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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.

The Counselling Experiences of Clients with SCI

In edition 36 (March/April 2000) of *Forward* I described a small piece of research for an MA in Disability Studies exploring the counselling experiences of people with spinal cord injury (SCI). I asked people to contact me if they were willing to take part and eventually interviewed five people with SCI who together had experiences spanning 35 years with a range of counsellors within a variety of counselling settings. This report provides a brief summary of my research.

Summary of findings

An important aspect of the research was to identify how issues around disability and impairment had been discussed within past counselling relationships, paying particular attention to the manner in which the counsellor had responded to these issues. Here are the major common themes that emerged during our discussions:

- The practical and emotional aspects of disability and impairment were found to be complex and interwoven: even though four people initially took impairment related issues to their counsellor, the practical and emotional difficulties of living in a disabling society were discussed by everyone. All the participants talked to their counsellor about the emotional aspects of disability, such as feeling worthless and 'in the way'.
- Counsellors or psychologists who viewed disability as a problem created by society (the social model of disability) were perceived as much more helpful and supportive than those who viewed disability as a problem for the individual. This latter group were more likely to hold negative prejudices about their disabled clients. They often failed to appreciate the effects of living within in a disabling society, such as viewing someone's anger and frustration with inaccessible buildings as a personal character trait rather than an understandable reaction to being excluded.
- The most helpful counsellors/psychologists were those who had knowledge about SCI, either personally or from working within a Spinal Injury Unit (SIU).
- There was no preference for disabled counsellors; it was considered more important that any counsellors/psychologists had no emotional baggage about disability.
- There was a general consensus that participants wanted access to counselling where there was space for them to talk about their feelings about disability and impairment without judgement. However they then wanted counselling which was more directive, helping them to move on with their lives and to find solutions to the daily difficulties they faced. There were also concerns about the lack of physically accessible counselling services and a desire for counselling which was available on a self-referral basis when needed, from SIUs.

Proposals for future counselling training, practice and theory

The experiences of counselling described by my five participants have led me to suggest the following improvements for counsellor training, practice and theory:

- Counsellors and their supervisors need to understand the difference between disability and impairment and the complex ways that these become interwoven in lived experience. Disability Equality Training (DET) should become a mandatory part of all counselling courses, being taught alongside other issues of difference such as ethnic identity and gender.

- This DET training needs to include discussion of the emotional aspects of disablism in addition to disabling physical and social barriers. I would hope that this would enable counsellors to recognise the ways in which society prevents disabled people from *being* who they want to be, in addition to how society prevents disabled people from *doing* what they want to do.
- Counsellors need to be more aware of their own prejudices and attitudes about disabled people, otherwise they can add to the discrimination already experienced by their client.
- Counselling agencies need to understand their responsibilities towards meeting the access needs of disabled people, now that Part Three of the 1995 Disability Discrimination Act regarding access to services has come into effect.
- Counsellors need to access information about SCI and the ways in which it affects the lives of this client group. At the same time they must remember that people with SCI are all different and that the client they are working with is the expert about their own experience of SCI.

My thanks go to: people at SIA who have shown interest in this research, the five participants who spoke to me so openly and powerfully and my two course tutors who provided support throughout the research process.

For a more detailed copy of my research findings please contact me at donna.reeve@gmail.com.