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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.*

### **What Psychotherapists Should Know About Disability**

RHODA OLKIN, 1999

New York, The Guilford Press

xvi + 368pp., £25.95 (hb), £16.95 (pb)

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*What Psychotherapists Should Know About Disability* sounds like yet another book written by non-disabled professionals *about* disabled people. It is a refreshing change instead to read a book written from the perspective of a disabled person, clinician, researcher and teacher which presents disability from the outset as a social construction rather than an individual tragedy. As a result this volume presents a very different view of how mental health professionals should work with disabled people - it is not a book about individual impairments or the need to help disabled people 'adjust' to disability, as is so often the case with psychotherapy and counselling literature.

As a counsellor and student in disability studies in the UK, I did find some difficulties with the language used in this book which is written from a US perspective. These difficulties reflect the on-going debates within this journal about

the differing definitions of disability used by the UK and the US (Barnes, 1999). The minority model of disability adopted by Olkin correctly posits disability as a social construction but then describes how disability is caused by "the environment that fails to accommodate persons with disabilities and in the negative attitudes of people without disabilities" (p. 26). The use of 'person with disabilities' rather than 'disabled person' implies that disability is a property of the individual rather than of the society they live in and therefore is inconsistent with a social construction definition of disability. For this reason, within the UK the term 'disabled person' is promoted by the disabled people's movement and is used within the Disability Discrimination Act (1995). Olkin also states that this particular definition of disability is alternatively known as the 'social model' - but the definition of the social model of disability which I would want promoted to counsellors and therapists in the UK is one which refers to 'disabled people' rather than 'people with disabilities'.

A significant confusion throughout this book is the way in which Olkin uses the word 'disability' to signify disability *and* impairment, despite stressing in several places (p. 39, p. 155 and p. 298) the crucial distinction between these two terms. This conflation undermines the definition of disability as a social construct. Some of the terminology used within the book, such as the term 'mental retardation', would be considered unacceptable in the UK. I was personally uncomfortable with some of the comments near the start of the book in which Olkin made a joke about her impairment. For example, a comment about coming out as a disabled person concluded with, "I had started my long trek home (it's a slow trek when you limp)" (p. viii). Whilst I appreciate that this kind of comment might be made between two disabled friends, I am concerned that including such jokes in a book intended for a primarily non-disabled audience will give non-disabled therapists permission to make such jokes about their disabled clients.

Despite these problems with language and definition, I believe that Olkin meets her aim of presenting disability in a new way to therapists - psychotherapists, psychiatrists, counsellors and other mental health professionals. The first half of the book considers the 'disability experience' with a focus on the experience of prejudice, stigma and discrimination from many different perspectives. In addition to the identification of disabled people as a cultural minority, there is information provided which highlights the economic, social and employment disadvantage experienced by this particular minority group. Olkin also points out that the separation of disabled from non-disabled people is enshrined in law and policy, for example with the provision of separate ramped entrances and education systems for disabled people - disabled people, unlike any other minority group, are subject to the "doctrine of separate but equal" (p. 32).

There are two chapters dedicated to exposing prevalent stereotypes and attitudes towards disabled people, together with a discussion of the ways that society prescribes and proscribes the ways which disabled people behave or feel. In addition to exploring the myths held by society, Olkin also challenges the pervasive stereotypes and negative attitudes held about disabled people by the mental health professions. As members of a disabling society therapists are not immune to prejudicial behaviour but many believe themselves to be above that because they are

"universally empathic by training and skill" (p. 74). The therapeutic relationship and outcome will be adversely affected if the disability experience (stigma, discrimination and prejudice) is under-estimated in its emotional effects or if the role of impairment and disability is taken to be the defining characteristic of the disabled client. The impact of these problems and the effects of the different models of disability are illustrated with good case studies throughout the book, although I would like to have seen more discussion about the potential psychological damage experienced by disabled clients who experienced prejudiced and biased therapists.

The second half of this book is dedicated to therapy issues including separate chapters about therapy research, training and supervision. Building on the discussion of disability that has gone before, Olkin proposes a new approach called 'disability affirmative therapy' described in detail in Chapter Seven. Seven principles describe an approach that is rooted in the minority model of disability and is underpinned by a systemic model of therapy in which the individual client is seen in relation to other systems such as a family, group or community. The point is also made throughout the book that therapy with disabled people, like any other minority group, is a political act and as such therapists have responsibilities to challenge disablism wherever it is encountered.

Whilst I agree with the fundamental ideas behind this new therapy approach, I am not convinced that a disability-specific approach is the best solution to meeting the needs of disabled clients. I feel that there is a risk associated with creating another way of differentiating disabled and non-disabled people - the former have 'disability affirmative therapy' and the latter do not. Many people with impairments do not identify as disabled and care needs to be taken when introducing such people to the social/minority model view of disability - the emotional costs of realising the ways that you have been systematically excluded from society are high and should not be under-estimated. Finally, like any other group in society, disabled people are also defined by their gender, class, race, sexuality etc. - which type of therapist should an Asian disabled woman see? Disability affirmative therapy represents a huge step forward in recognising the real experiences and issues faced by disabled people but misses out on the potential benefits which could be offered by some of the newly emerging, more general anti-oppressive approaches to therapy (Reeve, 2000).

Three chapters look at particular issues affecting disabled people including sexuality, pregnancy and the practical and emotional implications of using assistive devices and technology. I was pleased to see sections about the controversial issues of genetic testing and physician assisted suicide presented from the viewpoint of disabled people rather than of professionals. I would have liked to see a larger section about the physical, emotional and sexual abuse experienced by disabled children and adults and was surprised not to find a section about the particular experiences of disabled people at the hands of the medical profession. This issue was hinted at in a couple of places in the book; for example, a list of the rights of the disabled child included the rights to be "included in making decisions about medical or prosthetic interventions" and "to not be treated as part-objects or specimens" (p. 99).

The final chapter in the book considers the issues of supervision and teaching. I would insist that supervisors and teachers read the entire book, and not just this final chapter in isolation as recommended by Olkin in the Introduction. I agree with the observation that many supervisors themselves hold prejudicial and discriminatory views which are acted out with their disabled supervisees and the disabled clients under discussion. I would add that some teachers on psychotherapy and counselling courses are also prejudiced which can cause huge difficulties for a disabled student on such a course. Olkin correctly recognises the desperate need for more disabled therapists, supervisors and teachers so that disability is brought into the room, alongside issues such as gender, race and sexuality.

*What Psychotherapists Should Know About Disability* is a rare example of a psychotherapy book which adopts a disability studies, rather than medical, perspective on disability. There are some confusions and omissions within this book about the issues that need to be considered by mental health professionals working with disabled people; additionally the book is significantly biased throughout towards people with physical impairments with very little about people with learning difficulties. Nonetheless it contains a lot of valuable insights and information for the careful reader. I would recommend that this book be used by practitioners, teachers, students and supervisors in conjunction with Disability Equality Training and other literature which uses a social model view of disability, such as Corker (1995).

I also believe that this book can contribute to the theorising of the psycho-emotional dimensions of disability recently introduced by Thomas (1999). Olkin provides many examples of these social barriers which affect the emotional well-being of a disabled person within this book (especially within the two chapters about the 'disability experience') and these examples would benefit from a closer scrutiny using a disability studies rather than psychotherapy perspective.

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