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Introduction: Counselling, Therapy and Emancipatory Praxis

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This special issue explores the place of counselling and therapy within disability politics. Therapy and rehabilitation have a bad reputation with many disabled people. They are seen as individualising and medicalising. As such, they distract energy from challenging the main source of oppression which is the socio-political environment which discriminates against and marginalizes disabled people (Oliver, 1990). Health care professionals, therapists and counsellors are often, justifiably, seen as pathologising disabled people (Hunt, 1981). The focus of the struggle, according to social model theorists, should be on transforming the built environment and social institutions so they take into account the needs of the whole population rather than the `able-bodied/minded' members of a community (Barnes, 1994). In terms of teaching and scholarship, some have suggested that approaches with a 'remedial' endeavour, such as programmes concerned with the training of health care workers, cannot be properly considered to be 'Disability Studies' because they lack the critical social, political and cultural perspective (Linton, 1998).

The main thrust of this special issue is to challenge the disciplinary boundary between psychological and social paradigms. It argues, following a growing body of critical psycho-social literature (Obholzer and Roberts, 1994), that conscious and unconscious experiences and social structures are inextricably intertwined. This is important when thinking about the way in which disability is both socially constructed and comes to constitute an internalised form of oppression which shapes the personal identities and relationships of both disabled and non-disabled people.

This issue begins with Stephanie Tierney's analysis of anorexia. Her paper makes an important contribution to current disability theorising by exploring the boundaries of the category 'disability'. She identifies limitations in the social model's ability to address aspects of bodily impairment and experience. There are particular kinds of implicit moral assumptions which are brought to play in popular culture in relation to 'the slimmer's disease', for example in terms of how responsibility is accorded and how mental health issues are treated. These make the condition of anorexia trivialised and those suffering from anorexia the subjects of great

hostility. Many aspects of the experience of anorexia are similar to the experiences of disability. Yet it is also the case that many people with anorexia (as with many people with chronic illnesses or impairments) would not identify as having a disability. Whilst not providing final answers to these categorisation difficulties, Tierney hopes to promote further discussion and raise issues of concern to those who are familiar with the social model and to those with an interest in anorexia.

Beth Omansky Gordon examines the complex micro-political dynamics involved in counselling disabled students. She places emphasis on thinking about empowerment as a process. Ross Crisp takes an interpretivist perspective espousing Wendell's standpoint position for exploring the complex shared struggles and differences between people in relation to the category of disability. Both authors warn against the dangers of professionals adopting a position of 'expert'. It is crucial that counsellors are able to be self critical and reflexive so that they avoid imposing their own world view (even it is politically progressive) on the client. The point about their work with clients is that the process of learning is centred around the client who requires space and time in order to explore their own position and experience within the world. Change emerges out of a collaboration between client and professional. Gorden and Crisp seem to be struggling, at a micro level, with the kinds of dilemmas and potential conflicts of interest which De Jong (1993) has described at the level of policy.

The implications of Gorden and Crisp's argument is that what is required is that counsellors adopt a 'bi-focal' approach which involves on the one hand having a set of values. These might include beliefs about social inclusion, human rights and responsibilities, ideas about what constitutes a fulfilled life (such as having social and interpersonal relationships, having opportunities for creative fulfillment, work, and education). On the other hand, counselling and therapy are client centred. Practitioners need to sustain a capacity to be in touch with where there client is in the present and what they have experienced in the past. The client needs to experience empathy rather than an 'alternative view' in order to be helped to explore current lived and potential experiences. Thus, whilst both Beth Omansky Gordon and Ros Crisp recognise the socially constructed nature of disability, they work in such a way as to acknowledge the subjective experience of their clients even if clients see their disability in medical, psychological or spiritual terms.

