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## Chapter 33

### 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/disablism 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, 2009). The introduction of disability discrimination legislation in 2004 obliged counselling agencies to make their services more accessible to disabled people. While many disabled people do experience counselling as helpful and enabling, others find counsellors who do not understand the complexity of the lived experience of disability.

In this chapter 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 dominance of individual models***

The avoidance of disabled people as a client group is reflected in the relatively small number of pages in the counselling literature devoted to understanding personal responses to disability. Swain, Griffiths and Heyman (2003) argue that there has been little

engagement with the social model of disability and instead various individual models of disability predominate. For example the tragedy model of disability underpins a common assumption 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).

Counselling responses that are based on individual models of disability 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 this form of social oppression. It is important that emotional reactions of a disabled client to the experiences of exclusion and discrimination – such as justifiable frustration and anger – are not pathologised (Olkin, 1999). This failing is exemplified by Wilson (2003) who after discarding the social model in two pages, instead draws on object relations theory to conclude that those with congenital impairments perceive that 'that they must be the result of bad intercourse' (Wilson, 2003: 100).

As well as using models which predict the way that people are expected to adjust to disability, counsellors also work within different theoretical frameworks; most commonly used are the first wave counselling approaches which include 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). However Swain et al. (2003) point out that one pitfall of person-centred approaches which deliberately resist labelling people or groups is that they end up producing 'a de-politicising of disablement. The oppression of disabled people is disavowed' (Swain, Griffiths and Heyman, 2003: 143).

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 can exclude even more disabled students when 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 often 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 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 diversity – 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 a diversity 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 (Parkinson, 2006).

***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 be a source of indirect psycho-emotional disablism (see Chapter 13) because of the

way that it serves to remind disabled clients that they are different and 'out of place'. This form of psycho-emotional disablism 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. 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 it is fair to say that counselling services are gradually improving for disabled people – helped by disability discrimination legislation that has increased the visibility of disabled people in society – I would suggest that there are four areas which would benefit from continued improvement.

Firstly, 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 psycho-emotional disablism, social practices and processes which undermine the emotional well-being of people with impairments (Reeve, 2013??). 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, often in the form of internalised oppression (see also Watermeyer and Swartz, 2008). 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' (Reeve, 2000). It would also be useful to introduce students to disability culture, helping them appreciate the diversity of disability experience (Marks, 2002).

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. Whilst it would improve the degree of client choice if more trained disabled counsellors were available within the counselling profession, it is not *necessary* for disabled clients to be counselled by disabled counsellors. 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 family member. Disability may or may not be the presenting issue, but counsellors need to be aware of the effects disability can have on the lives of their clients and their families.

Thirdly, counselling agencies must conform to the Equality Act 2010 which means making 'reasonable adjustments' to make their services accessible to both disabled and non-disabled people. This includes supplying information in accessible formats and where premises cannot be made accessible, alternative counselling provision through telephone counselling or home visits must be made. 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. If BSL provision is available then 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 first wave counselling approaches which pay little attention to issues of power both within the counselling relationship and outside the counselling room (McLeod, 2009). One solution to this would be to make person-centred counselling more relevant for disabled clients by making the conditions of work better contextualised to take account of history and culture (Johnson, 2011). Alternatively, second wave counselling approaches could be considered which explicitly work with issues of power and diversity and recognise the potential danger for oppressive counselling practice. Therefore systemic, feminist, multicultural and narrative approaches to counselling might be very helpful as a starting point when working with disabled people because they 'incorporate the socio-political into the therapeutic' (Olkin, 1999: 300). These anti-oppressive approaches would meld seamlessly with a social model viewpoint of disability (Swain, Griffiths and Heyman, 2003) because of the shared goals of emancipation and empowerment.

## **Conclusion**

Whilst many disabled people do experience counselling which is supportive and empowering, others face inaccessible counselling rooms, inappropriate counselling models and prejudiced counsellors - these factors can result in counselling which instead is an oppressive, disabling experience. The introduction of disability discrimination legislation has improved *physical access* to counselling services for disabled people, although much work still needs to be done improving counsellor training, practice and theory to improve the quality of the counselling *relationship*.

Current counselling theory is still based largely on the experiences of non-disabled people which means that individual model interpretations of disability predominate, which at best produce emasculated non-politicised understandings of disability (Swain, Griffiths and Heyman, 2003). 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, educating students about both structural and psycho-emotional disability and the potential impact 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 Equality Act 2010 must be implemented by counselling agencies in order to make their services available to disabled people. However change does not stop with provision of ramps and large print information, but needs to permeate policy and practice within counselling agencies at all levels.

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