or other in much of the work done by mainstream agencies. For example, counsellors working within alcohol and drug agencies may see clients who have become disabled through substance misuse or who are drinking because of the stresses of caring for a disabled member of the family. Disability may or may not be the presenting issue, but counsellors need to be aware of the effects...
disablism can have on the lives of their clients and their families. In my view it is not necessary for disabled clients to be counselled by disabled counsellors - who can be just as prejudiced as non-disabled counsellors – although it would improve the degree of client choice if more trained disabled counsellors were available within the counselling profession.

Thirdly, counselling agencies must conform to the Disability Discrimination Act and make their services accessible to both disabled and non-disabled people. This includes supplying information in accessible formats and providing access to a sign language interpreter; where premises cannot be made accessible, alternative counselling provision through telephone counselling or home visits must be made. Counsellors can be trained to counsel effectively over a telephone or minicom, but the counselling experience is different for both parties to that of face-to-face counselling. There are issues about safety, neutrality and privacy when seeing a client in their own home but these should not be used as an excuse to refuse counselling services to disabled clients. Counsellors who are not fluent in BSL will need to adapt to the particular challenges of working with a third person in the room when counselling a Deaf client. Counsellors need to be flexible about the parameters of counselling sessions when working with disabled clients because impairment effects may impact on the frequency, timing and length of counselling sessions (Olkin, 1999). External factors such as the availability of community transport may influence when a disabled client can attend as well as their punctuality.

Finally, working with disabled clients not only challenges where and for how long counselling sessions take place; it also questions the usefulness of traditional counselling approaches which pay little attention to issues of power both within the counselling relationship and outside the counselling room (McLeod, 1998). A counsellor working within a person-centred approach – offering the core conditions of empathic understanding, unconditional acceptance and genuineness – can help someone make sense of the relationship between themselves and society, impairment and disability (Lenny, 1993). However, like other oppressed groups in society, disabled people may have fewer choices open to them because of prejudice and discrimination, and this fact cannot be ignored by the counsellor. I agree with Olkin who states that counselling with disabled people must ‘incorporate the socio-political into the therapeutic’ (Olkin, 1999: 300). Consequently, counsellors must be aware of the rights of disabled people and be prepared to help their clients achieve them, otherwise they risk being part of the problem faced by disabled people in society (Reeve, 2000).

Summary
Whilst many disabled people do experience counselling which is supportive and empowering, others face inaccessible counselling rooms, inappropriate counselling models and prejudiced counsellors which can result in counselling which instead is an oppressive, disabling experience. Although the counselling world has started to realise that disabled people have been avoided as a client group, urgent improvements are needed within counsellor training, practice and theory if counselling is to be more of a help, than a hindrance for disabled clients.

Current counselling theory is based on the experiences of non-disabled people which has led to the proliferation of the loss models which claim to describe the psychological effects of disability, in addition to counselling approaches which fail to acknowledge the
effects of living with discrimination and oppression. As well as recognising the many different ways that disabled people deal emotionally with the experience of disability, it would be beneficial to move towards more socially aware forms of counselling which recognise the impact of the world ‘out there’ on the counselling room ‘in here’. Counsellor training must include a social model approach to disability, teaching students about the structural and psycho-emotional dimensions of disability and their effects on the emotional well-being of disabled clients. Counsellors also need to consider their own prejudices and assumptions about disabled people if they themselves are not to become part of an oppressive culture (Corker, 1995). Disabled people have a right to the same range and quality of counselling services as other client groups in society and the Disability Discrimination Act must be implemented by counselling agencies in order to make their services available to disabled people. Counsellors need to develop more flexible and imaginative ways of working with their disabled clients.

References