One key concern of this special issue is to avoid reproducing the somewhat tired binary of 'therapy-or-politics'. Valerie Sinason's paper suggests that psychological interventions can have a political impact and questions of identity and subjectivity have political implications. Sinason's pioneering psychoanalytic work with learning disabled (mentally handicapped) clients shows that often,

behind compliant behaviour, there exists (an appropriate) rage about a hostile external world. She writes in her ground-breaking book Mental Handicap and the Human Condition,

> Some handicapped people behave like smiling pets for fear of offending those they are [made] dependent on... When people depend for their lives on cruel regimes they need to cut their intelligence and awareness. Black slaves and their descendants in the USA learned to show their intelligence in private and adopt a 'stupid' appeasing way of talking in front of whites. (1992; 21)

Sinason's work represents an important intervention in widening access for learning disabled (mentally handicapped) clients to psychoanalysis. Learning disabled people are more likely to be sexually abused, experience separations and generally have more disturbed developmental histories (Corbett, Cottis and Morris, 1996). These experiences need to be seen in the context of a society which cannot bear to tolerate certain kinds of differences.

Sinason (1992) talks about the unbearable sense of 'stupidity' from which we all suffer and how many of us (especially if we are academics!) disavow our sense of shame about the things we do not know. The roots of stupidity and the shame about 'not knowing' are, according to psychoanalytic writing, located in painful early experiences (Sinason, 1992). Furthermore, in a society obsessed with measuring intelligence, those institutionally designated as mentally handicapped can be profoundly unsettling to the 'normals'. As a society, we treat the birth of babies with disabilities as a tragedy. We fail to provide sufficient support parents of children with certain kinds of handicaps and often segregate disabled people within institutions. All these oppressions have psychic as well as social consequences, both for disabled and non-disabled people (Marks, 1999).

What social model theorists fail to address is that segregation extends to the kinds of therapeutic treatment offered. Generally, in the UK, the more underprivileged a client is the more likely they are to be offered short term, practitioner centred interventions for emotional difficulties. For example, middle class professionals are more likely to receive talking treatments whilst clients who are unemployed are more likely to be offered behavioural treatments.

Learning disabled people in the UK who have 'challenging behaviour' are more likely to be subject to control and restraint than offered therapy since the aim is to 'get rid of' rather than understand their behaviour. They are seen so often as not having the 'emotional intelligence' required to make use of talking treatments. Sinason has made access to therapy possible for many leaning disabled clients and helped in training therapists at such public institutions as the Tavistock clinic in London to make their practice accessible. Therapy can help give clients a sense of entitlement which improves self esteem and assertiveness. In this way, rather

than being regulatory or normalising, therapy can help clients to become more challenging to oppressive institutions. This is not instead of changing the socio-economic, legal and cultural framework which produces disability, but part of changing that context.

There are very important and justified criticisms of the theories and practices of professionals whose aim is to offer counselling to disabled people. These are discussed in my paper, which is the last in the special issue. I argue that therapists need a political education to overcome their own conscious and unconscious assumptions and prejudices about certain forms of difference. Psychological writing on disability is often reductive, treating disability not as a complex life experience which needs to be understood in the context of relationships, but rather as a purely individual personal tragedy which the disabled person needs to adjust to and come to terms with. Having an understanding of the kinds of structures and experiences which construct identities in relation to disability is central to creating an inclusive counselling/therapeutic practice.

However, in making these suggestions about what therapists should know about the social construction of disability, I am proposing that we do not throw out the baby with the bath water. All too often therapy, and particularly psychoanalytic psychotherapy, is wrongly seen as being necessarily a conservative and oppressive force which focuses back on the individual. This is particularly the accusation levelled at psychoanalytic work. Yet from Freud's work on *Civilization and Its Discontents* through to the work of the Frankfurt school and feminist writers such as Juliet Mitchell and Suzie Orbach in the UK and Nancy Chodorow and Jessica Benjamin in the USA, there has always been a radical strand within psychoanalysis which has argued that many psychological ills derive from social oppression. Psychotherapy /analysis is a profoundly ethical practice. Self-esteem is both personal and socio-cultural. Axel Honneth (1995) shows that self-respect and self-esteem are both personal and political demands.

This special issue attempts to grapple with ways of fostering a bi-focal vision which takes in an understanding of both macro structures and relations and subjective and interpersonal experience of disability. The emphasis of all the papers is not just on thinking about how to 'help' disabled people who attend rehabilitation, counselling or therapy. It is also concerned with the position of the counsellor or therapist, questions of power dynamics in relationships, issues of identity and difference, and barriers to changing disablist social relationships.

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